

the internal administration of some of the older remedies of the sedative and expectorant class. In the second stage the paroxysms became so violent at night, particularly in the case of the youngest child, as to cause both myself and the attendants considerable anxiety. Frequently the spasms would be so severe as to completely arrest respiration for many seconds, and the ensuing cyanosis would be as pronounced as one ever sees it in this disease. With a feeling of complete exhaustion, the little patient would then throw herself on the bed, the eyes watering and the face highly flushed. Finally she would sink into a profound sleep, to be abruptly awakened soon again by a repetition of the same violent paroxysm. This was the state of affairs when I ordered for each of the children two grains of antipyrin three times a day, with an extra dose at bedtime. I furthermore directed the attendant to give the powder more frequently if this did not cause any decided amelioration in the frequency and severity of the paroxysms. To my gratification there was a change almost immediately. The coughing spells diminished to only two or three in the twenty-four hours; the child secured the needed rest at night, and the appetite and general health began to revive. Rarely was it necessary to give the powder oftener than as directed at first. During its administration I have never witnessed the slightest untoward symptoms. Sonnenberger gives it three times a day, in doses of about as many centigrammes (one-sixth of a grain) as the child is months old, or as many decigrammes (one and one-half grains) as it is years of age. While I do not think it would be safe to give the same dosage to all children according to such a fixed rule, I find that generally they bear larger amounts comparatively of the drug than adults. I would urge its careful administration at all times, beginning with the minimum dose, and increasing the same until the desired effect is obtained. Its beneficial action is undoubtedly due to the power which it possesses of depressing the reflex excitability of the nervous centers, and it should be administered, therefore, with a view to the effect rather than the mere size of the dose. I consider the carboic acid spray, with the internal administration of antipyrin *pro re nata*, the most satisfactory method yet advanced for the treatment of whooping cough.

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Premature Rupture of Membranes not Followed by Miscarriage.

To the Editor Jour. Am. Med. Assoc'n.—I remember reading in THE JOURNAL some months ago of two cases in which premature rupture of the membranes was not followed by the usual result—a miscarriage. A case having come under my observation recently, I will record it, not for the purpose of going into a discussion of the subject, but as a mere statement of facts.

Mrs. R., multipara. White, 28 years of age; pregnant for fourth time; had, when about five and one-half months advanced, a severe fall—followed by an unmistakable flow of quite a quantity of the amniotic fluid. As no pain followed, the treatment was simply rest in

bed for twenty-four hours; after this she felt so well that she resumed her household duties. Pregnancy went to full term and a normal labor terminated in the birth of a strong healthy ten pound child.

Such cases are, I believe, sufficiently uncommon to be of interest to the general practitioner, showing as they do that labor is not the absolutely essential result of rupture of the membranes. Why one woman should have this result and another not is hard to determine. Probably the location of the opening into the amniotic sac is one of the important factors. Another, as I look at it, is the marked difference in the irritability of the uterus in different women. Certain it is some women miscarry on the slightest irritation to any portion of the uterus, while others will go to full term through falls, shakes, railroad accidents—even through the vigorous attempts at abortion performed either by themselves or by some of the human monsters that infest our cities and large towns.

The only treatment that such a case would call for would be rest—perfect rest in bed—and opium in some form to control the muscular action of the uterus.

Pains coming on in spite of this would indicate miscarriage, and then of course the treatment would vary according to the circumstances of the individual case.

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A Successful Method of Removing Foreign Bodies from the Alimentary Canal.

Editor Jour. Amer. Med. Ass'n.—During the past few months, the writer has been consulted on several occasions by anxious parents whose children have swallowed bits of coin. In each case I have invariably given the parents similar advice. Place the patient upon an exclusive potato diet. The potatoes may be either mashed, baked or boiled.

This method in my hands has been thus far successful. This treatment is adopted, to the exclusion of all others, in the Vienna General Hospital, as I ascertained when visiting that hospital about a year ago. This manner of dealing with patients who have swallowed foreign bodies cannot be too generally known.

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BOOK REVIEWS.

LECTURES ON TUMORS, FROM A CLINICAL STAND-POINT. By JOHN B. HAMILTON, M.D., LL.D. 12mo, cloth, pp. 138. Detroit: George S. Davis. 1891.

This book, which is intended for the use of students, is the substance of twelve unpublished lectures on tumors, delivered at the Georgetown University in Washington. There are many books descriptive of the pathology of tumors, but few combine the clinical observations necessary to an