remedy three cases are reported. Fifteen grains of the drug, dissolved in one ounce of water, are to be used each day. This is to be further diluted by the addition of a small quantity of this solution to each tumbler of drinking water, and the free use of water both externally and internally is recommended. It is believed that this method eliminates the excess of uric acid and aborts the further diathesis. The treatment of the diathesis is entirely hygienic and dietetic; the patients should keep a perpetual lent. "They are like a smoky flue; everything must be done to increase the draught." The diet should be non-nitrogenous, and the patient should take abundant exercise in the open air.

WHAT WE MAY SEE IN THE SPUTUM.—*Kansas Med. Jour.*—Microscopical examinations have so superseded the older methods that we frequently overlook many valuable points of diagnosis that might be observed with the unaided eye. We may first observe the quantity, reaction and consistence. Patients with bronchitis or cavities, and especially cases of bronchiectasis, have the largest quantity. Unless contaminated with vomited matter, sputum is always alkaline. Mucus sputum usually occurs early in acute bronchitis. Muco-purulent sputum in chronic bronchitis and in phthisis, or in the later stages of acute bronchitis and pneumonia. Purulent sputum (nearly pure pus) indicates a cavity or an empyema. Serous sputum is fluid, and contains albumen and is frothy. It is characteristic of œdema of lungs. Blood expectorated from the lungs is usually bright red, frothy and alkaline. From the stomach it is dark, nearly brown, and acid in reaction. Coal soot makes a black or gray sputum. Fibres and pieces of lung tissue indicate a cavity. Fibrinous casts indicate fibrinous inflammations. These are frequently found in croupous bronchitis.

THE TREATMENT OF OBSTRUCTION OF THE BOWEL BY ELECTRICITY.—Althaus, *Br. Med. Jour.*, has reported the case of a man, fifty-four years old, who for three months had suffered with obstinate constipation. At the time of coming under observation the bowels had not been moved for ten days, and the abdomen was distended and tender. The appetite was lost, and a condition of collapse existed, with sunken face, and a small, feeble pulse. The introduction of a long tube proved unavailing, and electric treatment was resorted to. An insulated sound, with a free metallic end, was introduced into the rectum, and a moistened conductor applied to the abdominal parietes, chiefly in the region of the sigmoid flexure. Through this circuit a primary faradic current was passed, and its force gradually increased until the patient experienced a decided feeling of vibration in the bowel. In the course of the day a copious intestinal evacuation ensued, with wonderful relief to all of the symptoms. During the next two days the bowels acted ten times, and in the course of a week the patient appeared to be quite well. A second case, in a woman fifty-seven years old, is cited in which a like result was obtained from similar treatment.

COPPER ARSENITE IN THERAPY.—A number of cases are described by Dr. A. Hedlicka, *New York Med. Jour.*, in which he employed copper arsenite locally, with universal success in the various acute and sub-acute inflammations of the mucous membranes, attended with pain, suffusion, and more or less watery discharge. He found it most efficient in solutions of 1.50,000-100,000. These solutions are easily made by dissolving a 1-100 grain pellet in 1½ ounces of water; they are applied at intervals rarely longer than an hour (bladder, urethra, and nose), and frequently not longer than from 10 to 15 minutes. The remedy is rather indifferent in cases where the discharge is thick or persistent, unless the affected surface be previously thoroughly cleansed. The duration of the treatment ranged from a few hours to two or three days in mild cases, from several days to three months in severe cases. The author pretends to have never failed; relief being nearly always instantaneous, no other remedies were needed.

APPENDICULAR COLIC.—*Brit. Med. Jour.* 1. The vermiform appendix is liable to partial occlusion of its canal from various causes, some of which are permanent, while others are transient. 2. The symptoms by which such incomplete obstruction is to be recognized are those of "appendicular colic." 3. In cases of recurring appendicular colic, and especially if there be at the same time an increasing severity, our practice should be to recommend the removal of the appendix. 4