

in tubercular disease.—Dr. F. Taylor said Dr. Roberts had given a very complete account of apical pneumonia; but with regard to the fourth class of cases, in which it was associated with pleuritic effusion, he asked what physical signs were to be depended on for diagnosis from those cases in which pleuritic effusion caused compression of the lung. He had met with the disease more frequently in children than in adults, and thought measles might be a cause of this.—Dr. Goodhart agreed that the affection was more common in children. He thought this might be accounted for by the lung becoming more frequently emphysematous in children, and pleurisy being more common. He agreed in the difficulty of diagnosis felt by Dr. Taylor.—Dr. Roberts, in reply, said one point he wished to impress was, that many of these cases came to him as out-patients. He had not met with the disease in children so frequently as the last two speakers had.—*British Medical Journal.*

CROUP—THE BARKER TREATMENT.—Dr. W. C. Chapman (*Toledo Journal*) reports five cases of croup, four of which ended in permanent recovery; the fifth recovered from the croup, but died in two weeks from pneumonia. The treatment was thus introduced by Fordyce Barker, ten years ago, which consists in an emetic, preferably of “Turpeth mineral” (2–5 grains); veratrum viride, till pulse is reduced to 60, where it is to be kept (two drops every hour is the usual dose); quinine, in tonic doses.

Dr. Chapman is to be congratulated on his success; and we are especially glad that he has reported the cases, since, from his well-known ability as a skilful diagnostician, an expert microscopist, an accomplished pathologist, and a thorough scholar, his report cannot fail to carry conviction. As no membrane was found in two of the cases, and as the presence of membrane even is by no means pathognomonic of true croup, it is probable that, had some less eminent practitioner made the report, most of the cases would have been regarded as of *spasmodic laryngitis* merely; since, as Prof. Smith so truthfully remarks in his work on diseases of children, “there can be no doubt that many of the cases which physicians have published in medical journals as true croup were examples of spasmodic laryngitis.”

LOCAL TEMPERATURES.—M. Peter has made a further communication to the Académie de Médecine, on the subject of local temperatures in abdominal diseases. In ascites the temperature of the abdominal wall remains at the average normal 35.5°C ., and sometimes falls below this point. In chronic peritonitis the abdominal temperature rises to at least one degree Centigrade above the normal. He described three types of chronic peritonitis: (1) that which arises by extension from a chronic “phlegmasia” of the stomach, “gastrite scleruse;” (2) chronic tubercular peritonitis; (3) chronic cancerous peritonitis. In the first case the temperature of the abdominal wall was raised $.8^{\circ}\text{C}$. above, while that of the axilla was lowered $.5^{\circ}$ below, the normal (temperature of inanition), so that the local excess amounted to 1.3°C . In the second case the local excess of temperature was from 1°C . to 1.9°C ., and presented the remarkable peculiarity that, when the axillary temperature had fallen 2.5°C . (to 34.5°C .), the local was still 1°C . above the normal temperature of the wall (at 36.5°C .), thus being absolutely 2°C . above that of the axilla, and relatively 3.5°C ., a proof of the existence of local thermogenetic centres. In the third case, cancerous peritonitis, the excess of abdominal temperature varied from $.8^{\circ}\text{C}$. to 2.0°C . above that of the axilla. In answer to a question, M. Peter stated that he used an ordinary thermometer for the observations, which, on account of its simplicity, he preferred to instruments of greater precision.—*Lancet.*

A SIMPLE APERIENT.—Dr. Weir Mitchell says: “I frequently employ salt and water in cases of constipation, and generally find it efficient.” The late Prof. L. P. Yandell, sr., habitually used and recommended this efficient and homely remedy to his pupils and patients during the last thirty years of his life; and never failed to be grateful to his friend, the lamented Prof. Lewis Rogers, for suggesting the laxative to him. Constipation is almost universal in cities. A teaspoonful of table-salt in a glass of cool water half an hour before breakfast will act with most persons pleasantly and promptly. Some require more and some less of the salt and water, and some cannot use it; but as a rule it works excellently and without diminution of power as long as it may be employed.