barbarian are too sensible to bind, but of a half enlightenment that is worse than ignorance The physician who binds now-a-days, does it out of a weak compliance to an imperious mother-in-law or officious nurse. He should, out of respect to his art, rise above such trammels to his medical skill, and his intellectual independence.—*Med. Record.*

THE IMPORTANCE OF THE PRACTICE OF WASHING OUT THE PERITONEAL CAVITY AS A MEANS OF SECURING A NATURAL DISPOSITION OF THE INTESTINES AFTER ABDOMINAL SECTION.

Malcolm, in a short but suggestive paper again calls attention to the great danger which may result to the patient after laparotomy from simple paralysis of the bowel, though peritonitis may be entirely absent. Raw peritoneal surfaces are very apt to unite, even if they are entirely healthy. It is impossible after a laparotomy to arrange the coils of intestine in such a position that they will not at some time become adherent. In sponging they are very apt to be disturbed and thrown into unnatural relations. By irrigating the cavity we cause the intestines to float upward and thus undo any twists that may be formed. Now if the fluid is sucked out of the cavity, instead of being withdrawn with sponges, they will settle down in their natural positions just the same as when ascitic fluid is evacuated. Persistent vomiting after laparotomy seems to be beneficial rather than otherwise, since by pressure of the diaphragm and abdominal muscles the bowels are rearranged, as it were, and made to assume their normal relations. The important point to be borne in mind is that it is not so much the fact that the intestines contract adhesions to adjacent parts which give rise to subsequent persistent pain or obstruction, as it is that they become adherent in unnatural positions.—*American Journal of Medical Science.*

THE REMOVAL OF WARTS BY ELECTROLYSIS.

Dr. Patrzek (*Internat. Klin. Rundschau*) introduces the needle electrodes through the base of the wart in such a manner that they emerge on the opposite sides, without coming in contact. During the passage of the current the wart is kept moist with a lukewarm salt solution. The wart becomes white, pale, then blackish and soft in the course of two to five minutes, when needles are withdrawn. After the operation the wart shrivels up, and falls off in form of a hard, black body, under which the skin is slightly reddened.—*Prager Medicinishe Wochenschrift.*

Items of Interest to the Profession.

Merk's Bulletin gives three excellent and seasonable formulæ, published originally in *The Practitioner*, the strength of the ingredients being adapted to the U. S. Phar. :

In INFANTS' "SUMMER COMPLAINT: "—Tincture Indian cannabis, twenty-four drops; spirit of chloroform, five drops; tincture kino, 1 fl. dr.; peppermint-water, to make 7 fl. dr; add, distilled water, 1 fl. dr. Shake well. Teaspoonful every one or two or three hours.

The diuretic properties of Calomel are emphasized in the report of three cases of cardiac lesion by Dr. E. G Carvene (*Therap. Monatschefte* April, 1890, in *Therap. Gazette*, June 16th), resulting in severe dropsy, in which the use of calomel produced the most striking relief. In these three cases digitalis, and strophanthus had been used, and almost without effect.—Calomel was, therefore. substituted in doses usually of 1½ grains every two hours, with an almost immediate increase in the diuresis. In some cases slight diarrhœa was produced, but no symptoms of stomatitis occurred, perhaps through the regular employment of gargles of potassium chlorate and brushing of the gums with tincture of myrrh.

According to the *St. Louis Polyclinic*, to prevent the blood from settling under a bruise, there is nothing to compair with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerin. This should be painted all over the surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

According to the *Boston Med. and Surg. Journal*, June 12th, 1890, the literature of the