

tion of carbolic acid, two per cent. The author has tried this method, and recommends it highly. There was no pain whatever, either during or after the injection; the patient took a walk immediately after, and would not stay at home on the second day. On the fifth day there was no swelling or tenderness, and the hydrocele could be considered cured. This plan of treatment, therefore, surpasses all the previous ones in painlessness and radical cure, and is, therefore, warmly recommended by the author. E. F.

TREATMENT OF ORCHITIS.

Dr. John K. Spender in the Medical Examiner, August, 1876, calls attention to the possibility of curing orchitis without surgical interference. The plan he adopts is to administer antimony in small and repeated doses for at least twelve or fourteen hours. He narrates a case of a young man who had received a blow on the left testicle, and who was seen a few days afterward. Recourse was had to hot local applications, and a draught containing twenty minims of antimonial wine, with two minims of tinct. opium in an ounce of spearmint water, was directed to be taken every hour for twelve hours, then gradually at longer intervals. Pain was relieved simultaneously with the establishment of a profuse diaphoresis. Within three days the man was virtually well. The same mode of administering other drugs may be adopted with benefit, as in many cases success depends upon keeping the medicine constantly in the system.—*The Doctor*.

HYDRATE OF CHLORAL IN PUERPERAL CONVULSIONS.

Dr. Choupe, having had the opportunity of observing carefully a considerable number of cases of puerperal convulsions, has come to the conclusion that, of all the means we possess, the hydrate is the most reliable for treating this disease. In twelve cases in which it was alone employed the termination was successful, although in some of these the state of things seemed desperate when it was commenced. He thinks, indeed, that it should be resorted to even before the disease becomes confirmed, whenever the woman, exhibiting albuminuria and oedema, complains of headache, ringing in the ears, hallucinations of vision, restlessness, cramps, or vague pains in the limbs, etc. When there is trismus present it should be given in enemata, which have also the great advantage of being able to be given during the paroxysm. The doses will vary according to the tolerance of the patients and the severity of the paroxysm, but it is necessary to commence with a pretty strong one (especially if the paroxysms are violent and close upon each other), in order to make a powerful and quick impression.

After a calm has been obtained, and if the attacks do not recur, some smaller doses may be given during the next twenty-four hours or so; but if the attacks recur large doses must again be resorted to until the paroxysms have completely ceased. In an enema we may always begin with thirty grains, repeating this at the end of ten minutes; and by the mouth at least forty-five grains should be given at once, fifteen grains being repeated every quarter of an hour. In a violent attack the dose required will vary from one hundred and twenty to one hundred and eighty grains; and it may even be requisite to resort to hypodermic or intravenous injection. In all cases it is of importance to get at least sixty grains rapidly taken, and to prolong the use of the chloral for a tolerably long time after the cessation of the convulsions.—*Gazette Med.; Amer. Jour. Med-Sciences*.

ACTION OF SALICYLIC ACID IN DIPHThERIA.

L. Letzerich states that diphtheritic organisms (fungi obtained from the urine of children suffering severely from diphtheria, and consisting of bacteria, masses of protoplasm and micrococci) placed in a close vessel with solution of salicylic acid containing 0.35 of the acid, one part of spirit and 59 of water, when examined after an interval of five months, were all found lying dead at the bottom of the vessel. A few drops of weak solution of salicylic acid (of about one-third the above strength) brought into contact with diphtheritic organisms arrested the movements of the bacteria present, gradually; stronger solutions arrested them suddenly. The plasma corpuscles lost their brilliancy and acquired a double outline, as if they were surrounded by an extremely delicate membrane; the substance of the protoplasm appeared to contain bubbles of air. Letzerich treated seven cases of diphtheritis with gargles of salicylic acid, and all of them successfully. In two other instances powdering the surface with a little dry salicylic acid proved very effective. From these and other observations and experiments he believes that salicylic acid is a powerful and anti-diphtheritic agent.—*Centralblatt für die Chirurgie*.

TREATMENT OF OTORRHOEA.

Paulsen* claims to have met with excellent results in the treatment of otorrhoea, uncomplicated by caries or large polypi, by means of a mixture of carbolic acid and olive oil, ten parts of the former to one hundred of the latter. He has found it much more effective than astringents or other methods which he has tried, and the combination of the acid with the oil was

* Monatschrift für Ohrenheilkunde, No. 2, 1876.