cases of purpura complicated by copious hæmorrhages from the nose, stomach, and bowels. He narrates two cases which seem to point to a distinct controlling influence over the morbid condition. He gives it in doses of from an eighth to a sixth of a grain, made into a pill with bread crumbs, twice or three times a day. It is seldon necessary to continue the treatment beyond four days, and the effect is prompt and satisfactory.—*Medical Press.*

SALICYLATE OF MERCURY IN VENERAL DISEASES.

Szadek (*Monatsheft f. Prakt. Dermatologie*, No. 10, 1888) found that in acute and subacute urethritis this remedy yielded in general good results. In the treatment of mild manifestations in early syphilis, it was of special value. No local or constitutional disturbances following its use have been observed by him. The following is employed for subcutaneous use :—

℞—Hydrarg. Salicyl.,	0.2
Mucilag. Gum. Arab.,	0.3
Aquæ Destill..	60.0—M.

Injections are made at intervals of two or three days, the number varying from six to twelve. Salicylate of mercury may likewise be successfully employed externally in luetic infiltrations and ulcerations.—*Centralbl. f. klin. Med.*

DIGITALIS IN CROUPOUS PNEUMONIA.

Professor Petresco writes that pneumonia is one of the most prevalent maladies in the Roumanian army, and that during the last five years he has treated more than six hundred cases in the Military Hospital at Bucharest. In these cases he has given an infusion of digitalis in doses of from 1 to 3 drachms in 24 hours, or a preparation consisting of an infusion containing 4 parts, by weight, of digitalis leaves, 200 parts water, and 40 parts syrup—a teaspoonful of this being given every half hour for three days. Through this treatment the author claims that the disease is cut short in three days, and the fever and all the physical signs disappear as if by enchantment. It is, however, only in consequence of these large doses of digitalis, given one after the other, that this result may be attained. The mortality in this disease treated in this manner is 1.22 per cent., while the results of all other modes of treatment give 15 to 30 per cent. The uncertainty which has accompanied this treatment in other hands is due to the small doses in which the drug was employed and the long intervals between them.—*Therapeutic Gazette.*

MEMBRANOUS CROUP.

The oil of turpentine would appear to be a remedy always to be tried in cases of membranous croup before resorting to intubation or tracheotomy. Loewentaner reports (*Med. News*(two cases of severe stenosis of larynx, in both of which the administration of a coffeespoonful of turpentine was almost immediately followed by expectoration of the membranes, and subsequent small doses internally or by inhalation led to complete recovery. Several coffeespoonsful of the oil may be administered during a night and day for several days if the membranes reform.—*Med. Review.*

As a readily prepared antidote for acute arsenical poisoning, Prof. Holland gives the following :—

℞.	Liquor. ferri tersulphat.,		
	Aquæ destillat.,	āā	f℥ij. M.
℞.	Magnesiæ,		ʒ iiss
	Aquæ destillat.,		f℥ viij. M.

Sig.—Mix the two solutions and give a tablespoonful, diluted, every five minutes, as required.

As an internal treatment for eczema erythematosum, to tone up the general system and relieve the constipation, Dr. Van Harlingen gives—

℞.	Magnesii sulph.,		℥ j
	Ferri sulph.,		ʒ ss
	Acid sulph. dilut.,		f℥ j
	Sodii chlorid.,		gr. x
	Infus. quassiæ,	q. s. ad	f℥ iv. M.

Sig.—A tablespoonful in a tumbler of hot water half-hour before breakfast.

ŒDEMA AS A DIAGNOSTIC SIGN IN CARCINOMA OF THE STOMACH.

M. C. Baert, of Brussels, writing in *La Clinique* on cancer of the stomach, calls attention to the frequency with which œdema of the ankles is met with in this affection after it has lasted a few months—a diagnostic aid which is by no means new, but is, he thinks, in danger of being too much overlooked at the present day. He gives a number of cases recently occurring in the various hospitals in Brussels in which œdema was present. In one of these cases the œdema came on as early as three months after the first symptoms of the affection made their appearance; in two other cases it was noticed after four months; but in most of the other instances it was delayed till the lapse of from six months to a year after the onset. In one case, where there was no evident cause to which to attribute the loss of appetite and the wasting complained of by the patient, Professor Carpenter, noticing some œdema of the ankle, diagnosed carcinoma of the stomach, and found his diagnosis confirmed by the appearance a month afterwards of all the usual signs of the affection. Several of the cases presented a marked increase in the nitrogen excreted in the urine. With regard to the deficiency or absence of hydro-chloric acid in the stomach in cancer of