experiences an improvement in his symptoms. The author usually gives from $1\frac{1}{2}$ to $3\frac{1}{2}$ drachms as a daily dose, and administers a short time before each injection a saline infusion of about half a pint. In severe anginas the treatment decreases the size of the tonsils; in diphtheria the serum is given in conjunction with antitoxin with good effect. Erysipelas is favorably affected by the serum, but the redness may increase following an injection. Scarlatinal sore throat is benefited, but the treatment does not seem to influence the course of the eruption. Excellent results are reported from the use of the serum in post-partum sepsis, but the author does not favor its administration in acute rheumatism. The serum causes no unpleasant effects, save a mild skin eruption.—*Berliner klinische Wochenschrift*, 1905, No. 8, p. 197.

The Administration of Tuberculin by Mouth.—DR. FREYMOUTH, in controversion of the statement of Koch, has proven that tuberculin is, under certain conditions, active when given by mouth and produces effects similar to those of injections of this agent. The minimum active dose by mouth is 0.075 to 0.150 minims given on an empty stomach and in keratin-coated capsules, with a little sodium bicarbonate to neutralize the gastric acidity. The reaction in some cases is as pronounced as that following an injection, and there seems to be present in the individual a relation between the sensitivity to tuberculin by mouth and the same substance given under the skin. The author considers it unfair, however, as yet to compare the therapeutic results of tuberculin given by these two methods, but believes that researches which he purposes to institute will show them to be identical.—*Münchener medizinische Wochenschrift*, 1905, No. 2, p. 63.

Gastric Intolerance in Young Children.—DR. M. E. TERRIEN remarks the occurrence of marked gastric disturbances in children without intestinal manifestations. He distinguishes three causes: dyspepsia, acetonaemia, pyloric stenosis. The therapeutic indications are nearly the same in all. To arrest the emesis only water should be allowed at first—ice-water—a teaspoonful every half-hour, and hot applications to the epigastrium. Lavage may sometimes be necessary, and injections of artificial serum may be employed. When vomiting has become frequent, vegetable broths, salted, are allowed. When emesis has ceased, a bouillon, containing a coffeespoonful of farina to each three ounces, is given, to which, after a few days, a little milk may be added, and if well borne it may be gradually substituted for bouillon. The quantity of sugar in the milk must be carefully regulated. If the milk is not tolerated, we should return to the vegetable broth, and after a few days try buttermilk. If these means fail and pyloric stenosis is suspected, the case becomes one for the surgeon.—*Le bulletin médical*, 1905, No. 11, p. 119.

Gonorrhoea in the Female.—DR. L. ARCHAMBAULT recommends in vulvovaginitis copious injections twice a day of 1:2000 to 1:4000 potassium permanganate, or of mercury bichloride 1:2000, followed by a dressing of 5 per cent. ichthyol or 25 per cent. thigenol in glycerin. Resorcin, in doses of 15 grains, may be given internally. Twice a week silver-nitrate solution should be used to swab the inflamed mucous membrane, and following this a powder of alum, 3 parts; tannin, 2 parts,