III. "Sequardian" treatment. When a patient declines the ordinary treatment, this may be tried. First, suspend all other treatment. Make daily, under complete asepsis, a hypodermic injection of 1 cc. of a mixture of orchitic liquid and distilled water. The injections to be increased by a cc. to five or six per day.

Second. Continue these twenty days; wait ten days and resume. These two series will suffice to show whether the treatment will be successful. If hypodermic injections do not succeed, injections by the rectum may be tried. Hot-water injections to cleanse the bowels are first used, then with a special syringe, the injection of one to two cc. of the testicular liquid, be made. The same process and rules are followed unless they produce irritation.

IV. Injections of artificial serum. In cases of lowered arterial tension (lessening of first sound, tachycardia embryo-cardia), make two to four times a day a hypodermic injection of one cc. of

℞	Sodii phosph. pur.	10	grms.
	Sodii sulph. pur	5	"
	Sodii chlor. pur.	2	"
	Ac. carbol. cryst	0.50	c. "
	Aq. distill (boiled) . . qs. ft.	100	cc.

—*Times and Register.*

On the use of Bromide of Potassium and Salicylate of Sodium in Headache.—Dr. Brunton, in *Practitioner*, first alludes to the fact that absorption from the stomach frequently ceases entirely during a headache, and drugs given by the mouth have then no effect. The only treatment in such cases is morphine, hypodermically; but the possibility of establishing the morphine habit must be kept in mind.

He estimates that 80 to 90 per cent. of all headaches are due to defects of vision (uncorrected hypermetropia, myopia, astigmatism, inequality of the focal distance of the two eyes, and imperfect convergent power; 10 per cent. to decayed teeth, and about 5 per cent to disorders of the nose, throat, ears, scalp, and other cause. Headache due to visual defects is generally frontal, temporal, or occipital; but in one case recorded in the paper it was about 2½ inches below, and 1 inch to the right of, the occipital protuberance. In those cases associated with unequal visual power of the two eyes, it frequently affects the side of the weaker one.

A very common form of headache begins with unwonted irritability at night, which, however, is not always present. The patient wakes at four, five, or six o'clock in the morning, but feels disinclined to move, turns over, and goes to sleep again. He again wakes at seven or eight o'clock, with a distinct, but not severe, headache, which increases as the day goes on, becoming very severe in the evening, and culminating in vomiting, which is followed by relief. If, however, he gets up when first waking, he generally escapes. These headaches may frequently be prevented by taking pot. brom. grs. 30-35, with sodii salicyl. grs. 10-15, in a tumblerful of water, when the feeling of irritability appears in the evening, or, in the absence of that, when waking early in the morning; and this may be repeated once or twice.

The two drugs combined act much better than either of them separately.

Dr. Brunton concludes his paper by contrasting our present armament of treatment of headache with that of twenty years ago; for whereas then we had slight power over them, now we are able to cure or relieve nine out of ten cases by attention to the eyes and teeth, and the use of bromides, salicylates, antipyrin, phenacetin exalgine, and other remedies synthetically produced.—ROBERT E. LORD, in *Manchester Med. Chronicle.*

The Treatment of Diphtheria.—An excellent *résumé* of our knowledge of the bacteriology of diphtheria is given in the *Semaine Médicale* of September 30th, by Dr. Veillon. He assumes that it is now generally accepted as proved that the bacillus, first described by Klebs and Loeffler, is the main causal agent of diphtheria, although other organisms, such as the streptococcus and staphylococcus pyogenes, and one resembling morphologically the pneumococcus, are frequently to be found together with the pathogenic bacillus. As a result of his investigations, Dr. Veillon maintains that the treatment must necessarily be complicated, for we have to deal not only with the local effects of the Klebs-Löffler bacillus, but also with the constitutional effects produced by the toxines evolved, and the lesions produced by secondary infections.