

formation of crusts This method may be employed on other parts of the body, but more force must be employed.

MORPHINE AND GASTRIC SECRETION.—Hitzig has noted (*Med. Centr.,—Br. Med. Jour.*) that morphine administered hypodermically to a dog is shortly afterward excreted by the stomach, and that, following upon this, there is a marked reduction in the amount of gastric juice secreted, and more especially of its acid constituent. The cessation of the action of the drug is followed by the secretion of excess of hydrochloric acid. With regard to the effect upon human gastric juice, the case is described of a patient who consumed daily two grammes each of morphine and cocaine, the latter having been resorted to in an endeavor to remove the craving for the morphine. He was treated by gradual reduction of the doses of the alkaloids, but it was not until the morphine was entirely discontinued that the presence of free hydrochloric acid was indicated.

RECTAL FEEDING may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water (*Detroit Emergency Hospital Report*). This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines, it is well to put the patient in a position with the hips much elevated above the head; either the knee-chest position, or with two or three pillows beneath the hips.

ENUCLEATION OF THE TONSILS.—Dr. Pollard, in the *Lancet*, suggests their removal as follows:—“The surgeon places the tip of his forefinger between the upper and back part of the tonsil and the posterior pillar of the fauces, tears through the mucous membrane at that spot, and then peels off the tonsil from the wall of the pharynx until it hangs loose in the throat by a short pedicle attached to its lower and anterior part. The pedicle may be either torn through by twisting or snipped across with a pair of scissors.”

LAVAGE OF THE STOMACH.—The comparative readiness with which the stomach may be washed out by the general practitioner, and the numerous

cases in which relief is thus afforded, leads Pick (*Centrab. f. Therap.*) to a discussion of what constitute suitable cases. His classification includes:

(1) All cases where the food remains an abnormally long time in the stomach, whether such delay is due to dilatation consequent on stricture of the pylorus or to simple stretching.

(2) Cases of carcinoma of the pylorus where the greatest relief is often given by regular siphonage and cleansing.

(3) To remove excessive mucous secretion due to gastric catarrh and as a means of testing the deficient elements of the digestive fluid.

Cholelithæmia and catarrhal icterus, to remove auto-organic poisons.

All cases where the retching might be fatal to the patient as in advanced cardiac, pulmonary or arterial disease are contra-indications.

CALOMEL FOR CIRRHOSIS OF THE LIVER.—Dr. L. Sior (*Hospitals-Tidende—Lancet Clinic*) had a case of cirrhosis of the liver under observation which had been treated by various methods for nine months without result. The patient, a man of thirty years, received calomel, and a striking improvement soon became manifest, as the pains and icterus disappeared. He prescribed the drug in the following manner: For three days he received five centigrammes ($\frac{3}{4}$ gr.) of calomel six times a day with intervals of two hours. Then it is left off for three days and again resumed. This is continued for one month, and the following thirty days only four powders a day are taken.

DANGERS OF VAGINAL PESSARIES.—Dr. Neugebauer, of Warsaw (*Br. Med. Jour.*), has published an exhaustive analytical monograph on this question, so important in these days when gynecology is widely practiced by the surgeon and physician as well as the specialist. Two hundred and forty-two cases of injury have been collected and analyzed, five more being added in an appendix. Tabulating the results, Dr. Neugebauer presents the medical public with the following formidable statistical records. Twenty-three cases of perforation of rectum alone by the pessary; twenty cases of perforation of the bladder alone; ten cases of perforation of the bladder and rectum; one case of ureteric fistula alone; one case of ureteric and vesico-vaginal fistula; one case of