

DR. DUJARDIN-BEAUMETZ'S TREATMENT OF OBESITY.—For the treatment of obesity in a person whose heart and arteries are sound, says the *Lancet's* Paris correspondent, the above-named physician recommends the following method: Every morning a general body sponging with hot eau de Cologne and water, followed by dry rubbing and massage. A tumblerful of purgative water is then administered. At the end of each meal a dessert spoonful of the following solution is swallowed: Fifteen grammes of iodide of potassium and 250 gram. of water. The undermentioned regimen is to be rigorously observed: First meal at 8 A. M., a cup of chocolate and 20 gram. bread. Second meal, 2 eggs or 100 grammes of meat; 100 grammes of green vegetables or salad; 15 grammes of cheese, a little fruit, 30 grammes of bread a glass and a-half liquid (a light white wine with Vichy water.) Third meal at 7 P. M., no soup, 100 grammes of meat, 100 grammes of green vegetables or salad, 15 grammes of cheese, fruit, 50 grammes of bread, a glass and a half of liquid (white wine with Vichy water). No drinking between meals, no tea, no coffee, cognac or other alcoholic beverage. Plenty of exercise in the open air.

POULTICING THE EAR.—Poulticing the ear may seem to be a simple operation, but there is nevertheless a right and wrong way of doing it, and it appears that the wrong way is the one usually adopted. Dr. Buck says that while heat is one of the best remedies in painful inflammations of the middle ear, and the poultice is one of the best methods of applying heat, as usually put on the poultice has little effect. What should be done, he says, is first to fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice is applied over the ear as hot as it can be borne. The column of water is thus kept warm and acts as a conductor of heat between the poultice and the inflamed surface.—*N. Y. Med. Times.*

BRUISES OF THE BRAIN. according to Sir William Savage in the *Lancet*, are not uncommon and deserve more attention than has been given them. Post-mortem they are found in all degrees, from visible laceration of blood vessels with clots in the brain substance, to a pinkish or reddish stain which only a careful examination

shows to be due to minute points or specks of blood. Clinically these are no doubt the cases of concussion from which recovery is prolonged perhaps for months, in contrast with those where unconsciousness lasts but a short time. In these cases of slow recovery there is usually partial unconsciousness, drowsiness, persistent headache, the patient being sometimes roused enough to talk intelligently, but soon relapsing again. These are no doubt the cases where a distinct lesion of the brain substance is produced by the concussion, in contrast with the simple molecular disturbance of the less severe injuries. — *Northwestern Lancet.*

TREATMENT OF APPENDICITIS.—Dr. N. Senn concludes an interesting paper on this subject as follows:

1. All cases of catarrhal and ulcerative appendicitis should be treated by laparotomy and excision of the appendix as soon as the lesion can be recognized.

2. Excision of the appendix in cases of simple, uncomplicated appendicitis is one of the easiest and safest of all intra-abdominal operations.

3. Excision of the appendix in cases of appendicitis before perforation has occurred, is both a curative and prophylactic measure.

4. The most constant and reliable symptoms indicating the existence of appendicitis are recurring pains and circumscribed tenderness in the region of the appendix.

5. All operations should be done through a straight incision, parallel to and directly over the cæcum.

6. The stump, after excision of the appendix, should be carefully disinfected, iodoformized, and covered with peritoneum by suturing the serous surface of the cæcum on each side over it with a number of Lembert stitches.

7. The abdominal incision should be closed by two rows of sutures, the first embracing the peritoneum, and the second the remaining structures of the margins of the wound.

8. Drainage in such cases is unnecessary, and should be dispensed with.—*Cal. and Clin. Rec.*

When you are in doubt as to the diagnosis, examine the urine; when you think you know, examine the urine; when you are sure, examine the urine.—*E. A.*