

polyuria, with which the patient was also affected. He also treated with success a second patient suffering from simple polyuria in the same manner. L. de Kéty has had recourse to the same mode of treatment in four instances of diabetes insipidus. In three of these, recovery resulted. The quantity of urine which had been from nine to eleven quarts in the twenty-four hours was diminished to from two to three quarts, and in two of the patients the specific gravity returned to normal. The beginning dose was 1/120 grain; this was gradually increased.

The Treatment of Migraine.—E. MENDEL (*Deut. med. Woch.*, 1906, No. 20, p. 785) states that diet regulation is important in the management of this affection. Meat should be allowed only once a day, tobacco and alcohol should be prohibited. A regimen of milk and vegetables with carbonated water will keep the bowels regular and will prevent attacks. With regard to climate an elevated region is to be preferred to the sea-shore. Lesions of the eyes, nose and genital system should receive appropriate treatment. Cold baths (68° F.) with friction act favorably in non-anemic patients. Prolonged galvanic and faradic treatment may be followed by cure. Arsenous acid, quinine and iron (in anemic subjects) may prove effective. The author highly recommends the following formula: Trinitrine 1½ grains, phosphoric acid and alcohol of each 2½ drams. Dose, two drops twice daily. In connection with this he advises the following powder to be taken after breakfast for three or four weeks: Sodium bromide 35 grains, sodium salicylate 4 grains, aconitine 1/600 grain. If the seizure commonly appears on rising, this powder should be taken at bedtime. Pyramidon, acetphenetidine, or a mixture of lactophenine 7½ grains, and citrated caffeine 3 grains, are often serviceable. Morphine, if given at all, should be combined with atropine.

Feeding in Enteric Fever.—F. P. KINNICUTT (*Boston Med. and Surg. Jour.*, 1906, clv, 1) has analyzed a large number of statistics concerning the feeding of enteric fever patients, and concludes that intestinal accidents, hemorrhage and perforation are rather less frequent under a mixed, soft, and solid diet than under the restricted diet, consisting mainly of milk. The statistics available for an estimation of the relative frequency of relapses under restricted and more liberal diets, are not so large as those analyzed to determine the incidence of intestinal accidents, but they harmonize with the current view that diet has little influence in their causation. The influence of diet in causing recurrences of fever, the author believes to be a real one, but due rather to abrupt changes in diet than to its quality. As a result of his study, he considers that a plea for a different dietetic management of enteric fever from that almost universally prevalent, seems justified. By this indiscriminate feeding is not meant, but rather a management adapted to the case in hand and based upon the recognition, (1) that while the digestive function in many instances is unquestionably seriously impaired, frequently the impairment is not a material one; (2) that a clean tongue, and hunger should be accepted as guides for the cautious employment of a more generous diet; (3) that the individual rather than the disease should be considered and treated. By such a management suffering may be avoided, prolonged disability materially modified, the danger of secondary infections more efficiently met, and a more rapid convalescence effected.