in which the disease has appeared. This has been proved by Elwyn in two epidemics. In folliculous tonsillitis it is capable of cutting short the disease if early and thoroughly applied, and even in parenchymatous tonsillitis mitigates considerably the severity of the affection.—*Philadelphia Polyclinic*, 1896, No. 16, p. 157.

A Possible Explanation of Sudden Death after the Administration of Diphtheria Antitoxin.

Dr. C. B. Fitzpatrick suggests that the cause of death of a male infant, aged twenty-one months, who died suddenly while in perfect health, in consequence of an injection of this substance, may have been due to the carbolic acid which is known to have been present. This is present to the amount of 5 per cent., and the dose administered contained between three-fourths and four-fifths of a grain. The patient in question received about five times the safe dose, and, inasmuch as the minimal fatal dose is unknown, perhaps a fatal dose.—*The Medical Record*, 1896, No. 1328, p. 571.

The Treatment of Cancer and Sarcoma by Forced Alimentation and the Use of the Toxin of Erysipelas.

Dr. B. H. Detwiler reports five instances. Hypernutrition was instituted in the form of large quantities of concentrated peptonized liquid food, with from one to two pints daily of a very superior old port wine, independent of the usual food. The cases were: 1. Cancer of the spine by metastasis from the breast, with a renewal of the disease in the cicatrix of the breast. 2. Cancer of the uterus. 3. Ulcerating surface after removal of one breast, with involvement of the other. 4. Immense sarcoma of liver. 5. Rapidly growing sarcoma of the neck. So far as the toxin injections were concerned, they were barren of results, although there were temporary good effects from the hypernutrition.—*Therapeutic Gazette*, 1896, No. 3, p. 149.

The Treatment of Enteritis.

Dr. Edward P. Davis states that in the artificial feeding of infants cleanliness, the scalding (not boiling) of milk, and its administration at regular intervals are essential. In weakly, marasmatic babies the milk should be partially digested; this is readily done with the peptogenic milk-powder. Barley-water, 1 to 32, is a valuable addition to the diet, exerting an astringent action in case of diarrhœa. Oatmeal-water of the same strength exerts a laxative action. If the child vomits, is feverish, and has frequent stools, the milk should be stopped altogether for twenty-four to thirty-six hours and albumin-water substituted. The latter is prepared by adding the white of one raw egg to eight ounces of water; in addition, the child should get light chicken- or mutton-broth or freshly extracted beef-juice. Brandy and water form a good stimulant, and may be administered in ten-drop doses six or eight times daily. The administration of a dose of castor-oil, guarded by some brandy to prevent griping, is of exceeding value to clean out the irritating material from the intestines. Lavage of the intestines is of first importance in intestinal infantile disorders. It is accomplished by the use

of a No. 11 or 12 soft-rubber catheter and a fountain-syringe, with one or two quarts of warm water. The best result is obtained if the infant is placed on its abdomen across the nurse's knees, the water being at a temperature of 100° F., and a little soda or salt added to it. Great relief is obtained from the evacuation of the flatus and feces. In chronic cases some antiseptic must be added to the water. For each quart of water the following may be added: Boric acid, four drachms; creolin, thirty drops; sodium salicylate, ten grains; thymol, seven and one-half grains; or mercuric chloride, one and one-half grains. The last should be followed by irrigation with warm water. The irrigation of the intestines not only cleanses them, but exerts a stimulant action upon the bowel.—*The Philadelphia Polyclinic*, 1896, No. 3, p. 221.

The Use of Glycerin for Hepatic Colic.

Dr. Clemente Ferreira presents a strong plea for the use of one-half to one ounce of this substance, diluted with water, as an excellent resource against the painful attacks. If administered at the outset, it may abort them and even bring about a respite of long duration from the attacks.—*Bulletin Général de Thérapeutique*, 1896, 8 liv., p. 251.

The Treatment of the Dyspepsias.

Dr. Albert Robin divides the premonitory dyspepsias into (1) those caused by excess of fluids and (2) excess of peptones. The latter can be readily relieved by a diminution of the quantity of food eaten. With the former there is a difficulty, because a sudden suppression of the abundant drink frequently gives rise to a very disturbing vertigo. The better plan is to allow the patient to drink according to his desire only, one or two hours after the meal. The true dyspepsias may be divided into (1) gastric hypersthenia; (2) hyposthenia or weakness; and (3) vicious fermentations. The first class is divided into those of (1) neurotic origin (without lesion); (2) central nervous origin; and (3) gastric or reflex. The first of these has been named gastroxynsis by Rosshach, and should be treated expectantly and particularly by hygienic methods; absolute intellectual repose, open-air exercise in the country, in the mountains for excitable patients, but for those in need of stimulation at the seashore. For the second, in connection with hysteria, tabes dorsalis, or general paralysis, great difficulties are encountered. The pain should be allayed by the usual means, and milk given in small quantities is well borne in the interval, but not during the crises. In the third there is greater opportunity for success. The antiseptics should be discarded, because they interfere with the action of the soluble ferments. The usual remedy is sodium bicarbonate, in order to saturate the free acids of the gastric fluid, but rather in small dose, in order to avoid the production of a large amount of sodium chloride, from which hydrochloric acid can be elaborated. To suppress the condition of the crisis, that is to say, to neutralize the excess of acidity, chalk, or, better, magnesia is used, and with the additional advantage that it is of itself an excellent laxative. The formula employed is: Calcined magnesia, 22; bismuth subnitrate, 3 to 10; morphiae hydrochlorate, $\frac{1}{24}$ to $\frac{1}{12}$; sodium bicarbonate, 15; lactose, 7 grains. This is