

anuria by promoting the desire and increasing the power to take exercise; (d) to raise the moral tone—by no means an unimportant matter—by affording a clear, bright, and cheerful environment; (e) to diminish by its asepticity bacterial activity. It must be a question for consideration whether the so-called "open-air treatment," without regard to suitable climatic conditions, will do all this. It should be the object, when practicable, to place the consumptive patient under conditions and in circumstances where, without risk or injury, he may obtain the most complete and perfect aeration of the lungs possible. The difficulties in the way of finding suitable abiding places for the tuberculous were pointed out, and Dr. Yeo cited some marvellous "cures" which occurred in patients who never left London. Many chronic stationary cases with fair general health travel about to different winter resorts with successive seasons, and take no harm in doing so. The answer to the first part of the question, he suggests, will be that a suitable climate (a) relieves or removes the catarrhal conditions accompanying the disease in a number of cases; (b) it raises aërovas and vascular tone; (c) it increases muscular energy and the ability as well as the desire for exercise; (d) by rendering an open-air life possible it increases the aëration of the lungs and diminishes the activity of the bacterial agencies, one of the most essential conditions of arrest and cure of the disease; (e) it improves the tone and promotes the activity of the digestive functions, and so enables the patient to take the large amount of food which is needed to heighten his state of nutrition; (f) and, finally, it improves the moral and mental state by surrounding the patient with a bright, cheerful, and hopeful environment. Then, as the answer to the second part of the question, he says: 1. Cases seen at the very commencement of the disease, and which are otherwise in good health, may be permitted a certain amount of choice in the selection of a climate, provided it allows of many hours being spent daily in the open air, and that they are placed under admittedly hygienic conditions. A choice may be made from climates of altitude, the desert climate, the inland plateaux of South Africa, the sea voyage for those with a decided liking for the sea, and suitably placed sanatoria. 2. For progressive febrile cases, repose in bed or on a couch at home, in the best conditions practicable for the free access of air and sunshine to their apartments. 3. For advanced cases home is best if the conditions of home-life are favorable, or the warm marine climates, with cheerful surroundings, if home life is unfavorable or change is urgently desired. 4. For catarrhal cases warm, soothing climates, like Madeira or Teneriffe, are best. 5. For rheumatic or gouty cases of the fibroid or pleurogenic type—dry, marine climates or the desert climate are most suitable. 6. For the so-called "scrofulous cases," if free from catarrh, fairly bracing marine climates; if with catarrh, mild marine climates should be prescribed. 7. For most other moderately advanced cases, with the limitations already mentioned, the climate of the high mountains, above the cloud belts, is the most curative.—*British Medical Journal*, 1901, No. 2117, p. 202.

Treatment of Cholera Infantum.—DR. W. BLAIR STEWART states that climatology and diet are two of the most important features in the treatment of cholera infantum. If the means of the patient will afford it, send the child from the close room to the seashore, to live in the open air. Sea air

with slight assistance from medicines will work many cures in apparently hopeless cases. The earlier in the attack the child is sent to Atlantic City or to other healthful seaside resort the greater its chance of recovery. If circumstances do not permit of such a trip, place the child in the coolest room of the house, where free ventilation can be obtained; or, what is much better, on a cool porch. Do not nurse the child in the arms, but place it on a cool, solid bed, where all motion can be avoided. Never rock the child in a cradle. Always starve these patients the first twelve to thirty-six hours. If the child is breast-fed do not allow too frequent nor too prolonged nursing. This class of patients is the easiest to manage. In bottle-fed babies you will have your troubles. After the preliminary fast begin with teaspoonful doses of barley, albumin, or toast-water, and as this is well retained add small quantities of the best pure fresh milk mixed with lime-water until the normal feedings can be borne. Many times it may be necessary to resort to some good prepared food in very small quantities where milk is not tolerated in raw or predigested form. Try a weak lamb, mutton, or beef broth (absolutely free from grease and pepper) at first, and gradually add to this pure expressed beef juice, always watching to avoid too frequent or overfeeding. Do not try solid foods in older children until several days after all symptoms have subsided. These are good general rules or outlines of treatment, subject to change in each case. Their neglect will usually lead you into trouble. Make an exhaustive physical and dietetic study of each case, and remember that elimination is first, diet is second, hygiene and change of air third, and antiseptics and astringents are last in therapeutic importance.—*International Medical Magazine*, 1901, vol. x. p. 389.

Atropine in Pileus—Much literature has recently been published concerning the life-saving properties of atropine in desperate cases of intestinal obstruction of various kinds. DR. H. GEBELE raises a warning cry against the too free use of this remedy, since it too often obscures the clinical picture, and, far from being infallible, it prevents the surgeon from selecting the proper moment for operation. It is only in the paralytic or spastic form of obstruction that internal treatment has any effect, and here small doses of morphine have the same effect as atropine, and are to be preferred. In mechanical obstruction atropine is still less indicated, and gastric lavage, enemata of several quarts of olive oil, or of castor oil, and, above all, operation must be resorted to.—*Münchener medicinische Wochenschrift*, 1901, No. 33, p. 1313.

Therapeutic Uses of Scopolamine Hydrobromate.—DR. M. ROSENFELD, working in the Psychiatric Clinic at Strassburg, finds that this drug has a decided action on the normal as well as the sick individual. Dose depends largely on the age, condition, and strength of the patient, but on the average one two-hundredth to one one-hundredth grain, thrice daily, is sufficient. It acts as a strong sedative in the insane, and also in those with minor nervous disorders, as hysteria and neurasthenia. Certain by-effects, such as dryness of the skin, itching, slight dizziness, were noted, but should not be considered contraindications to its employment. It is essential to use fresh solutions, since a decomposition of the drug takes place in old preparations.