

A NEW TREATMENT OF NASO-PHARYNGEAL CATARRH.—Bates, *Med News*, has treated with benefit more than fifty patients by syringing the lachrymal sac and nasal duct. Of the remedies used, olive oil gave the most general satisfaction. The syringe used is the ordinary eye dropper, with a tube drawn out to a fine point, bent at an angle of 90°, and about one-quarter of an inch long. It is small enough to enter the smallest punctum, preventing a return flow of the fluid.

To make the injection, the operator sits in front of the patient. Artificial light from an argand burner is reflected by the fore-head-mirror on the inner side of the eye, direct illumination being less satisfactory. The operator may also stand behind the patient, who is then directed to look upward and outward. A piece of cotton about one-fourth of an inch in diameter is placed over the semilunar fold and held with the forefinger of the left hand with slight pressure against the upper punctum; this prevents the fluid from entering the eye from the punctum of the upper lid. The thumb of the left hand everts the lower lid sufficiently to expose the punctum.

The syringe, partly filled with the fluid to be injected, is lightly held by the bulb with the thumb and the first two fingers of the right hand, the tip is inserted into the punctum and the syringe turned until the tip is at right angles to the margin of the lid and parallel to the conjunctival surface of the lower lid. Slight pressure is made on the bulb, and the level of the fluid in the syringe is seen to descend as the injection is being made. Sometimes the injection is difficult, after the tip is introduced into the punctum; and manipulation of the syringe up, down, and in various directions, will be required to free the point from the obstructing conjunctival fold. Nervous patients give trouble, and in such cocaine helps, but does not always relieve the difficulty.—*Polyclinic*.

OPERATIVE TREATMENT FOR TUBERCULAR PERITONITIS IN CHILDREN.—The author (L Conitzer), reports seven cases, four belonging to the exudative and three to the dry form. All were operated upon at the Jewish Hospital in Hamburg. The histories and results were given in detail, and the author presents the following conclusions:

1. Tubercular peritonitis can be cured spontaneously in the dry form comparatively less frequently than in the exudative type, which is cured in most cases.

2. The spontaneous cures of the exudative form of tubercular peritonitis, have heretofore been regarded as cases of chronic exudative peritonitis or ascites.

3. All forms of tubercular peritonitis can be cured or at least improved by abdominal section

even though other therapeutic measures, including puncture, have been tried previously.

4. The result of the operation depends upon the form of the disease (the best result being attained in the chronic variety), the previous duration of the disease and the eventual complications.

5. The operation is indicated when the internal therapeutics have proved of no avail.

6. The operation is contraindicated in those patients of poor vitality, or in cases suffering from tuberculosis of other organs.

7. The question of how the cure is effected by abdominal section in these cases has remained unanswered.—*Deutsch Med. Woch.*

COMPRESSION OF THE PHRENIC NERVE IN LARYNGITIS STRIDULUS.—Two patients affected with spasm of the glottis were treated by Dr. H. Bidon according to Lelivre's method of treating nervous hiccough, by compression of the phrenic nerve. The first case was in a young hysterical girl who, after a convulsive crisis, was so violently and persistently seized with spasm of the glottis, that a fatal issue appeared imminent. The author put his index finger between the two lower attachments of the right sterno-cleido-mastoid muscle and strongly compressed the phrenic nerve. The patient at once made a respiratory movement. The intermittent compression was repeated about five times a minute; the glottic spasm disappeared in about a quarter of an hour. The patient has had some attacks of the same kind since then, but the same compression of the phrenic nerve always proved efficacious.

The second case was in a confirmed tabetic patient. About ten minutes after every attack of spasm of the glottis, he felt a sudden constriction of the larynx and uttered a sound resembling hiccough; the suffocation gradually increased and he fell into a state of quasi-syncope. In this case, the compression of the phrenic nerve caused the attack to cease immediately; it recurred, however, on interrupting the compression; and after a few days all laryngeal trouble disappeared completely.

These observations appear to show that compression of the phrenic nerve is a good means of restricting, at least temporarily, the oft very dangerous symptoms associated with glottic spasm. Since the movements of the glottis do not depend on the phrenic nerve, it must be admitted that the sudden compression of this nerve acts indirectly, by provoking certain complex, or more or less generalized phenomena of inhibition.—*The Hahnemannian Monthly*.

THE DRINKING TREATMENT FOR TYPHOID.—Some years ago M. Debove recommended the use of large amounts of water internally in typhoid fever. "I make my patients drink," he said; and