

employ rectal alimentation, not as an *adjunct* to, but a *substitute* for, stomachal ingestion.

9. Certain organic lesions as well as functional disturbances of the stomach are curable by means of rest to that organ, and by no other means. In rectal alimentation we have a safe and sure means of nutrition, pending the necessary period of rest to that organ.

THE TREATMENT OF GONORRHEAL RHEUMATISM.

According to *Wien. Klin. Wochenschrift*, Rubenstein has found potassium iodide a rapidly-effective remedy in the treatment of gonorrhoeal rheumatism. He gave small doses, usually ordering one drachm of the iodide in five ounces of water, of which he directs the patient to take one or two tablespoonsful in the morning, and four or five tablespoonsful in the afternoon. In some cases he gives a still weaker solution, the patient taking one tablespoonful every hour. After a few hours, in most cases, the pain is markedly lessened, swelling subsides, and a cure is brought about in two or three days.

As to local treatment, the author usually envelops the joint in cloths saturated with a one per cent. carbolic acid solution. In some cases he uses a dressing of blue ointment, and in still others a solution of common salt. When the pain disappeared he applied an elastic band, and if there is effusion he aspirates. Rubenstein has treated in this manner fifteen cases, some of which were acute, others chronic, and all were cured.—*Med. Age.—Columbus Med Jour.*

LIGHT IN THE SICK ROOM.

Dr. B. W. Richardson, in the course of a Lecture on "Disease and How to Combat it," remarks as follows:

Still a custom prevails, despite all our sanitary teachings, that the occupant of the sick room in the private house should be kept at all hours in a darkened room. Not one time in ten do we enter a sick room in the daytime to find it blessed with the light of the sun. Almost invariably, before we can get a look at the face of the patient, we are obliged to request that the blinds may be drawn up, in order that the rays of a much greater healer than the most able physician can ever hope to be may be admitted. Too often a compliance with this request reveals a condition of room which, in a state of darkness, is almost inevitably one of disorder everywhere; foods, medicines, furniture, bedding misplaced; dust and stray leavings in all directions.

In brief, there is nothing so bad as a dark sick room; it is as if the attendants were anticipating the death of the patient; and, if the reason be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient

cannot bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice, which once prevailed so intensely that the sick, suffering from the most terrible diseases, small-pox, for instance, were shut up in darkness, their beds surrounded with red curtains, during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick room. It is not only that dirt and disorder are results of darkness, a great remedy is lost. Sunlight is the remedy lost, and the loss is momentous. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily the hospital ward, notwithstanding its many defects, and 'it has many, is so far favored that it is blessed with the light of the sun whenever the sun shines. In private practice the same remedy ought to be extended to the patients of the household, and the first words of the physician or surgeon on entering the dark sick room should be the dying words of Goethe, "More light, more light!"—*Sanitarian.*

NOVEL METHOD OF LAYING A FLOOR.

The *National Builder* says that a curious method of laying down floors has been adopted in France and has obtained a wide application. It consists in putting down flooring, not as hitherto on sleepers, but in embodying the boarding in asphalt.

The new floors are used mostly for ground stories of barracks and hospitals, as well as for churches and courts of law. Very little is known of the method outside of France, and as its usefulness is evident, it should have a wider application; therefore we append the following description:

For the floors in question, pieces of oak, usually two and one-half to four inches broad, twelve to thirty inches long, and one inch thick, are pressed down into a layer of hot asphalt not quite half an inch thick, in the well-known herring-bone pattern.

To insure a complete adhesion of the wood to the asphalt and obtain the smallest possible joints, the edges of the pieces of wood are planed down, bevelling toward the bottom, so that their cross-section becomes wedge-like. Nails, of course, are not necessary, and a perfectly level