

cal Reporter, June 1, 1895, gives the following formulæ for the external and local use of chloral hydrate :—

In *Cutaneous Pruritus* from urticaria, measles or other eruptions :—

R—Chloral,
Carbolic acid, āā 50 (gr. xijss).
Olive oil, 50 (ʒ jss. gtts. xxx).

Apply locally.

In *Toothache* :—

R—Chloral,
Camphor,
Carbolic acid,
Glycerine, āā 5 (ʒ j. ¼).

Introduce a ball of cotton moistened with this mixture into the cavity.

In *Earache* :—

R—Chloral,
Camphor,
Carbolic acid, āā 50 (gr. xijss).
Castor oil, 15 (ʒ iv).

Instil a few drops of this mixture, previously warmed.

In *Acute Coryza* :—

R—Chloral, 50 (gr. xijss).
Castor oil, 15 (ʒ iv).

If applied to the nasal mucous membrane, after cleansing of the surplus mucus, this mixture will arrest the secretion, calm the irritation of the mucous membrane, as well as the accompanying headache.

DISINFECTATION OF TUBERCLE-INFECTED HOUSES.

—After a careful study of the effects of various disinfecting agents on the growth and development of the tubercle bacilli, Drs. Dilepine and Ransom sum up as follows :—

1. The disinfection of rooms which have been contaminated with tuberculous products cannot be obtained by means of the fumigation methods generally used at present. Sulphurous acid, and chlorine, as used under supervision by experienced municipal disinfectors, have proved practically useless.

2. The only other method of disinfection which seems to promise more satisfactory results is the direct application of a solution of chlorinated lime to the walls to be disinfected. This method has so far given satisfactory results, but is at-

tended with discomfort on the part of those who have to carry out the disinfection.

3. Light is, in the case of the tubercle bacillus, the most important natural disinfecting agent.—*Brit. Med. Jour.*

PROGNOSIS OF CEREBRAL HÆMORRHAGE. — Alfred G. Barre, M.D. Edin., F.R.C.P. Lond., *Brit. Med. Jour.*, May 18, 1895, in a lecture on this subject delivered at the General Infirmary, Leeds, sums up as follows: In any case of apoplexy due to hæmorrhage into the hemisphere, if renal disease, Cheyne-Stokes respiration, or hyperpyrexia, any one, two, or all three be present, the patient will in all probability not recover. If no one of these is present, and does not make its appearance, he may, and probably will, recover, however long insensibility may last and however deep it may be.

The presence of other serious conditions, such as diabetes, chronic alcoholism, typhoid fever, or idiopathic anæmia, will, I have no doubt—for I have seen examples to this effect—exert just as fatal an influence as renal disease upon the course of sanguineous apoplexy.

RENDER THE INTESTINAL CANAL ANTISEPTIC.—

The *Materia Medica* gives at least one safe intestinal antiseptic. It is Salol. Professor Hare, in the last edition of his *Practical Therapeutics*, says that Salol “renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid material in the bowel, as does opium.” He regards Salol as “one of the most valued drugs in the treatment of intestinal affections.” Have we a substitute for opium for the relief of pain? Here comes in the American coal-tar products, the first of which, for the relief of pain, stands Antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in Salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present we have a remedy equally efficacious in Antikamnia; *an ideal combination for the treatment of this large class of diseases, and we may specially cite Typhoid Fever.* These two drugs are put up in tablet form, called “Antikamnia and Salol Tablets,” each tablet containing two and one-half grains of Antikamnia and two and one-half grains of Salol.