

air is vital; that such can be procured only out in the open is fallacious. In his practice the sashes of one or more windows are removed, and blinds, which may be kept more or less open as required, substituted. The temperature of the room should not be above 60 deg. F., except when for any purpose the patient has to be exposed. As to purgatives, his preference is for calomel, from six to ten grains, dry in the mouth and washed down after rinsing; this destroys the pneumococci in the mouth and removes all fermenting or toxic material from the gastrointestinal tract. The dose is not repeated. While the coaltar preparations are no longer dominant in pneumonia, he would not hesitate to order one dose of antipyrine (6 or 8 grains) in a case of insomnia with unyielding high temperature, to tide over the danger. For hyperpyrexia with nervous symptoms there is no procedure equal to a tub bath of 90 deg. F. lasting half an hour; the patient being afterwards wrapped in a linen sheet and allowed to dry in bed. For children a ten-minute friction bath at 95 deg. F., rapidly reduced to 80 deg., ordinarily answers all purposes. The only local application which he constantly uses is a wet compress at 60 deg. F., applied around the chest every hour, after it has become warm. This is made of two or three thicknesses of old linen cut to fit the thorax from the nucha and clavicle to the last rib, and, after having been wrung out of water at the temperature named, it is spread upon a piece of flannel cut in the same shape, but one inch larger. The employment of a compress of this character probably affects the pulmonary circulation directly, while in the toxic forms of pneumonia the hourly stimulation of the central nervous system thus produced is evidenced by a brightening of the countenance and the disappearance of dullness of intellect. Its pronounced action in promoting excretion by the kidneys, in conjunction with the ingestion of small quantities of ice water, is enhanced by its intermittence. The antithermic effect of the compress may be considerably augmented by permitting a larger quantity of water to remain in the linen, though not sufficient to interfere with the patient's comfort by dripping and chilling. Moreover, cold applications to large cutaneous surfaces increase phagocytic action. There is clinical proof, extending over many years, to show that the management of the pneumonia patient as described results in a remarkably small mortality.—*N. Y. Med. Journal.*

MELITURIA IN INFANTS SUFFERING FROM NUTRITIONAL DISORDERS.

Dr. Oscar M. Schloss, of New York, considered primarily the nature and significance of the reducing substance which commonly appeared