

effusions. Anasarca should be treated by needles introduced into the subcutaneous tissue, parallel to the skin. If one or two needles are introduced into each leg it is possible to draw off three to five litres of serum in a day. The strictest antiseptic precautions should be carried out in all the manipulations. The wound around the cannula should be dressed with salicylic cotton and iodoform collodion. A rubber tube should be attached to the protruding end of the cannula for conducting the fluid to a vessel on the floor beside the bed. The rubber tube can be fixed to the mattress by means of a safety pin, and thus prevented from pulling on the cannula. Ewald considers Southey's tubes too small, and advocates the use of needles such as are used in tapping the pleura.

The writer also calls attention to the value of venesection, followed in some cases by the intravenous injection of normal saline solution. He does not consider it necessary in every case, but when ordinary remedies do not give relief, and the strength of the patient will permit, blood-letting should be adopted.

### The Treatment of Movable Kidney.

In a recent issue of the *Medical Record*, Einhorn discusses the medical and surgical treatment of this disease. We abstract the following conclusions, which indicate his views on the subject:

1. Nephroptosis frequently does not give rise to subjective symptoms, and is usually associated with ptosis of other abdominal organs.

2. The digestive symptoms, present in many cases, frequently do not depend upon the movable kidney, hence nephrorrhaphy will not relieve them.

3. The results of nephrorrhaphy are unsatisfactory in one-third of the cases, and are no better than medical treatment.

4. The mortality of nephrorrhaphy is about 2 per cent.

5. Rational medical treatment, such as rest in bed, massage, electricity, the application of a good fitting abdominal bandage etc., should be tried before surgical measures are considered.

### Death from Hypodermic Injection of Bichloride of Mercury.

At the recent annual meeting of the Italian Society of Dermatology and Syphilography, Professor De Amicis reported a curious accident that happened after the hypodermic administration of mercuric chloride. The injection was made in the left side on a level of the angle of the scapula, when the patient was seized with severe pain, vertigo and a feeling of impending death. This was followed on the next day by paraplegia and partial loss of sensation in the left leg. Then followed paralysis