exophthalmos. Operation was followed by a second disappearance of this symptom. A third patient, a child, aged seven years, who had been suffering from chorea for about a month, was apparently cured by removal of the adenoids, which were of large size.—*Berliner klinische Wochenschrift*, 1905, No. 4, p. 91.

Epidural Cocaine Injections in Mucomembranous Enterocolitis.—DR. J. ROUX reports good results from this form of treatment in 2 obstinate cases; the first in a woman, aged twenty-seven years, who had been affected with the disease for two years; it was accompanied by severe pains, which previously only morphine had been able to abate. These were immediately diminished after the first epidural injection, and on the next day disappeared. The injections were continued once a week for the first month; every fifteen days for the second. Following the treatment all pain disappeared, the constipation became less obstinate, the feces no longer contained blood, and the general condition was much improved. The second patient was fifty-nine years of age, and an equally good result was obtained by similar treatment.—*La semaine médicale*, 1905, No. 9, p. 102.

Sodium Bromovalerianate.—DR. ROUE states that ordinary combinations of the bromides and valerian possess the disadvantage of a very disagreeable taste. This drawback may be avoided by a new organic combination of the two substances, a sodium bromovalerianate, which is entirely without toxicity in therapeutic dosage. It slows respiration, but does not affect its regularity or depth; it slows the heart, but does not change its rhythm, nor does it decrease blood pressure; it also diminishes reflex excitability and does not disturb either the digestive or the renal function. Therapeutically it should be preferable to potassium bromide in epilepsy, if for no other reason than that it may be given for long periods without producing unpleasant symptoms. The dosage is from 45 to 90 grains daily, either in solution or in capsules. The drug acts well in hysteria, palpitation, arrhythmia, the nervous symptoms of exophthalmic goitre, chorea, neurasthenia, and migraine. In pertussis it is superior to bromoform.—*Revue française de médecine et de chirurgie*, 1905, No. 9, p. 213.

Veronal.—DR. KRESS reports on the use of this drug in the obstinate insomnia of hysteria and neurasthenia. Its prompt action and the lack of unpleasant symptoms following its administration render it a valuable agent in these conditions. However, in 3 out of 12 neurasthenic patients, to whom $7\frac{1}{2}$ grains of the drug were given nightly, after three or four days a cumulative action was noticed, which took the form of a pathological drowsiness, with defective assimilation and disinclination to leave the bed. Consequently, the author believes that we should always keep in mind the possibility of the appearance of such symptoms. Such disturbances indicate that the drug should be stopped at the first sign of cumulative action.—*Therapeutische Monatshefte*, 1905, No. 1, p. 37.

Antistreptococcus Serum.—DR. F. MEYER has observed that the effects of antistreptococcic serum are not likely to appear until from twelve to twenty-four hours after the injection. For the first few hours the temperature remains almost constantly high; later it falls, and the patient