the special requirements of each case, as there are cases in which, without regard to the amount of sugar secreted, complete abstention from starchy matters is not only useless, but directly injurious.

"5. According to the present knowledge, strict anti-diabetic diet, combined with the use of the mineral waters of Carlsbad, is the best method of treating diabetes mellitus."

CANADIAN MEDICAL ASSOCIATION.—The twentyfirst annual meeting will be held in the City of Ottawa, on the 12th, 13th and 14th of September next. The following are the officers of the Association: President, J. E. Graham, M D., Toronto; President elect, George Ross, M.D., Montreal: General Secretary James Bell, M.D., Montreal; Treasurer, Charles Sheard, M.D., Toronto. Presidents: for Ontario, Dr. Eccles, London; Quebec, Dr. Christie, Lachute; New Brunswick, Dr. Currie, Fredericton; Nova Scotia, Dr. Wichwire, Halifax; Manitoba, Dr. Blanchard, Winnipeg; British Columbia, Dr. True, New Westminster. Local Secretaries: for Ontario, Dr. Jas. A. Grant, jr., Ottawa; Quebec, Dr. Armstrong, Montreal; New Brunswick, Dr. Trueman, Campbellton; Nova Scotia, Dr. Freeman, Sackville; Manitoba, Dr. Chown, Winnipeg; British Columbia, Dr. Milne, Victoria.

PARALDEHYDE AS A HYPNOTIC.—Dr. Allen A. Rawson, writing to the *Med. & Surg. Reporter*, says it is valuable "in nervous irritability, or even cerebral exhaustion and insomnia, especially the latter." He gives the following formula, as the best he has been able to devise:

R—Paraldehyde,						3 ij.
Glycerine, .						3 iv.
Simple syrup,	•			•		3 j.
Sweet spirits	of r	nitr	e,			3 x.

Oil of sweet orange (or oil of anise) twenty drops to flavor. Mix and unite by agitation. Dose.—One to four fluid drachms every hour, or two to four hours.

This may be administered alone, or with water. He advises a few drops of tinct. cocci, to give color to the mixture.

NEW REMEDY FOR SEA SICKNESS.—The theory has been lately advanced by Dr. Leiser (Br. Med. Jour.) that sea sickness is caused by arhythmic respiration brought about by the ship's motion.

This irregular respiration produces insufficient aeration of the blood to a degree great enough to act as a poison to the brain for the time being. The remedy is simple, to take full and rhythmical respirations, not fewer than twenty to the minute, breathing by count as it were. He had his theory and remedy well tested by Drs. Stockman and Prentice on a recent trip across the Atlantic in the S. S. "Etruria."

Scotch Oats Essence.—Dr. R. G. Eccles has shown in the April issue of the *Druggists' Circular* (says the St. Louis *Cour. of Med.*), that the article which has been widely advertised as a nerve tonic and invigorator contains one-third to one-half of morphine in each fluid ounce. Just the persons who are predisposed to morphinomania are those who would be most likely to be attracted by an article claiming what was claimed for this, and, without knowing it, would be likely to acquire that terrible appetite which, for persons of that temperament, is generally utterly irresistible. Stringent legislation should be enacted to prevent such diabolical fraud.

Puerperal Eclampsia.—Dr. Wm. Goodell says (Med. Standard), in the majority of cases of puerperal eclampsia, I limit my treatment to chloral hydrate thrown up the bowel. This is repeated whenever twitchings or other premonitory symptoms of recurring convulsions manifest themselves. In plethoric cases I bleed first and then give chloral hydrate per rectum. Whenever convulsions are threatened, I either bleed or else give chloral hydrate per os, in smaller doses, until headache is relieved, or until the twitching, double vision or blindness are removed. If labor has begun, I give chloroform, not ether, and deliver rapidly If labor has not begun, I watch and await events, interfering only when compelled.

OZŒNA TREATED BY INHALATION.—Noquet gives the following (Rev. de Thérapeutique):

R—Chloral hydrat.,			grs. $\frac{3}{4}$.
Acid. boric.,	•		grs. 90.
Glycerin. pur., .			$32\frac{1}{2}$.
Aq. lauro-cerasi,			3 5.
Aq. destill.,			3 50.

The spray should be thrown into the posterior nares, and the patient should expire it through the nostrils.