

and is an expectorant and stimulant of secretion causing increased amount of water also to be poured into the lung cells.

Any competent chemist can prepare the fluid, but great carefulness is required. The solution is colorless, with the odor and taste of phenol. Sharp, burning pain follows the injection with little or no local irritation after, and no visible physiological action is noted with doses even of 250 minims, but phenol is found increased in the urine and in the breath and stomach.

The effect when injected into the system when suffering from active germ infection is to directly inhibit bacterial development, which it does quickly and positively. The treatment has the advantage of not interfering with the functions of the digestive organs. The dose is from 50 to 70 minims daily, increasing 10 minims daily—until 100 or 120 minims are reached, and this dose continued until the patient recovers or some contra-indication occurs. Besides the injection he gives inhalations once or twice daily from a sass spray tube and globe inhaler, using a 10 per cent. solution of iodoform in ether, and given under a pressure of one atmosphere, the patient inhaling and exhaling deeply during the delivery of the spray.

When the inhalation causes too much irritation he uses a few sprays of the following before beginning it :

R Acidi carbolici,	3 parts.
Glycerine,	10 “
Aquæ distl,	87 “

When ether cannot be borne, olive oil may replace it. In atelectasis besides lung gymnastics, compressed air is recommended to assist deep inspirations in expanding the lung.

Dr. Edson finds aseptolin a greater specific in malaria than quinine.

The total number of cases that have been and are being treated with this fluid which have been reported to me to date is 216. Of these, improvement is reported in 212 cases, and no improvement in 4 cases. Of the improved cases, 23 have been discharged cured; 66 will, in the opinion of the attending physician, be discharged cured; and in 91 cases, while improvement is noted, no definite prognosis can be made yet. In 32 cases the improvement was only temporary. Of those in which no improvement has been noted, 1 has died.

ARTHRITIS DEFORMANS IN A CHILD SEVEN YEARS OLD.

Henry Koplik, M.D., of New York, describes a case of this kind in the March number of the *Archives of Pediatrics*. This rare affection is to be distinguished from arthritis, affecting many joints following the exanthemata, due to streptococcic invasion of bones, the bone symptoms of late hereditary syphilis, tubercular