

Beta-eucaine lactate has the same effect as the hydrochlorate and is quite as free from unpleasant qualities.—*Local Anæsthesia* (J. A. Barth, Leipsig, 1905).

Beta-eucaine in Nose and Throat Anæsthesia.—DR. THOMAS J. HARRIS has tested this drug in solutions of different strength in various operations on the nose and throat, and considers that it may, unlike cocaine, be used in the strongest solutions without fear of toxic symptoms. It does not lose its anæsthetic power under the usual periods of office use. Its anæsthetic effect seems to be somewhat less than that of cocaine, and in the more painful operations should be used in correspondingly stronger solutions. In the discussion following this report Wilson stated that in certain operations cocaine possessed marked advantages, but that eucaine is especially effective in the larynx. When used in introducing a cannula into the trachea it produces none of the unpleasant choking following the employment of cocaine. When used in the eye it does not dilate the pupil, but markedly anæsthetizes the cornea.—*The Laryngoscope*, 1905, No. 6, pp. 484 and 512.

The Treatment of Pneumonia.—DR. GUSTAV SCHIRMER treats pneumonia as follows: The room is kept well aired and at even temperature. The diet is light and the patient is not allowed to move himself; when change of position is desirable, this is accomplished by the attendant. The heart is examined daily; the chest very seldom. The bowels are kept open and the mouth and throat disinfected. Simple expectorants and urotropine are given, but no heart tonics, antipyretics, or narcotics are administered. The sick-room is vaporized with thymic acid, 1 part; oil of gaultheria, 60 parts; oil of eucalyptus, 60 parts; camphor, 1 part, and rectal irrigations of 1 pint of normal saline solution are given every two hours as long as the temperature and the toxic symptoms continue. On the first day 1 ounce of unguentum Credé is rubbed into the skin, on the second $\frac{1}{2}$ ounce, and a less quantity on the following days. Severer cases receive a total of 5 ounces. When this treatment was instituted on the first day all patients recovered, and the author attributes his good results to the inhalations and the inunctions. When begun later in the disease the treatment is less successful. Iron is prescribed early in convalescence and the patients are kept in bed for ten days after the crisis.—*New Yorker medizinische Monatschrift*, 1905, No. 7, p. 283.

Antitussin in Whooping-cough.—DR. RICHARD RAHNER states that this substance is composed of 5 parts of difluordiphenol, 10 parts of vaselin, and 85 parts of lanolin. It is administered by inunction over the neck, the chest, and the interscapular region, the parts being previously thoroughly washed with soap and water. Of 200 patients treated the author reports success in all but 20. In most of them the paroxysms were reduced 50 to 70 per cent. by the fifth day. They continued their diminution in number and intensity for two weeks more, and by the end of the third week had entirely disappeared. The dyspnoea and cyanosis usually are gone after the second inunction. The treatment also prevents the complications; it not only acts upon the spasmodic manifestations of the disease, but facilitates expectoration. It produces no bad effects and may be applied to infants, but is ineffectual in cases complicated by bronchopneumonia or rickets. In