

medial measures, such as the frequent administration of stimulants. Parisot makes some remarks as to the action of salicylic acid on false membranes which, if true, are of great practical importance: In distilled water, the false membrane was simply disaggregated, and this disaggregation took place slowly, while in solutions of different strengths of salicylic acid the exudate disappeared rapidly; at the end of a few minutes nothing was found but the meshes of the network serving for support to the cells of the exudation. The stronger the solution of salicylic acid, the more prompt and complete was the disappearance of the exudate. Parisot has, moreover, noticed that in diphtheritic throats that have been irrigated with the salicylic solutions, false membranes, when once detached, are reproduced more slowly and imperfectly than when the throat is cleared by any other process: he hence concludes that the mucous membrane is favorably modified by the salicylic acid.—*College and Clinical Record.*

TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN WITH HYPODERMIC INJECTIONS OF MURIATE OF QUININE (St. Philippe, *Jour. de Méd.*, June 21st, 1891).—It is necessary to differentiate carefully between pneumonia complicated with enteritis and typhoid fever, between central pneumonia and the prolonged variety which is suggestive of tuberculosis. There are two indications for treatment: one due to a constant element, bronchitis; the other to an occasional element, the pulmonary lesion. The latter is by far the more important, for the existing congestion may be sudden, extensive, and so interfere with hæmatosis as to cause death in a few hours. Quinine acts upon the congestive element whether administered by the mouth, the rectum, or subcutaneously. Sulphate of quinine may be given in black coffee or with extract of licorice. With small and unruly children, one must administer it by rectum or endermically. Such methods are slow in action and unreliable. It is far better to use it hypodermically, employing the following formula:

R.—Quin. mur., 2 to 4 grammes;

Glycerine:

Aque, aa, 10 grammes.

Sig.—One or two syringefuls may be injected, according to the requirements.

Blisters may also be used with advantage, being applied over the region where rales are abundant. Should suffocative catarrh occur, one must use sinapisms, large fly-blisters, scarification, or leeches, according to the age of the child. As supplementary medication, one may give five to twenty drops of the tincture of aconite-root in the course of the twenty-four hours, or one or two drops every hour, combining it with compound syrup of ipecac if the bronchitis is severe, or with syrup of quinquina or punch if the general condition is bad. To calm the excitement, warm baths and a little antipyrin may be used: but opium is inadvisable. If the cough is paroxysmal, fumigations should be used. In very severe cases, quinine and aconite should give place to subcutaneous injections of caffeine, to digitalis, and alcohol. Inhalations of oxygen are to be preferred to inhalations of ether.—*Archives of Pediatrics.*

THE method of raising children in bran was proposed by M. Pue at the *Société Normande d'Hygiène Pratique* (quoted in *Arch. of Pediat.*). It consists of a cradle which has the wooden bottom taken out, and is then lined with a strong cloth. In this is placed sterilized bran to nearly half a yard in depth. A hair pillow is used. The baby has only a short flannel shirt on, and is naked from the navel downward. It is covered with a woollen blanket, and a wool-lined dress is kept to put it in when taken up for nursing. It has thus full liberty of movement in all its limbs, while its dejections pass at once into the pure bran, keeping the child dry and clean even if there is diarrhœa. This method is a cheap one, the bran not costing as much as diapers.—*College and Clinical Record.*

A CLAIM THAT INFLUENZA IS CONTAGIOUS.—In his interesting work on "Epidemic Influenza," Dr. Richard Sisley claims that the cause of the disease is probably a microscopic organism, that it is contagious, and is chiefly, if not entirely, spread by contagion. In proof of his theory of contagion, he cites cases that show that influenza spreads from the sick to the sound; that isolated cases of influenza precede an epidemic; that influenza spreads along the lines of human intercourse; that prisoners and other isolated persons often escape influenza, although