

and flattened it out so that it reached several inches up the thigh. The India rubber bands are very thin; and, as an additional precaution, one of the narrow strips was wound two or three times round the limb, overlapping the edge of the circular band.

Dr. Junod then screwed the tube of a small air-pump, six or seven inches long and an inch and a half in diameter, to the boot, giving me the pump to work. After about a dozen strokes, a very good vacuum was produced. I felt the pressure chiefly above the upper rim of the foot, but nothing in the foot. The limb was bare, with the exception of my sock, which was left on. Dr. Junod now took the air pump, and gave a few strokes from time to time, which I felt at once by the increased pressure. He usually continues the application for an hour, at the end of which time the limb, in ordinary cases, is found much swollen in size, with all its soft parts considerably harder to the touch; and twenty-four hours generally elapse before the swelling and hardness entirely disappear. In my case, the boot was only kept on a quarter of an hour; and, notwithstanding this, the leg was decidedly increased in bulk, and felt harder from the ankle upwards, the circumference of the calf being two *centimètres* greater than that of the other leg. I could see no change in the foot. The leg was uncomfortable, and felt as if it had been bruised all over, or as if I had greatly overwalked myself with that leg.

Dr. Junod's attention was first attracted to this subject when, while still a student, he was called to see a young woman suffering from severe cerebral congestion; and the thought struck him that, by means of atmospheric pressure, blood might be drawn to the extremities to relieve the congestion of the head; he devised the requisite apparatus, and the patient was cured.

If pain be felt at any moment, the tube of the air-pump must at once be discontinued, and the pressure removed. Dr. Junod felt my pulse from time to time, as syncope is sometimes apt to occur. As it was, I felt extremely tired the rest of the day, and also next morning. When I called on Dr. Junod, a few days afterwards, he explained that a spare individual like myself was more influenced by an application of the exhausting boot than a plethoric person, who had more blood, and whose circulation was therefore less effected when a certain quantity was detained in one limb. Dr. Junod has an appointment to the Paris hospitals, with an almost nominal salary, and has hardly any private practice, except when he is called in consultation as a last resource. He has succeeded sufficiently often in saving life to justify his faith in his invention. According to him, in regular treatment, an hour's daily application of the boot is essential.—BERNARD ROTH, F.R.C.S., Grand Parade, Brighton.—*Brit. Med. Journal*.

THE TREATMENT OF CHOLERA-INFANTUM.—Dr. Charles H. Avery, of New York, (*Medical Record*), writes that he has adopted the following treatment in cholera-infantum with very great success: He first directs that a poultice be made as follows, and applied over the stomach: Take of pounded gloves, cinnamon, and ginger, each, one teaspoonful, add a small quantity of flour, and then moisten the whole with brandy. Spread the mixture on and cover with thin flannel, and so fasten it that it will be kept in position. Occasionally moisten the poultice with brandy, which can be done without removing it. One teaspoonful of the following mixture is then ordered every two hours for children over three months old.

R. Acid carbol	gr. xxiv.
Spts. vini	gtt. xxiv.
Aq. menth pip	℥ iss.
Mucil. acac	℥ vi.
Syr. papaver	℥ vi.
Tr. opii	gtt. x. M.

As a rule the vomiting ceases before the hour arrives for the administration of the third dose; frequently before the second dose is given.

The passages from the bowels are not arrested by the medicine, but within twenty-four or forty-eight hours they begin to change in character, soon diminish in frequency, and afterwards cease altogether. The diet of the child is restricted to barley-water and milk. If it is a nursing child, barley-water is administered before it is allowed to take the breast.

If the vomiting is severe, the child is *not allowed to take anything*, except the medicine, for three hours.

If there is marked evidence of acidity of the digestive tract, teaspoonful doses of the following mixture are given every ten or fifteen minutes for two or three hours.

R. Mistura cretæ	℥ ij.
Syr. rhei	℥ i. M.

To this he sometimes adds fifteen grains of hydrag. cum creta.

As a substitute for the above antacid mixture, he sometimes gives ten grains of subnitrate of bismuth, and five grains of pepsin three times a day.

The leading features of the plan which he recommends are: the spice poultice, the barley-water and milk diet, and the medicines according to the first prescription.

SELF-LIMITATION IN CASES OF PHTHISIS.—Dr. Austin Flint, (*N. Y. Med. Jour.* August), read a paper giving the result of his observation in cases of phthisis that completely recovered or ceased to advance. He held that the favorable course of certain cases was due to self-limitation of the disease, as was claimed by him in an article pub-