persistent hiccough, in these cases, and we have to give it in smaller doses, or discontinue it altogether. In some cases it purges too freely in these large doses; the patient weakens from the constant purgation. When it has either of these disturbing effects it is best to discontinue it, and use such other medicine as your judgment dictates. It much more rarely disagrees with infants and children than with adults, and it is in this class of sufferers that it is used most satisfactorily.

Carbonate of ammonia is a very cheap drug, which is quite an item for the country practitioner who furnishes medicines to his patients and waits until fall, or waits forever, for his fee. I carry a bottle of carbonate of ammonia with me in my satchel whenever I go to the country, and when I find a case of pneumonia, I make him a solution in a goblet of the strength mentioned, tell him to take it as directed, put a turpentine plaster to his chest, and perhaps give quinine after midnight—say five grains every three hours until twenty grains are taken, and I have satisfactory success in the treatment of pulmonary diseases of an acute character.

The best way to give the drug is dissolved in water, without any syrup or other addition. It is quite common to give it combined with syrup of squills. This is an unfortunate and unscientific combination. The syrup of squills is made by the addition of sugar to the acetum scillæ, or vinegar of squills, and the free acid of this mixture makes an acetate of ammonia, or, practically, spirits of Mindererus, which is mild and efficient in the emergency, as compared with the carbonate.

I am pleased with the results of the use of this medicine in this class of cases and in this dose in my hands.

It is not only valuable in the suffocative stage of bronchitis and pneumonia, but also in asthma and pulmonary œdema, from any cause, where there are evidences of a failure of heart power where it is necessary to render this organ prompt and efficient support.

I delivered a woman in the lower walks of life of an infant. She was large, flabby and lymphatic. She was up and about the room on the third day. On the seventh day I was sent for early in the morning to see her. I did not get there, however, until about nine o'clock, A. M. I found her sitting up in bed, pallid and perspiring, coughing at every breath and attempting to speak. A vessel by the bedside contained much bloody, frothy mucus. She labored for breath. Auscultation revealed bronchial constriction and deficient vesicular murmur. Her constant cough prevented any reply to questions, and, in order to allay this at once, I gave her about one-fourth of a grain of morphine, hypodermically. I learned she had been coughing constantly for about five hours previously, or since 4 o'clock, A. M. She was asthmatic and her heart was feeble. I gave 20 grains of ammonia carbonate every two hours during that day and the first part of the night, and then followed with quinine in full doses. Next day she was fairly convalescent, but continued the ammonia mixture for a day or two, at longer intervals, from choice. The ammonia, in her case, acted several times on the bowels, and produced a warm perspiration, both of which relieved the pulmonary distress and gave much comfort.

It will be observed that I do not advise the use of carbonate of ammonia in all stages of pneumonia and bronchitis. There are very few cases in which, in my opinion, it will not soon become necessary to resort to the turpentine emulsion, chloride of ammonia, calomel, and the usual supply of remedies in these diseases. The ammonia saves life by tiding the patient safely over the congestive stages, and then you must exert your skill according to indications. I have no faith in being able to cure pneumonia in less than eight days, and some times, especially in children, in less than twelve or four days.—*Monthly Review of Medicine and Pharmacy.*

RULES FOR INTRODUCING THE UTERINE SOUND.

Cameron gives these judicious directions in the Glasgow *Medical Journal*:—

It may seem unnecessary that he should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of producing abortion; but the too frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases; but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand, viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backward. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downward and forward, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downward and backward, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upward and forward.

If there be any difficulty in making the instru-