

## ACUTE OTORRHOEA IN CHILDREN.

Under the mistaken idea that he will be compelled to buy expensive and complicated instruments, with the use of which he is unacquainted, as well as the equally erroneous notion that such treatment requires great manual dexterity and long practice, the general practitioner too often neglects the treatment of the ears of such of his little patients as suffer from otorrhœa. The results obtained by the early treatment of such cases are very satisfactory, while, as every one knows, the chronic otorrhœas are most difficult to cure. A very few applications will often stop an acute discharge, give the membrana tympani an opportunity to heal, and free the patient from the dangers and discomforts to which a neglected otitis media purulenta always exposes him. All that is needed in the way of instruments are an ordinary half-ounce rubber syringe, a little piece of wire, such as a straightened hairpin, and some absorbent cotton. Armed with these simple and inexpensive instruments, a few ounces of a one per cent. solution of carbolic acid, and a little finely powdered boracic acid, let the practitioner proceed as follows: Let him gently wash out the affected ear with the syringe and the carbolized water, warmed, using three or four syringefuls. Then let him have the nurse take the little patient to the window and allow the sunlight to fall directly into to the affected ear, while he carefully and gently dries the canal with a bit of cotton wrapped around the roughened end of the hairpin probe, straightening the canal for this purpose by drawing the concha upward and backward. Then let him have the child placed on its side with the affected ear upward; and let him fill the canal nearly full of the powdered boracic acid, plugging the meatus finally with a bit of cotton. Let him repeat this process a few times at intervals of twenty four hours, and he will be surprised to find how quickly a recent discharge will cease, and the ear regain its healthy condition. If after a week or ten days' trial he finds, as he seldom will, that the discharge does not decrease in quantity, let him throw aside the "dry treatment" and try the "wet treat-

ment," beginning with a weak solution of nitrate of silver—say five grains to the ounce—gradually increasing the strength if the discharge does not yield. In all cases and under all circumstances, however, he should not forget that here, more than anywhere else, "cleanliness is next to godliness," and that frequent syringing with a warm antiseptic solution is the only way to keep the stagnating and decomposing secretions from irritating the diseased mucous membrane and perpetuating the discharge.—*Dr. G. C. Pardee in Pacific Medical and Surgical Jour.*

CHLORAL ENEMATA IN PERSISTENT VOMITING.—Dr. Reamy, in a paper read before the Cincinnati Academy of Medicine, reported a case of hystero-epilepsy in which he removed the ovaries; the operation being followed by symptoms of peritonitis and persistent vomiting, in which the patient's recovery was apparently due to chloral administered by the rectum, previously washed out. Morphia hypodermically had to be given repeatedly to relieve the abdominal pains, but failed to control the vomiting—in fact appeared to aggravate it. Fifty grains of chloral by enema was quickly followed by cessation of vomiting and sleep. Dr. Reamy has used chloral by the rectum very successfully in the vomiting of pregnancy. Chloral is very rapidly absorbed by the rectal mucous membrane, and should not be given in larger doses than one fourth more than the dose per os. During the discussion on the paper, attention was drawn to the danger in giving chloral in cases of drunkards with feeble heart-action. Many cases have been reported where death has followed the administration of forty grains, and alarming symptoms have been caused by thirty and even twenty grains. Liebreich in his last article claims that when death follows a smaller dose than sixty grains the preparation is impure.—*Cin. Lancet and Clinic.*

COMBINATION OF IODOFORM AND NITRATE OF SILVER AS A CAUSTIC.—Dr. Matthe has employed with success iodoform combined with nitrate of silver as a caustic and alternative to chronic torpid ulcers and fistula. We com-