

ed. The first is cough. Where a patient is one of several in a hospital ward it may be necessary for the sake of the others to give the patient a quiet night, as well as desirable for him, or herself. But opiates have drawbacks, and should be combined with other agents, as stated in the commencement of this article. The question of the use of an opiate linctus, "to be taken when the cough is troublesome," is one on which opinions may differ. My own opinion is dead against it: I have seen the most disastrous consequences follow—loss of appetite, constipation, further loss of flesh, &c. To my patients the advice given is—that it is better to put up with cough; that the "something for the cough" will do more harm than good, and that they are better without it. Some take the advice; others transfer their professional confidence to some physician who holds a different opinion about "cough-medicines"; anyhow I do not see much of the slow poisoning (often not so very slow) of phthisical patients by opiate linctus now, having seen quite enough of it. Then there are those abominations called "cough lozenges," which are just as bad as the linctus. I do not dogmatically assert that these things never do good; but the harm done to most cases far counterbalances the good done to the few. If a medical man is called in to see a perfect stranger suffering from a racking cough, he is probably justified in prescribing a sedative cough mixture at first to give relief, and so gain the patient's confidence; but the systematic use of such medicine is too frequently immoral and unjustifiable. As to the use of "cough lozenges" Dr. Mitchell Bruce's view is a sound one; he gives the morphia and ipecacuan lozenge, finding from experience that the ipecacuan generally nauseates the patient before enough of morphia has been taken to do much harm. Where the cough is very troublesome, bromide of potassium may be given as affecting reflex action favorably with a minimum of bad after-effects. The most pleasant means of relieving cough, that is useless and harassing, is hydrobromic acid, with spirits of chloroform three or four times a day; it is effective as well as palatable. Chloral is not a drug to be advocated in cough.—*Practitioner*, Sept. and Oct., 1878, pp. 184, 241.

BRAVE MEDICAL OFFICERS.

The medical officers, both in Afghanistan and at the Cape of Good Hope, although reckoned as non-combatants, have in several instances been compelled to combine active fighting with their professional duties. Surgeon-major Shepherd, according to the hurried accounts which have up to this time reached us, may be said to have sacrificed his life in endeavoring to attend to a wound-

ed trooper stricken down in his attempt to escape. But for this effort to do his duty he might probably have got clear away, as he was reported to be quite well mounted. Surgeon Reynolds again, who was in charge of the temporary hospital at Rorke's Drift, is stated to have passed the long night with Lieutenants Chard and Bromhead, in alternate efforts to defend the hardly-pressed position and to administer to the wants of the wounded garrison. And in Afghanistan, Surgeon Burroughs is returned as wounded in the recent attack made upon General Biddulph's rear-guard. When peace is once more proclaimed, and honors are bestowed with no sparing hand upon the survivors of these two campaigns, it is to be hoped that the members of the medical department will not, as is too often the case, be forgotten, since in many instances they will be able to claim to have been actual combatants.—*Med. Times and Gazette*.

HYPODERMIC MEDICATION.

The hypodermic syringe, to him who knows how to use it, is an invaluable companion. It is indifferent whether the patient can swallow or not; the agents are the simplest; a sufficient medicine chest can be carried in the vest-pocket; there is no nauseous dosing, and the effects are prompt and certain. Would we relieve pain, we inject morphia; would we produce vomiting, apomorphia or emetina; would we lessen fever, quinia; would we excite the cutaneous and salivary secretions, pilocarpin; would we check hemorrhage, ergotin; would we evacuate the bowels, aloin; would we check night sweats, atropia; would we relieve paralysis, strychnine; would we cure syphilis, mercurials, etc. Surely the advantages of this method are immense.—*Med. and Surg. Reporter*.

ABORTIVE TREATMENT OF BUBO.

Dr. Waller, of Columbus, Texas, in *New Orleans Medical and Surgical Journal*, confirms the statement of Dr. Taylor, U.S.A., made before the Texas Medical Association last spring as to the efficacy of injecting carbolic acid with a hypodermic syringe into the centre of the bubo. He dissolves ten grains of carbolic acid in two of glycerine and six of water, and injects twenty-five minims of this. One injection is usually sufficient. The severe pain subsides within a few hours.

CURE FOR OBSTINATE VOMITING.

The *Practitioner* says that the spirit of walnut (*spiritus nucis juglandis*), given in drachm doses three times daily, has checked vomiting after other remedies had failed.