indication of merely suspended life. The second test, new probably to most readers, is that to which the name of Montiverdi was attached as its discoverer, and which is called the ammoniahypodermic test. In using this test the operator injects one hypodermic syringeful of strong solution of ammonia under the skin of the arm or some other convenient portion of the body. If the body be not dead, if there be the faintest. circulation, the ammonia will produce on the skin, over the point where it was injected, a bright-red patch, on the surface of which raised red spots will appear; but if there be absolute death, there will be produced a brown dark blotch, which is definitely conclusive against any possible vitality. One addendum to the indication of putrefaction as a proof of death is also worthy of note. Putrefaction may be delayed by two causes; by coldness of the surrounding air, and by the introduction into the body before death of an antiseptic substance like alcohol; or by a combination of these two causes. In such instances it is the proper practice to force on, so to speak, the putrefactive change by raising the temperature of the room in which the body lies to summer heat, and by adding moisture to the This proceeding plays a double function; it affords the body the best chance of restoration if by chance the life is not extinct; and it gives the strongest evidence of death in the quick putrefaction it excites if death has veritably occurred.—London Lancet.

THERAPEUTIC BRIEFS.

From Col. and Clin. Record.

For Balanitis, L'Union Médicale suggests the following:—

B. Morphine sulph., gr. v
Bismuth. subnitrat., 5j. M.
Sprinkle the affected parts four times daily.

For Burns, a writer in Centralblatt. für Therap. suggests the following application:—

R. Olei olivæ, p. vj Salol, p. j Aquæ calcis, p. vj. M.

For Constipation of Children, a writer in L'Union Médicale suggests the following:—

R. Podophyllin, gr. \(\frac{3}{4}\)
Alcohol, f \(\frac{3}{5}\) iss
Syrup. altheee, f \(\frac{3}{5}\) iv. M.
Sig.—A teaspoonful once daily.

The standard Antiseptic Dressing in Paris now is, according to Practice:—

Iodoform gm. iiss
Oil of eucalyptus, gm. xx
Paraffine, gm. 1
Vaseline, gm. 1, M.

It is usually applied to ulcers.

The following formula is suggested as an application to warts, in a late issue of *L'Union Médicale*: Mercury protochloride, 15 grains; powdered boric acid, 7.50 grains; powdered salicylic acid, 2.50 grains. Mix, and apply three times daily.

For severe Itching about the Anus, the following is recommended in *Therap. Monats:*—

B. Cocain, hydrochlorat., p. ½ to ½
Lanolin puriss., p. xxx
Vaseline,
Ol. olivæ, āā p. xx. M.
Sig.—Apply locally.

According to *Med. Press*, a circular has been sent to all the Prussian army medical officers, advocating chromic acid as an economical and efficient means of checking excessive perspiration. In hyperidrosis of the feet the application of a ten per cent. solution, repeated every three or six weeks, is sufficient to prevent any inconvenience from this source.

According to Remsen, Bulletin Général, Oct. 15th, 1888, three rules are to be observed in the treatment of Diphtheria: 1. Saturate the inspired air with antiseptics. 2. Feed and tone the patient to the greatest possible degree. 3. Never touch the throat with any medicament, and give internally only alcohol and quinine. He claims that this treatment may be applied with facility, especially with children; and absorption is certain and rapid.

In those cases of constipation in infancy which do not recover under proper dietary management, Dr. Eustace Smith (Med. Record, Nov. 24th, 1888) recommends:—

R. Tinet. nucis vomic., mss
Tinet. belladonnæ, mx
Infusi sennæ, mxx
Infusi calumbæ, ad f zj.

This may be given thrice a day at first. After a time, two doses will be enough; and before long, one dose at bedtime. An equally good or better prescription is—

R. Tinet. nucis vomic., mss
Ext. cascaræ sagradæ liq., mxx
Tinet. belladonnæ, mxx
Inf. calumbæ, ad f 5j.

The keynote is the combination of nux vomica with belladonna and some gentle laxative. Dr. Smith also recommends, where the motions are very dry, a saline aperient and

R. Quiniæ sulph., $gr. \frac{1}{4}$ Acid. sulph. aromat., mjTinet. nucis vomic., mssAquæ, ad $f \ 3j$.

This for a child of six months.