

pain than by the age of the patient. Pericarditis was in three or four cases detected, but proved fatal in no instance.

The oldest patient I have had in scarlatina was a policeman, aged forty-two; he was a mild case, and made an uncomplicated recovery. In a man, aged thirty-three, the scarlatina was followed by a most tedious and severe attack of enteric fever, which kept him in hospital for two months and twenty days, exclusive of the scarlatinal illness. He had left hospital, convalescent from scarlatina, eight days, when he got the initial rigor of enteric fever. In his paper on the "Relation of Scarlatina to Enteric Fever," Dr. Harley gives five cases in which scarlatina was followed by enteric fever, as if it were a relapse, and three cases of simultaneous enteric and scarlet fevers. His previous observations on the pathology of scarlatina tend to show the similarity between the morbid anatomy of the two diseases, and to such cases he would apply the term "Abdominal scarlatina." The ordinary cases of scarlatina were simply treated with dilute acids and an astringent gargle, or one of plain warm water, the throat been protected externally with wadding; catarrhal irritation of the pharynx, with a thirty-grain solution of nitrate of silver, brushed occasionally over the surface. For parenchymatous inflammation of the tonsils with ulceration of the surface, glycerine of tannin or diluted carbolic glycerine were applied. In one case in which there was genuine diphtheritic exudation, nothing dissolved the tenacious exudation and facilitated its removal from the subjacent bleeding surface like solution of lactic acid. For nasal catarrh the nares were syringed with diluted carbolic glycerine. The initial fever, when violent, was moderated with aconite. The head symptoms, such as pain, sleeplessness, delirium, and convulsions, were treated differently, according as they appeared due to the violence of the fever of invasion, to the cervical swellings, the state of the kidneys, or the malignancy of the attack. Two prime conditions of treatment appear to be a judicious dietary, excluding nitrogen as much as possible in anticipation of the detriment liable to accrue to the renal organs, and the proper use of stimulants; these latter were frequently well borne in this epidemic. The treatment was essentially eclectic, and in no respect was routine observed. In such a treacherous disease the channels buoyed and marked carefully on his charts by one pilot may prove dangerous to another who may select the same route, owing to differences in the build, and trim, and draught of the vessel to be navigated; and no disease requires more ample therapeutic resource, more constant alertness, and more careful independent judgment in its management, than does scarlatina.—*Dublin Medical Press.*

ON CROTON-CHLORAL HYDRATE.

In the *Medical Press and Circular* Dr. J. C. O. Will says:—

I may state my decided conviction that of all

hypnotics, croton-chloral has the least troublesome sequelæ.

I make it into a syrup containing two grains of croton-chloral to a drachm of a mixture of glycerine and syrup of orange flowers, colored by adding a very minute quantity of tincture of cochineal. This effectually conceals the taste of the drug, which is certainly to be desired, as it seems to me decidedly unpleasant, and when taken without some flavoring agent it leaves a disagreeable, semi-acid taste in the mouth for a considerable period after swallowing it. This preparation is permanent, a matter of considerable moment, as croton-chloral, though rather freely soluble in warm fluids, is only sparingly so in cold, and when first employing it I was disappointed to find that a mixture which was perfectly clear when first made, soon after became clouded, and threw down a copious deposit of crystals on becoming quite cold. It is, as stated by Wallich and Diehl, freely soluble in alcohol, and a strong tincture can thus be prepared; but, fortunately, on the addition of water, separation soon takes place, the liquid first presenting an oily-like appearance, and soon after depositing crystals. Therefore, if a strong spirituous solution is prescribed, directions must be given that water, in the proportion of at least a drachm to each two grains of the croton-chloral, should be added before the dose is taken, else the changes I have indicated will ensue, and some of the crystals are pretty sure to adhere to the spoon or glass, or to remain in the patient's mouth, an occurrence certainly not desirable, as the taste of pure croton-chloral is far from agreeable.

CASE 1.—Mrs. T., æt. 30, suffering from severe facial neuralgia, occurring every night about ten o'clock, was ordered three grains of croton-chloral; half an hour after the pain disappeared, and she slept well, which she had not done for some nights before. On the four following nights the pain recurred at the same hour; three grains were again taken, with similar effect. On the sixth night pain not nearly so severe. On the seventh still less so, after which it did not return. On asking the patient if the mixture made her sleepy, she replied, "No, the pain left me, and then I soon went to sleep." At the time when this statement was made to me I had not seen Liebreich's paper on croton-chloral, but I have since found that it is in accordance with his experience, viz., "that in some cases of tic douloureux the remarkable phenomenon is exhibited that pain ceases before sleep sets in."

CASE 2.—Mrs. S., æt. 43, a somewhat hysterical female, suffering from supra-orbital neuralgia, appearing every night about eleven o'clock. To take $2\frac{1}{2}$ grains on appearance of pain, to be repeated in two hours if necessary. Soon after the first dose pain abated considerably; after the second it disappeared entirely, and did not return for some nights; when it did, the medicine again acted as on the former occasion.

CASE 3.—Mrs. W., æt. 31, had been for some days attacked by intense pain in her right temple, commencing soon after she arose from bed, and continuing with more or less severity during the greater