

high specific gravity the bromoform sinks to the bottom of the spoon, and forms an isolated drop. The teaspoon should then be carried well back into the mouth, and its contents rapidly swallowed. The dose, given three or four times daily, varies as follows: For children of three to four weeks, one drop; in older, nursing children, three drops, according to the intensity of the attack; in children of two to four years of age, four or five drops; up to seven years of age, six to seven drops. Dr. Stepp claims diminution of vomiting, shortening of attacks, and increased appetite, with a perfect cure in from two to three weeks. But a small quantity of bromoform should be ordered at a time, as it is volatile. Protect it from the light to prevent decomposition. Red bromoform should be rejected, as it is decomposed and contains free bromine, and is consequently unsuited for administration. Dr. Rothe warmly recommends, for children of from one to two years of age, iodophenol in whooping-cough, administered after the following method: Phenic acid, 1 gramme; alcohol, 1 gramme; tincture of iodine, 10 drops; tincture of belladonna, 2 grammes; peppermint water, 50 grammes; syrup of white poppies, 10 grammes. Mix. One teaspoonful for a dose. Older children in proportion. Hydrate of turpentine is also favorably mentioned. It forms large, colorless, odorless, rhombic crystals with a weak aromatic taste, and easily soluble in hot water. Lepine first recommended it in 1885 as having a similar action to oil of turpentine, without the unpleasant effects. In small doses (three to nine grains) it acted on the bronchial mucous membrane, and was found useful in chronic catarrh. In large doses, it diminished secretion, and was given with excellent results in bronchorrhœa. When the kidneys were healthy, no evil result followed; but when those organs were diseased, large doses produced hæmaturia and albuminuria. Later, Germain See, who gave large doses to animals without harm, and to man as much as thirty grains daily in alcoholic solution as pill, praised the good effects of the hydrate in the initial catarrh of phthisis, where it lessened secretion; and he recommended it as a hæmostatic in bleeding from the lungs. In this opinion he has been confirmed by Lazarus. Recently Manasse has made careful trials of it in forty-one cases of pertussis. To children under a year, daily doses of over twenty grains were given without ill effects upon the renal or digestive organs. In none of the urines of older children examined, after amounts of thirty-five to forty-five grains daily, was albumin or blood found. The ages of patients ranged from nine months to twelve years. The general result was, that after four to five days' use of turpentine hydrate (twenty to forty-five grains, according to the age of the child), there was lessening of the attacks—at all events they became much mitigated. In all the cases

there was bronchial catarrh, which improved more rapidly than usual and soon entirely disappeared. —*Med Rec.*

THE SILVER LINES OF PREGNANCY.—Langdon thus summarizes a short paper in the *Cincinnati Lancet-Clinic*:

1. The abdominal lesions known as "*striae albicantes*," or "silver lines" of pregnancy (and other abdominal distentions), are a true deformity, due to over-stretching of an abnormally nourished skin.

2. Their prevention may be accomplished by daily inunctions of olive oil, followed by gentle hand friction for about ten minutes; the treatment should begin at, or before the fourth month, bearing in mind that prevention, not cure, is the object sought.

3. Corsets, constrictions and suspension of clothing from waist bands are to be avoided entirely—at least, after the third month of pregnancy.

To paraphrase the old adage—the lines are "silver," their absence golden. Another desirable object attained by the treatment is relief from the aches and shooting pains often complained of, which are largely due to the irregular stretching and compression of the nerves of the abdominal parietes.—*Times and Reg.*

HOW TO USE SULPHONAL.—Dr. J. Madison Taylor, in the *University Med. Magazine*, protests against the growing distrust of sulphonal, believing that when judiciously used it shows rare and admirable qualities. But he thinks it has been improperly administered, and gives his opinions based upon an extensive use. He gives from five to seven grains, rarely more than ten grains, beginning in the afternoon, and repeating about every three hours. Three or four doses will usually be followed by excellent results in securing a normal night's sleep. It seems best administered in a little soup or milk. In those who are wakeful towards morning, it is best to give the drug towards bedtime to secure its tardy effect. Thus used sulphonal gives excellent results, and seems free from danger or unpleasant effects.—*Indiana Med. Journal.*

THE CAUSE AND TREATMENT OF CHLOROSIS.—According to the Paris correspondent of the *British Medical Journal*, M. Duclos believes with Sir Andrew Clark, that chlorosis is a fæcal auto-intoxication, which should be treated by purging, prolonged until the intestine is completely freed from all the hardened and decomposed fæcal matters. He recommends a vegetable rather than meat diet. When constipation is not very marked the affection results from the great activity of putrid decomposition, and should be treated with