The Treatment of Whooping-Cough by Bromoform. According to the *Revue Internationale de Bibliographie Médicale*, Pelicer has employed bromoform with very good results in the treatment of this obstinate affection. It is a colorless liquid produced by the action of bromine on alcohol in the presence of a base. When administered to animals by inhalation or hypodermic injection, it produces narcosis without greatly disturbing the respiration or circulation. The dose is one drop for each year of the patient, given four times a day, but this dose should be increased progressively until it is taken many times a day. He has given as much as 48 drops a day during six days to a child of two years, but after this dosage he observed a general erythema, but no diarrhœa. There was increased frequency of the pulse and respiration. Bromoform diminishes the number of the attacks and their duration. Under its influence the vomiting ceases and the appetite returns. It is to be employed during a period of two or three weeks. In a number of cases he used it even longer than this.—*Therapeutic Gazette.*

Acute Poisoning by Iodides- Œdema of the Pharynx the First Symptom.—Mr. Hutchinson relates the following interesting case: "I ordered for a lady, who much needed it, a mixture containing, together with a drachm of the solution of mercury, four grains of the iodide of potassium and two of the iodide of sodium. These ingredients, together with a drachm of tincture of bark and two drops of battley, made up the dose which she was to take three times a day. She took but two doses, when she was seized by a sense of constriction and swelling in the throat, followed by general soreness of mouth and lips, and in the course of a few hours by burning of the whole skin and an eruption of large erythematous wheals over the limbs and body. She passed a sleepless night in extreme discomfort, and the next morning was so ill that her husband insisted that I should come to see her. She had been liable to nettle-rash before. The eruption took the form of patches of erythema as large as the outspread hand, which occurred on the neck, face, chest and thighs. They differed from nettle-rash in not being pale in the centre, and also in being persistent and larger and more raised than is usual in that disease. It was quite obvious that the whole was due to the iodides, and within a few days all the symptoms had disappeared. I examined the urine but there was no proof of renal incompetency. The symptom of swelling in the throat as the earliest indication of iodide poisoning has been noticed in other cases. I remember a man who was brought into the London Hospital in whom tracheotomy was only just in time to save his life."—*Archives of Surgery.*

The Value of Opium in Laryngeal Obstruction. It is well known that the dyspnœa of children suffering from simple or diphtheritic croup is markedly increased by emotional excitement, and also that they breathe more easily when asleep. These facts suggested to Dr. Carl Stern the advisability of trying opium in such cases; and after some years' experience of its use he strongly recommends it. The effect of opium in a case of laryngeal obstruction is to allay the tendency to cough and to make the breathing quieter and more regular, and this naturally results in lessening of the cyanosis and of the dyspnœa. In some cases the improvement is such that Dr. Stern believes that tracheotomy becomes unnecessary, when without opium it would have been inevitable. In many cases, of course, tracheotomy has to be performed in spite of it; but even in these he thinks it is often of great service, because it lessens the risk of deferring the operation until the surgeon arrives and the necessary preparations are made. Also, children under the influence of opium require less chloroform.—*Therapeutische Monatshefte.*

The Treatment of Obstinate Cases of Nocturnal Enuresis.—Children who have been treated for enuresis for a long time and in many different ways, without receiving more than a slight temporary benefit, are not infrequently brought to the physician. In such cases Dr. Donald MacAlister recommends "courageous overdosing" with atropin, which he finds often results in a speedy and permanent cure. Although the doses he recommends are large, the secondary effects of the drug are never alarming, and are only slightly inconvenient. The addition of strychnine is useful, probably because it diminishes the depressing effect of the large doses of atropin, and