

pnœa, and dysphagia. The patient died suddenly in the eighth month, and neither tracheotomy nor Casarcan section could be performed. There was no necropsy. Pregnancy has a bad effect on all bronchoceles, but there is a true or special bronchocele of pregnancy which does not develop until gestation commences, and disappears or diminishes after delivery, to return at the next pregnancy. It is always vascular, and as dangerous symptoms may set in the induction of premature labor is often advisable.—*Brit. Med. Jour.*

ARISTOL FOR BURNS.—In an Italian journal (*Incurabili*) Dr. Eriberto Aievoli has recently reported his experience with aristol, and expresses the opinion that in fresh wounds, burns and frost-bites, the remedy is deserving of extensive application, as

it fulfils all the requirements demanded in these conditions. These properties are, essentially, lack of toxicity, rapid relief of pain, and rapid formation of a non-contractile cicatrix. The drug was always employed in a 10 per cent. ointment, which was spread on sterilized gauze and applied to the affected area. Two cases are described in detail, relating to extensive burns of the second and third degree, which healed rapidly under application of aristol ointment, while other remedies had proved inefficient. A special advantage of this treatment was the ease with which this dressing could be removed. Owing to the slight secretion and the formation of healthy granulations, the dressings did not become adherent and could be removed without pain. The superiority of aristol over boric acid was constantly demonstrated.—*N. Y. Med. Times.*

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