

this time, and under the continued Bovinine dressing rapidly cover the entire surface. If the patient to be treated is anæmic or debilitated Bovinine is given internally, commencing with small doses and gradually increasing to the maximum.

CHRONIC AND RECURRENT COUGHS AND THEIR TREATMENT

Abstract of article by J. E. Alter, M.D.,—In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted, will continue without abatement. Such cases are best classified as the chronic cough and the recurrent winter cough. Both of these classes are extremely obstinate in their course and yield reluctantly to treatment. They are usually of long duration, and, while not, in themselves, directly dangerous, may become so by inducing emphysema and bronchiectasis.

In the great majority of chronic and recurrent winter coughs, the basic trouble lies in a low form of inflammation of the bronchial mucous membrane; especially that of the bronchioles.

In many cases I have used Codeia, but lately I have been having much more success with another derivative of opium, *i.e.*, Heroin. In comparing the results obtained from the use of these two drugs I notice that heroin will not constipate the patient, nor will it have the stupefying effect characteristic of codeine. Another advantage possessed by heroin is that it is effective in young children, in very small doses.

I have been accustomed to prescribe heroin alone, but, about a year ago, my attention was called to a preparation of that drug—Glyco-Heroin (Smith). Upon giving it a good trial I found that it gave me better results than obtained when heroin alone was given, and much more quickly. Glyco-Heroin (Smith) has one distinct advantage over plain heroin in that it can be given for a long time without ill-effects, and in the class of patients in question this is, indeed, a most important feature. During the past year and a half I have treated a number of cases and recurrent winter coughs with Glyco-Heroin (Smith) and have obtained uniformly good results.

Example.—A. L., salesman, aged 28. I saw this patient early in the spring of 1903. He is robust and of good habits. He consulted me concerning a constant cough which had troubled him for over a year. It was usually worse in the morning and after meals, and accompanied by expectoration of thick muco-purulent matter. Sometimes blood-stained, and especially so after a severe paroxysm. This circumstance preyed upon his mind considerably—he thought he had consumption. I learned that he had had a severe attack of acute bron-