

of his offers will be found in the advertising columns of this journal, the complexion of which changes each month. The address is 75 Yonge Street, Toronto.

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CONSTANTLY FAVORABLE RESULTS.—Dr. John Arthur Diggle, Med. Ref. Globe Accident Assur. Soc., of London, Eng., in writing of antikamnia tablets, says: "I may state at the outset that they satisfied me well, and the constantly recurring favorable reports prove that most who have given them a fair and thorough trial are quite satisfied with the results which have followed. They seem to be absolutely safe in exhibition, and to have no effect whatever on the healthy human organism. Such a safe analgesic and antipyretic is a perfect godsend in these days of "nerves" and all the resultant neuralgias developed under our civilization. In the cases in which I have used antikamnia tablets I have never noticed any ill-effects. As an analgesic, in my experience, the sooner the remedy is administered after the onset of pain, the quicker the relief, and the smaller the amount of the drug required; this would follow almost of course, but I think the oftener the dose is repeated in judiciously small doses, the better the result, as compared with larger doses less frequently given. Given in such doses, and at such intervals, I have found antikamnia tablets most useful in neuralgic cases and acute rheumatic attacks, and in sudden nervous attacks with severe pain. In case of paraplegia, in which the suffering from pain in the paralyzed limbs was agonizing, and had only yielded before to gradually increasing doses of morphine hypodermically, their effect was, and continued to be, good. In a case of typhlitis, both the analgesic and antipyretic properties were signally shown. In some cases of dysmenorrhea, one or two tablets relieved the pain, and the after use of caulocorea for a while, prevented its return. The rapidity with which they acted in some cases of migraine, seemed simply marvellous.

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DOUBLE PNEUMONIA.—Mrs. E. D., aged 74 years, of New Durham, N.J., was taken ill in February, 1905. A local physician diagnosed the case as one of acute lobar pneumonia (both lungs), with grave complications. The third day found the patient much worse, and her attending physician and a consultant said there was no possible chance for recovery. At this critical moment, I was called in, after the other medical men were out of the case.

I found the patient unconscious, with marked consolidation of both lungs, stertorous breathing, temperature 105-3-5 deg., pulse 142 (feeble and irregular), respiration 35, and every indication