Allow me briefly to refer to that of others. Dr. Stepp seems to have used it in 1890, and claimed great success with it. Dr. Lowenthal next used it, and in the manner recommended by Dr. Stepp, viz., in doses of 2 to 5m three or four times a day. He says it exerts an almost specific action upon whooping-cough, at least if used early. One hundred cases were treated, et. 8 weeks to 7 years. As a rule the good effects began to show themselves on the second or third day, the vomiting being arrested within a week after the commencement of the treatment. Complications ran a favorable course, and, where there were relapses, a return to the bromoform soon arrested the symptoms.

In the weekly epitome of Current Medical Literature, published as a supplement to the British Medical Journal, is this summary (Sept. 19th, 1891). Stepp has treated 100 cases, Lowenthal 100, Neumann 25, and Scheppers 250.

The results may be thus stated: (1) Bromoform in the doses stated is a perfectly harmless remedy. (2) The attacks diminish in number and severity. (3) The first paroxysmal vomiting disappears in two or three days. (4) Nasal and other forms of hemorrhagesoon disappears. (5) It acts beneficially in complications, largely by giving affected organs, eg., lungs, a chance to rest. (6) It undoubtedly shortens the duration of the attack (Stepp, 2 to 4 weeks; Scheppers, 8.)

Bromoform is a heavy sweetish liquid. It is best given dropped in a teaspoonful of water. Given thus, children like it; but be sure the drops are swallowed, as they sink through the water on to the spoon. It must be dispensed in small amounts, and kept from the light, as it is apt to change.

A PERMANENT FEHLING'S SOLUTION.—Fehling's solution by the usual formula is quite unstable. The following modification is suggested by Rossel in *Schweiz Wochenschr.*: 34.56 grains pure cupric sulphate are dissolved in some distilled water; 150.0 grammes glycerin and 130.0 grammes caustic potassa, and then made up to one litre. One c.cm. of this solution corresponds to 5 mg. of glucose. The solution is said to be a permanent one.—*Med. and Surg. Reporter*.

Selections.

CONDITIONS INDICATING CHANGE OF AIR AND BATHS IN THE SUMMER DIARRHŒA OF CHILDREN.*

BY SIMON BARUCH, M.D., NEW YORK.

The removal of the causes of disease being the chief aim of modern therapy, the unsanitary conditions that actively contribute to the development and maintenance of the summer diarrhœa of children constitute an important element in the prophylaxis.

Change of air does not, as is sometimes erroneously supposed, improve the condition of the sick child by reason of any special difference in the proportions of oxygen or other chemic constituent. The chief factors that warrant us in advising change of air are (1) high temperature and marked humidity, or both; (2) the presence of impurities.

The pronounced influence of high atmospheric temperature and extreme humidity in the causation and maintenance of summer diarrhoea in children has long been observed. Whenever, therefore, the usual treatment seems unavailing, especially when extreme prostration, with or without febrile exacerbations, becomes an element in a case of summer diarrhoa, the question of change of air becomes important. what avail are stimulants, tonics, and food when the little sufferer is forced to toss under the constant, relentless systemic oppression produced by a stifling atmosphere, especially if aggravated by an excess of moisture, from which there is no escape, even by the most careful ventilation? Rich and poor are alike crushed under this terrible combination; for even in the open parks of the city it operates in full force. Removal by a rapid and comfortable journey to high altitudes or seaside, sufficiently remote to furnish a complete change from one or both of these prejudicial atmospheric conditions, becomes imperative in many cases. The change in the entire aspect of a case of summer diarrhœa under such favoring conditions has been so often observed that I need not emphasize its importance.

^{*} Read before the Pediatric Section of the New York Academy of Medicine, May 12, 1892.