intestine may be found of a reddish-black color or even gangrenous. The hernial ring is seen not to be constricting the intestine and the cause must be sought higher up in the abdomen. If there is, also, a true strangulation at the neck of the sac this can be relieved in the ordinary way, but if on examination of the intestine it is seen that the strangulation extends higher, the intestine is drawn out until the seat of the trouble is found, extending the original herniotomy incision. An additional median incision is to be preferred. The herniotomy wound is to be closed or not according to whether the condition of the contained intestine will permit it or not.

THERAPEUTICS.

UNDER THE CHARGE OF

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The Serum Therapy of Bacillary Dysentery.—VAILLARD and DOPTER (*Revue de therap.*, 1907, x, 331) consider that antidysenteric serum injected in doses adapted to the patient in hand will relieve the intestinal disturbances of mucous colitis almost immediately and ensure a rapid recovery. The action of the serum is most prompt and effective when it is administered early in the disease. It is also effectual late in the affection, arresting the progress of the infection and hastening cure. In fine, antidysenteric serum is the specific agent in the treatment of bacillary dysentery, and in this disease has an effect analogous to that of antitoxin in diphtheria; its universal employment will reduce the mortality from dysentery to a minimum. By its administration the symptoms become rapidly ameliorated and a prompt cure is brought about. As a prophylactic its use is important and, especially in epidemics, it should be given as a routine. The above conclusions are the result of an extensive study of patients treated by the serum. The dosage in mild infections is from 5 to 7½ drams, but in grave instances of the affection it may be necessary to inject as much as 2½ ounces and to repeat the dose on the day following. As the treatment shows its good effect and the defecations become fewer, the injections may be continued, but the dosage should be gradually diminished.

The Hydrotherapeutics of Mucous Colitis.—WILSON (*Edin. Med. Jour.*, 1907, xxii, 45) states that the use of balneotherapeutic measures for the treatment of mucous colitis is attended with excellent results, often after the usual methods have met with little or no success. The baths consist of two parts, which may be given together or separately as the

physician may direct: (1) The intestinal douche; this is administered while the patient lies on a special couch. A rectal tube is passed high into the bowel and the prescribed amount of hot mineral water is allowed to flow, under carefully regulated pressure, into the intestine. While the water is retained the patient's position is changed; the bowel is later emptied and the process is repeated. (2) The Tivoli douche; this consists of an ordinary reclining bath, in which the patient lies covered, except for the head and neck, in warm mineral water. While so lying a hot-wave douche is played on the abdomen; this latter is usually of a much higher temperature than that of the bath. These methods are carried out in conjunction with special dieting and the drinking of mineral waters. The technique described is that employed at the springs of Harrowgate, England.

The Treatment of Itching.—BULKLEY (*Jour. Amer. Med. Assoc.*, 1907, xlix, 321) divides the useful external applications into two types, the soothing and the analgesic. Of the former he suggests the following formulæ: $\mathcal{R}$.—Phenol, $\mathfrak{zss}$ – $\mathfrak{zj}$; pulv. calaminæ prep., $\mathfrak{zj}$; zinci oxidi, $\mathfrak{zij}$; glycerin, $\mathfrak{zij}$; aq. calcis, $\mathfrak{zj}$; aq. rosæ, q.s. ad $\mathfrak{ziv}$. Sig.—To be sopped on repeatedly. $\mathcal{R}$.—Pisic liquidæ, $\mathfrak{ziv}$; potassii causticæ, $\mathfrak{zij}$; aquæ, $\mathfrak{zxx}$. Sig.—Dilute one to ten or twenty with water and bathe the surface, applying a suitable ointment afterward. Ichthyol in ointments or in 10 to 25 per cent. solution in water or oil is often useful. For mild general pruritus the following ointment may be prescribed: Phenol, 20 to 40 grains; lanolin, 1 ounce; boroglycerin, 4 drams; ung. aq. rosæ, 3 ounces. One-half to one dram each of camphor and hydrated chloral rubbed up with lanolin to an ounce is an efficient antipruritic, but it is irritating to the broken skin. Many skins do better without greasy applications, and the glycerite of starch may be substituted in the above ointments for the fatty base. Tar, oil of cade, and oil of birch are also valuable and harmless antipruritics.

The Treatment of Delirium Tremens.—EICHELBURG (*Münch. med. Woch.*, 1907, xx, 978) believes in the immediate suppression of alcohol in delirium tremens and in the employment of hydrotherapeutic measures rather than of hypnotics; the former serve to increase and to maintain the activity of the heart, although one would expect an opposite effect. In instances of cardiac weakness stimulants, strophanthus, digitalis, camphor, caffeine, are employed, and in about three days, when the delirium begins to lessen, 30 to 60 grains of chloralformamide are given; this quickly induces sleep. Thirst is controlled by bitter infusions. If pneumonia appears as a complication, digitalis and alcohol are administered. In these patients the prognosis is distinctly bad.

The Treatment of Diphtheritic Paralysis.—COMBY (*Bulletin méd.*, 1907, xxxviii, 442) considers that every patient, old or young, affected with diphtheritic paralysis, light or severe, recent or of long standing, localized or general, should immediately receive injections of anti-diphtheritic serum. These should be repeated daily for from three to six days, depending on the severity of the affection. The dose employed should be from 150 to 300 minims of Roux's serum. Such dosage is followed by no unpleasant effects and should be administered