gain results. He cites a number of instances of various forms of Bright's disease in which anasarca was completely done away with. The urine was regularly increased in amount. The number of casts and the quantity of albumin seemed regularly diminished, and general improvement speedily followed. Dropsy due to cirrhosis of the liver was also benefited. Hydrothorax and œdema of the legs caused by aneurisms of the ascending arch of the aorta entirely disappeared in two weeks. Anasarca complicating the various forms of organic heart-disease also improved greatly. He concludes by stating the physiological action of apocynum to be, clinically: To strengthen and tone up heart-action; to regulate markedly the irregular heart—not slowing the normal heart, nor increasing the blood-pressure, there being no contraction of the arteries. He compares it with strophanthus, but considers apocynum far more active. Its diuretic action is indirect and due to its “cardio-kinetic” effect, and not through stimulation of the renal epithelium. Decoctions of the drug cause mainly catharsis and emesis. Two alkaloids have been isolated—apocynin and apocynin. The advantages in recommending apocynum are: 1. Small amounts requisite for diuresis, emesis, or catharsis. 2. Pleasant taste. 3. Tonic properties, compensating for depression following free catharsis. 4. Harmlessness, an overdose being followed by emesis. Dose of the tincture is twenty drops, increased to thirty drops thrice daily. —*Therapeutic Gazette*, 1898, vol. xxii. p. 730.

Airol in Pellagrous Intestinal Diseases.—DOTT. F. CERATO distinguishes three forms: (1) Chronic catarrhal enteritis; (2) dysenteric catarrh, and (3) serous catarrh. While calomel and opium in small doses may be of use in the second variety, they are useless in the third. Even in the second they present many disadvantages in the treatment of emaciated individuals and in those suffering from stomatitis, which so often is found in patients of this class. After experimenting with injections of tannic acid, rhatany by the mouth, colombo, bismuth, tannigen, and tannalbin, temporary improvement followed, but later the diarrhœa reappeared. In nine instances this remedy in from five- to eight-grain doses, frequently repeated, gave excellent results. In seeking an explanation, not only its astringent properties should be mentioned, but its iodine content appears to be responsible for the greater part of its good effects. Although it has been stated that iodine, even in small quantities continued over long periods of time, may produce a gastro-enteritis, this has not been found to be the case with this remedy.—*Gazzetta degli Ospedali e delle Cliniche*, 1898, No. 142, p. 1502.

[Airol is chemically bismuth iodo-gallate.—R. W. W.]

Tannalbin in Infantile Therapeutics.—DOTT. OLIMPIO COZZOLINO administers this remedy internally in doses of from three to seven grains five or six times daily, either alone or combined with a hundredth part of calomel, in order to complete the disinfectant action of the former. Recently excellent results have been obtained by means of rectal injections of seven grains in two ounces of a 10 per cent. decoction of starch. Of forty instances of diarrhœa in children varying in age from two months to fourteen years cure resulted in all save two—one a child of seven years suffering from pulmonary tuberculosis, and a child of ten months with advanced atrophy. The

treatment is commenced with castor-oil, and later two injections each day are given, with possibly the addition of three drops of tincture of opium. Later iron and quinine may be useful to combat the anæmia.—*Gazzetta degli Ospedali e delle Cliniche*, 1898, No. 136, p. 1447.

Treatment of Malignant Pustule.—DOTT. ALFREDO GUTIERREZ reports upon the use of the serum of sclavo in an instance of this disease. Bacteriological examination showed an abundant development of staphylococcus aureus with a few bacilli of anthrax, and these presented characteristic cultivations, and, injected into a guinea-pig, caused death. The pustule was situated over the right side of the jaw of a fourteen-months-old child. Two and one-half drachms of serum were injected in the left hypochondrium. Two hours later two drachms were injected into the right hypochondrium. Improvement in temperature and general condition, and rest followed. Nine hours later the first injection was repeated at the same place. The following day the child slept well, nursed greedily, and the temperature was still lower. The œdema and glandular swellings rapidly decreased, and three days later convalescence was established. Ten days later but the slightest evidence of the site of the pustule could be found. The severity of the disease in this instance and its tendency to extend in alarming proportions make noteworthy the rapid return to normal condition and the speedy subsidence of the œdema, which was brought about by only three injections. Commenting upon the reported case of Mendez and Lemos, this quotation from their paper is offered in conclusion: "The curative effect of the serum appears within four hours; the œdema begins to diminish and completely disappears in about twenty-four hours."—*Il Policlinico*, 1898, No. 20, p. 488.

Treatment of Chorea.—DR. W. ESSEX WINTER states that the first matter of importance consists in keeping the child in bed. This is necessitated by the tendency to endocarditis, and its value is emphasized by its beneficial effect in shortening the disease and bringing about a speedy cure in long-standing cases. The more useful drugs are antipyrine and arsenic—the first in early stages and in acute disease; the latter in later stages and chronic or recurrent cases. A disadvantage in the use of the first remedy is that when prolonged or administered in large doses it may bring out a pink, erythematous eruption, which may lead to the supposition that the child has measles, and sometimes give rise to interruptions in the treatment. The efficiency of treatment by arsenic is often marred by insufficiency of dose. In the majority of instances the dose of Fowler's solution must be increased to ten or fifteen drops in the course of ten days to a fortnight if the symptoms do not decline. Toleration is readily secured, provided that the drug is not given in too large a dose at first or the dose increased too rapidly, the medicine always being given, with sufficient dilution, immediately after food. In some cases arsenic may be pushed too far and produce a serious neuritis, but this is not likely to occur if the patient be kept in bed. In all cases a liberal diet is required, but stimulants are unnecessary. The principal complications are endocarditis and pericarditis, which in the acute stage are best treated by the salicylates. Rarely the movements are so violent and continuous as to bring about contusions and abrasions of the skin, with