

of water, seem to be preferable to the use of astringents. As antiseptics, Dr. Holt has used to advantage, at the Infants' Hospital at Mt. Vernon, salicylate of soda, resorcin, naphthalin, and the bichloride of mercury. Dr. Sarah J. McNutt (*Post-Graduate Journal*, July, 1887), is favorably disposed to the use of the bichloride.

Treatment of Croup.

Dr. W. S. Cline, Tomsbrook, Va. (*Medical World*, May, 1888), claims that within twenty-four years he has seen hundreds of cases of croup, and does not remember of ever having lost a case. He gives a small teaspoonful of a mixture of equal parts of alum and sugar. This is given every twenty minutes till breathing is easier, then follows with a purge of calomel. If relief does not occur in one or two hours, he uses turpeth mineral. He claims that he has never had to make a second visit to a case of croup. This statement seems to be sufficiently remarkable without the inquiry as to whether any of the cases so promptly relieved could have been cases of true croup. While it is true that many cases of spasmodic croup recover, very promptly, even in a few hours, there is reason to believe that some cases, especially in feeble children of a nervous type, have a tendency to last several days, to the great discomfort of the child and the worryment of the parents. Might not some such cases have been considered cases of true croup? The doctor's mode of treatment which has been quite widely copied by medical journals, needs to be verified. In Brooklyn, what has come to be known as Dr. Burge's treatment for croup is liked by many practitioners.

Incubator and Gavage.

Dr. Hirst (report of meeting of Obst. Soc., Phil., Feb. 2, 1888—*Annals of Gynecology*, March, 1888), exhibited the incubator in use at the Maternity Hospital. It is a simplified Crede's incubator, a double walled bath tub of copper. Hot water is poured into the space between the walls, and the temperature is maintained within the tub of nearly 100° F. The doctor explained the "system of gavage" in use in the same institution. It consists in forcing into the child's stomach about 10½ drachms of human milk every hour, through a soft rubber catheter by means of a syringe. He believes a syringe to be better than the glass funnel advocated

by Farnier. Reports one case of a premature infant born at 216th day, weighing at birth 1,080 grammes. After a month's trial of gavage system it weighed 1,460 grammes. The rearing of undeveloped or atrophied babies is so difficult, even with the best care, that any method that will add to the chances of prolonging life is welcome. Feeding by the rectum is unsatisfactory, as it cannot be continued for a length of time. As Prof. Jacobi says (*Archives of Pediatrics*, February, 1888), "The rectum absorbs, but it does not digest. . . . Whatever we do, be the rectum ever so tolerant, not more than one-fourth part of the food required for sustaining life can be obtained by rectal injections, and inanition will follow, though it be greatly delayed. Children are not so favorably situated in regard to nutritious enemata as adults. In these the lengthening of the nozzle of the syringe by means of an elastic catheter permits of the introduction of a large quantity of liquid; indeed, a pint can be injected and will be retained. But the great normal length of the sigmoid flexure in the infant and child, which results in its bend upon itself, prevents the introduction of an instrument to a considerable height. It will bend upon itself, besides a large amount of contents will be expelled by the feeble or resisting patient."

Differential Diagnosis of Pneumonia.

Dr. David Phillips (*N. Y. Med Jour.*, April 21st, 1888), states that pneumonia may be diagnosticated from a severe bronchitis by means of the expiratory moan and the physical signs; but if both be absent, then by comparison of the pulse with the respiration. In health they stand about 4 to 1. In pleurisy and bronchitis, rarely more than 3 to 1; while in pneumonia, frequently from 2 to 2½ to 1. Henoch says that 40 to 50 respirations a minute in young children indicate inflammation in the large and medium sized tubes, while a greater number a minute indicate inflammation in the smaller tubes.

Nursing Bottles.

(Report of the Committee on Hygiene of the Medical Society for the State of New York—*The Sanitarian*, February, 1888). The committee says that, in spite of the fact that nursing-bottles with large rubber tubes, and glass reaching to the bottom of the bottles, have been condemned in all text-books as dangerous, they are