

an elastic bandage placed above the highest point of puncture. Before operating, the patient should be directed to stand erect for about two minutes, in order to allow the veins to become distended. An Esmarch tube should then be passed round the thigh one and a half times, sufficiently tight to stop the superficial venous circulation; then in about a minute the remainder of the tube should be applied, so as to cut off all circulation from the limb. Injections of one minim of pure carbolic acid are then made into the veins at about one inch and a half apart, beginning at the upper end of the vein. A little pledget of carbolised cotton-wool is placed over each puncture as the needle is withdrawn, and well soaked with collodion. The elastic bandage should not be removed until fifteen minutes after the last injection, and great care must be taken to remove it very gradually. For at least a week after the operation the patient should not assume the erect position, or put his foot to the ground at all. To military surgeons this simple operation is of the utmost value, and enables many men to perform duties they could not do before.—*London Med. Rec.*

BINOXIDE OF MANGANESE IN AMENORRHOEA.—The effects of manganese in stimulating the menstrual flow, when its suspension is not due to pregnancy, have been fairly established by trials extending over nearly eighteen months. In the articles contributed to the medical journals on the subject, at the beginning of last year, the permanganate and the binoxide were both mentioned as possessing emmenagogue properties, but experiments have so far been made almost exclusively with the permanganate. In consequence, however, of certain disadvantages which are apt to attend the administration of this salt, unless several conditions are complied with, aided, perhaps, by theoretical notions as to the transformation which so unstable a body may undergo immediately after being swallowed, the binoxide, which is equally potent and less irritating, has latterly come into favor. Manganic dioxide, it is true, has been described as possessing no therapeutical value; but it is conceivable that if its effects are limited, even approximately, to the menstrual function, they may have escaped the attention of observers, especially if, as is not improbable, their investigations were confined to men or animals.—*Brit. Med. Jour.*

BILIOUSNESS.—What is commonly known as an acute bilious attack is more properly an acute indigestion.

The treatment of biliousness is prophylactic, alimentary, and medicinal. Prophylaxis is concerned with avoidance of all the known causes, whether of a toxic, malarial, or alimentary character. A

plain diet of bread, milk, oatmeal, vegetables, and fruit, with lean meat or fresh fish in moderation; and abstinence from alcoholic stimulants, seem to be the ideal fare for the biliously disposed.

Exercise in the open air is of recognized utility in promoting oxidation, and elimination, enhancing the digestive and assimilative processes, and light ening the burdens of the liver. Moreover, exercise (whether by rowing, horseback riding, gardening, walking) hinders absorption of bile by the hepatic venous radicals, and promotes the passage of that fluid into the duodenum.

The victim of an acute bilious attack will generally get righted in a few days by, first, abstinence from all food, then a diet of porridge and milk, or skimmed milk alone, and a very gradual return to solid food, which for several days should be restricted to toast, a little lean meat or broiled fish, with some succulent vegetables or ripe fruit. As for medicines, saline aperients, such as sulphate of soda, Epsom or Rochelle salts in full doses in the morning, or the now fashionable tumberful of Hunyadi Janos will generally suffice to clear the *primæ viæ*; the latter has especially a reputation for evacuating bile. The striking relief obtained by free bilious evacuation has often been remarked, and the veteran transgressor resorts to his blue pill or podophyllin with every recurrence of his malady. Of late euonymin has come much into use as a cholagogue.

Harley recommends to persons who seem to have a more than usual tendency to biliousness traceable to sluggish biliary secretion, and where there seems also to be defective nerve action, small doses of nux vomica or strychnia after their meals. This may be combined with belladonna and aloes as in the aloin, strychnia, and belladonna pill. The bilious person is generally constipated, hence such a pill has a special utility. Fothergill's pill of ipecac, capsicum, and pil. aloes et myrrh., has done good service in such cases. Nitro-muriatic acid and taraxacum have a reputation which is probably not altogether built on imaginary results. But bilious dyspeptics, while they should be attentive to the functions of eliminations (and doubtless the ancient predilection for purgatives has been justified by modern scientific research which finds in intestinal septicæmias and alkaloids of putrefaction many of the evils formerly attributed to peccant humors and atrabiliary disorders), should aim especially to be good hygienists and learn to live right; but this is counsel which everybody gives and nobody takes.—*Boston Med. and Surg. Jour.*

COLD APPLICATIONS TO THE PRÆCORDIA IN FEVER.—Dr. Grigorovich has studied the effects produced by applying cold over the region of the heart in typhoid fever. His observations were made on uncomplicated cases of the disease. Respiration, at first, became somewhat quickened,