

tænia versicolor was brought before the clinic by Dr. Van Harlingen, and the following prescribed—

R—Sodii hypsulph.,
Glycerin, āā 3 iv.
Aque, q. s. ad 3 vj.—M.

Sig.—Apply twice daily.

To determine the site of *obstruction of the bowels*, the accumulation may often be felt through the abdominal walls with the hands; in case this cannot be accomplished, the following symptoms are of value for determining the site of the obstruction: If the obstruction be high up there is little secretion of urine, if low down there is free secretion of urine.—Prof. Da Costa.

For a case of *secondary syphilis*, at the clinic, the patient being in a weak and anæmic condition, Prof. Gross directed—

R—Mass. hydrarg., gr. ij.
Quiniæ sulphat., āā gr. j.
Ferri sulph. exsicc., āā gr. j.
Opil pulv., gr. 1.—M

Fiat pil. j. Sig.—t. d., after meals.

Prof. Forbes states with emphasis that, to remove accumulated *sebum* from the ears, no ear spoon or probe should be used, there being great danger of tearing the membrana tympani. A dilute solution of glycerin in tepid water should be used several times a day to syringe out the ear, thus softening the accumulation and allowing it to come away without the use of instruments which might injure the membrane.

For a boy six years old brought before the clinic suffering with *thread worms*, the following prescriptions were given—

R—Hydrarg. chlorid. mitis, gr. iv.
Santonin, gr. j.—M.

Fiat chartæ iv. Sig.—One every hour.

After this had passed through the system, an injection of the following, a teaspoonful to an ounce of tepid water, twice daily—

R—Extract quassie fluid,
Extract ergotæ fluid, āā f 3 j.
Aque, q. s. ad f 3 ij.—M.

—Dr. Rex.—*Coll. and Clin. Rec.*

ON PILOCARPINE IN DEAFNESS.

Dr. Field thinks the remedy useless in senile deafness and attributes the many failures of the treatment reported due to the fact that the patients have been over sixty years of age. He says:

"I would ask the profession to suspend their judgment for a time on this question, as to the efficacy of pilocarpine injections in labyrinthine disease, and even in chronic catarrh of the middle

ear without Eustachian obstruction. I have had more successes than failures in my own selected cases, and I am continually hearing of encouraging results from others."

He reports three new cases.

"1. A medical man consulted me some time ago, and said he was so deaf that he was afraid he must give up practice. I suggested he should try pilocarpine injections for six weeks. He now writes (July 7th): 'I used the nightly injections for six weeks, with almost a complete cure; you cannot think how thankful I am for the restoration of my hearing.'

"2. A lady, aged thirty-four, very deaf for fifteen years, writes: 'I am glad to say I have received much benefit from your treatment. I can now hear general conversation and take part in it; I can also hear musical instruments playing in the streets and the minister speaking from the pulpit, and also have less noise in my ears.'

"3. A lady who had been deaf for seventeen years, unable to hear without a trumpet, writes: 'On the first day I was injected I was unable to hear a watch or clock tick. On the ninth day, noticed sound in my own voice; on the fifteenth day, could hear my own watch tick for the first time for eight years; twenty-second day, noticed immense improvement, heard bells, knocks, watch two inches distant from right ear, and faintly at left; fiftieth day, continued improvement; fifty-seventh day, heard sermon with trumpet; sixty-fourth day, heard sermon without trumpet.' She remarks on the general result: 'Immense improvement in hearing; can now hear all the clocks in the house tick. Much easier to maintain conversation with one person. Much more conscious of sounds in the house.'

Dr. H. M. Jones says, in my "Practitioner's Handbook on Diseases of the Ear," is the following: "It is a question if we avail ourselves of the action of pilocarpine as frequently as we should. It is probably the most certain and powerful of all our drugs in cases suitable for its administration, where the reduction of vascular tension is our object, and in which we desire to check effusion and control the tendency to extravasation. These are exactly the conditions in the earlier stages of Ménière's disease and other forms of vertigo in which labyrinthine effusions are threatened. I may add that I first used pilocarpine subcutaneously in labyrinthine vertigo in 1879. I have since (as in a remarkably successful case of typical Ménière's disease, referred to in my 'Handbook' in 1885) repeatedly advised and resorted to the use of pilocarpine in labyrinthine vertigo. My success has been marked in some instances, and failure as complete in others has followed its employment. I may say in conclusion, that notwithstanding my unfavorable relations with this drug in one memorable case, I consider as a reducer of