

The author also employs with excellent results injections into the intestines of large quantities of Carlsbad water at a temperature of 45 deg. to 55 deg. C. (113 deg. to 131 deg. F.). If after the injection the patient remains lying down and has warm applications to the abdomen, the injection can be retained without difficulty for as long as from one and a half to two hours, and much is absorbed. The advantages of this treatment are that per rectum a larger quantity of water can be administered than per os, more especially where the gastric condition is unsatisfactory; the tolerance of the intestinal mucous membrane to heat makes it possible to administer the water at a higher temperature per rectum, and a direct attack is made upon the intestinal catarrh. Of drugs, the author considers sodium salicylate the most useful, and also suggests borovertin (hexamethylene tetramine triborate) and ovogal. With regard to diet, the author's opinion is that of Kolisch, that it should be one which "spares" stomach, intestine, and liver. Treatment of cholelithiasis on such lines has proved very successful. The author's opinion as to surgical treatment is that the detailed enumeration of groups of indications for operation are completely illusory, and that the clinical picture in each case is the proper guide. Obstinate pain, resistance of all treatment, jaundice, fever with rigors are, in his opinion, more conclusive as to the need for operation than the special localization in the individual case.—*B. M. J.*, Oct. 12.

SOME CLINICAL OBSERVATIONS ON THE DRUG TREATMENT OF EDEMA.

Miller, in the *Am. Jour. of Med. Sciences*, reports observations on the actions of certain diuretic drugs, digitalis, strophanthin intravenously, theophyllin, and Fischer's solution of crystalline sodium bicarbonate 8 grams and sodium chloride 15 grams to a liter of water, in cases with edema, which he divides into two classes, first cases of chronic interstitial nephritis with edema chiefly cardiac, and, second, cases of renal edema due to acute or chronic nephritis. In the first group the diuretic effects of digitalis and of strophanthin were neither constant nor striking, although relief of dyspnoea was frequently obtained; in cases of this group the diuretic action of theophyllin was marked. In the cases with renal edema digitalis, strophanthin, and the alkaline diuretics were without effect; theophyllin produced diuresis in but two out of five cases; in four of these to which Fischer's solution was given by rectum no diuresis resulted, but in two of these which were given Fischer's solution intravenously the daily output of urine was markedly increased, although no improvement in the general condition could be detected.