A VALUABLE AUXILIARY IN THE TREATMENT OF PNEUMO-NIA.

Pneumonia is nowadays considered a general infectious disease, due to a special germ, and not, as was formerly believed, a local condition resulting from exposure to cold. It is therefore of the utmost importance that once it appears in a household every precaution should be taken to prevent its spread to other members of the family. As the germ is carried through the air, this cannot be accomplished by fluid disinfectants; an unirritating and non-poisonous antiseptic which is sufficiently powerful to destroy the infection and yet can be freely breathed by the patient is required. There is only one safe and efficient agent of this kind, and that is Vapo-Cresolene. Experiments by a member of the Pathological Department of Yale University have demonstrated its high germicidal power. Its vapor permeates the air of the sick-room, destroy, the infection at its source, and when inhaled by the patient allays cough and irritation in the air-passages, promotes expectoration, and thus aids materially in bringing about recovery.

CHOREA AND ANEMIA.

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In the ctiology of chorea, nothing is noted relative to anemia. It is simply accounted as an accompanying symptom of the condition. Medical literature emphasizes the relation between rheumatism and chorea, with anemia as an important symptom. After observation of several cases, I am strongly of opinion, however, that anemia as a causative factor is worthy of investigation.

Anemia of toxic origin presents pathological conditions which favor the production of choreaic affections. It is true that simple anemia is, as a rule, of secondary origin, and, viewed in this light, it may be argued that if chorea arises, it is the result of the primary and not of the secondary conditions—thus agreeing with the admitted etiology. This argument, however, will not satisfactorily explain those cases of chorea which arise remotely from the primary condition, but recently from the secondary effects.

I submit three cases in which symptoms, treatment, and recovery seem to intimate at least a possible relation between anemia and chorea.

CASE I.—A female child of eight years gave a history of typhoid fever eight months prior to my visit. According to the mother's statement, the child had made a quick and good recovery, gaining rapidly in weight and exhibiting the energy of her former life. Six months later