

walls. The treatment is the same as that for chronic bronchitis, and more especially for putrid bronchitis, whereby disinfectant inhalations, more especially of terpin hydrate, menthol, and myrtol play important parts. As has been intimated, the diagnosis of bronchiectasis, or its differentiation from cavities in the lung from tuberculosis is by no means easy. Moreover, inasmuch as these cavities are scattered throughout the lungs, there is none of that hope from surgical intervention which might be entertained were the affection local. In all cases of chronic bronchitis, especially where chronic organic changes have occurred in the bronchial walls, such as excessive hypertrophies, atrophies, decompositions of their contents, and ectasias, there is necessity for support with alcohol. Senega and serpentaria are considered good substitutes for squill, ipecac, and antimony in the debility of age. The carbonate of ammonium, best given in milk, is a remedy of value in advanced life or *in extremis*. The Germans have an anisated solution of ammonia, which is a good preparation. Apomorphine is safe, quick, and pleasant. A remedy which is of signal virtue in the chronic bronchitis of the aged, in the capillary bronchitis, which may not be separated from catarrhal pneumonia at either end of life, more especially in the chronic bronchitis of old age associated with heart failure and kidney suppression, is nitro-glycerin, of which 1 or 2 drops of a 1 per cent. solution may be given every hour or two; or, to bridge over a sudden collapse, subcutaneously in doses of 1 to 5 drops.

To sum up the therapy of bronchitis, the best remedy in treatment of the bronchitis of childhood is hydrotherapy; the best remedy in the treatment of the acute bronchitis of maturity is diaphoresis; for chronic bronchitis, the discovery and treatment of its cause, whether tuberculosis, emphysema, heart disease, or disease of the kidney; the best remedy for senile bronchitis is support and change of climate.

CHLORETONE A SAFE HYPNOTIC.

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OF the making of new drugs and new pharmaceuticals there is no end. The graduate of twenty years ago has to learn his *materia medica* over again. It is true that we have the old standards with us yet—iron, quinine, mercurials, bitters, etc.—but the refinement of pharmacy is bringing into the field a host of elegant and palatable compounds of which our forefathers never dreamed.

The busy chemist, too, like the busy bee, improves each shining hour, and makes, not honey, but synthetic compounds which grow