

that could conduce to this end: as for example, the wearing of a flannel bandage constantly around the belly when bowel complaints are prevalent; and when the feet chafe, rubbing the stockings with common soap, where they come in contact with the sore places. When ague and fevers are prevalent, sulphate of quinine, he says, should be given once a day, as a safeguard.

Dr. Hammond, in his treatise on scurvy, remarks, that fatigue, wet, cold, and exposure, with sameness of diet, whether it be salt or fresh, may produce scurvy. And states that the Turks, who eat but little meat, and a great deal of fruit, suffered greatly with this disease during the Crimean war.

Citric acid he has found to be almost entirely inert for the cure of this disease; and says that lime juice owes its virtues to the super-citrate of potash contained in it. He does not say why citric acid would not answer with the addition of potash.

Terrucate of iron he considers a valuable remedy in scurvy, and orders thirty drops to be taken three times a day.

Dr. Plim, in his remarks on fevers, styles ephemeral fever irritative fever; and says that the relapsing fever of Great Britain is rarely seen in the United States.

In typhoid fever, he speaks decidedly against bleeding, as a rule, though he allows that exceptional cases may require it.

Blisters to the ankles and inside of the calves will sometimes relieve, when the lungs are congested, and the patient seemingly at the point of death.

He speaks highly of kino in powders in bad cases of intestinal hemorrhage, and orders it in doses of a teaspoonful frequently, and at short intervals, as recommended by Dr. Wood.

He gives the mode of preparing strong essence of beef or mutton; but the use of a bottle for the purpose is certainly unnecessary,—all that is required is to chop the meat up into small pieces, put it into a tin vessel without water, cover it up, and place it on the top of a teakettle of boiling water to steam: the pure juice runs out of the meat, and may be seasoned to taste, and administered in doses of a teaspoonful or more every hour or two.

Dr. Austin Flint, in his admirable article on pneumonia, remarks that a source of gravity in this disease to which attention has never been sufficiently directed, is the large amount of exudation matter abstracted from the solid constituents of the blood. That this deposit, in fatal cases, he has observed to attain the enormous weight of four pounds.

He thinks that the abstraction of blood before the deposition of this solid matter to any amount, may prove useful as a palliative when the patient is plethoric. But that saline purgatives, antimony in nauseating doses, and veratrum viride may frequently be substituted for bleeding, even in these. He recommends cupping, however, in local pleurisy.

Pericarditis is more frequent in pneumonia at the south than at the north; but that does not render the termination necessarily fatal.

In the first stage of pneumonia hot fomentations to the chest, either with or without turpentine, he observes, often affords marked relief.

An oil-cloth jacket, over a flannel covering, possesses all the advantages of a poultice, or hot fomentations, by keeping the skin warm and moist with perspiration.

Pure pneumonia, when uncomplicated by accidents, runs a definite career, and ends in restoration, if life be sufficiently prolonged; the exceptions being those rare instances in which the affection runs into the purulent stage.

To support the powers of life then is the leading general indication in pneumonia in its second or stage of solidification. He therefore does not approve of any remedies for the special purpose of removing exudation.

He says also that clinical observation has abundantly proved that resolution may go on rapidly without expectoration, and that therefore expectorants are not necessary in pneumonia.

He speaks decidedly against blisters, either in the first or second stages of this disease.

Pauensis may be safely encouraged, he says, to take nutritious food during the whole course of pneumonia; such as animal broths or soups, milk and farinaceous substances. And the juice of fruits may also be allowed when desired.

Dr. Flint agrees with Dr. Chambers on the injuriousness of purgatives in pneumonia, which he says should never be employed, except for costiveness, and even then should be of the mildest character.

Alcoholic stimulants may be resorted to with advantage, when the vital powers begin to fail.

After the employment of opium in a large number of recorded cases of pneumonia, he says that opium should rather be considered in connection with the supporting treatment, and be given, not to relieve pain or allay cough, but to tranquillize delirium, promote sleep, and render the system more tolerant of the local affection. This it does in a remarkable manner, even in the first stage, by diminishing the frequency of the pulse and respiration, and causing refreshing sleep. It is of little consequence that it interferes with expectoration, as expectoration is of no importance with reference to the resolution of pneumonia.

Dr. Valentine Mott observes in his treatise on pain and on anaesthetics, that when opium is given previous to the administration of chloroform or ether, it increases the tendency to subsequent vomiting.

That when the system is labouring under the shock of any severe injury, the act of retching tends to an unfortunate issue; and if in a state of collapse the patient vomit, he is apt to die.

To exhibit the vapour of anaesthetics too rapidly, he says, is to incur the danger of asphyxia, whilst if given too slowly, not only will a greater quantity be required, but spasmodic action of the glottis is more likely to occur. Professor Simpson speaks of from one to two minutes; but in the United States it is customary to take from three to five minutes.

Anæsthetic vapours, he thinks, produce asphyxia, when entering the lungs in a concentrated form, by excluding the necessary oxygen, and thereby arresting the circulation in the capillaries, as nitrogen or hydrogen would do, and not from any poisonous effect of the vapor itself.

He remarks that if during the inhalation of chloroform or ether, the patient chance to vomit, the effect of the anaesthetic passes immediately away.

In operations, where the mouth becomes filled with blood, he says that he used to be apprehensive of strangling, but experience has taught him that during anaesthesia deglutition is accomplished by