

found it better not to give the drug within an hour of a meal, either before or after. The most suitable method is to give it in one dose, usually a tablespoonful at bedtime, and if more is required, a dessertspoonful or even another tablespoonful may be given in the middle of the morning or of the afternoon. The dosage varies greatly with individuals, and should be ascertained in each case by trial. The test is the effect upon the bowels, for it should render the motions soft but not fluid. In some patients the dose may be less than a tablespoonful daily, while in others it must be considerably augmented.

Under no circumstance have I seen parolein do any real harm to a patient. Its worst effect is the production of flatulence, and such cases are uncommon, and the symptom disappears when the drug is stopped. In some of these individuals, however, the flatulence is so disagreeable that there is no alternative but to give it up. Other methods must then be resorted to, but I know of none nearly so satisfactory in dealing with the disordered condition of the alimentary canal. If parolein suits the patient, it should be administered for a very long time. The treatment should not be given up for many months, at least, and may be continued indefinitely. Some of my patients have taken it for more than a year.

#### *Cases in which Otosclerosis was associated with Chronic Septic Infection*

Several cases of otosclerosis have been observed in which the individual potentiality toward sclerosis appeared to be rendered active by the absorption of the toxins of pyogenic organisms.

R. MacC., æt. 39 complained of dulness of hearing in both ears and noises in the head of a little more than ten years' duration. On careful investigation no evi-