involved, the breathing sounds of that part being semi-tubular, though not loud.

In less than three months from the beginning of her illness she was able to take short walks outside, and now is quite rapidly returning to her former condition of health.

The treatment throughout was supporting and stimulating; milk, broths, eggs, predigested gruel and whiskey, and the various prepared concentrated foods being used. Strychnine was used rather freely; quinine, part of the time, iron and assemic toward the close of the case; later still, cod liver oil.

The case seems worthy of reporting, because of its unusual character, its insidious onset and consequent difficulty in diagnosis, and in these days of antistreptococcic serum, as a hint to enthusiasts that all recoveries in such cases are not due to the injections.

The case seems specially interesting from the fact that there were two abscesses so far removed from each other, still further complicating diagnosis. Whether the germ was the same in each, is not known, or whether the two suppurating foci were independent of each other both in germ and means of invasion, or whether one was the parent of the other.

The case is an argument for the conservative practitioner; and most certainly is a strong argument for thorough examination in cases of difficult diagnosis.

MALNUTRITION IN INFANTS.—The combination of a yolk of egg and olive or cottonseed oil made into an emulsion is found very useful in cases of rickets or chronic malnutrition in infants. The emulsion can be made as follows:

Olive oil, 3 drachms. Glycerin, 1½ drachms. Yolk of two eggs.

Make an emulsion and add one-half minim of creosote to each drachm.

Occasionally it is better to use a small amount of creosote when this agent is not well borne by the stomach. A full teaspoonful of the emulsion is given three times a day after feeding. The preparation seems to be readily tolerated, even when the stomach is irritable.—

The Practitioner.