

was, whether the patient's breath was offensive before, during or after an attack, and in about 30 per cent. of the cases, the friends had given an affirmative answer. In about 40 per cent. there had been evidence of flatulence and other intestinal disturbance; in a small per cent. there had been diarrhoea. Treatment based on this knowledge has given considerable encouragement. Regarding the diet of epileptics he has been in the habit for years of cutting off nearly all flesh food, relying on milk for the nitrogenous element, especially in the form of matzoon or fermented milk, and a moderate amount of vegetable food. Peas and beans increase the albumin in the urine in chronic Bright's disease, and are apt to aggravate any renal trouble. Probably beans increase intestinal purification, aggravate kidney troubles, and enhance the dangers of convulsive nervous disorders. There is a great difference between nitrogenous food as found in milk and in flesh. The fact that almost all carnivorous animals die in convulsions, and that the feline tribe are peculiarly liable to fits, gives some reason for believing that a meat diet is not favorable for epileptics.

CRYSITIS IN WOMEN.—*Am. Jour. of Gyn.*—**Brandenburg Treatment.**—In the way of prophylaxis, the first great requisite is a thoroughly aseptic catheter. The example set by Küstner at the lying-in hospital at Jena is worthy of imitation by all. He uses a catheter made of common glass tubing, open and carefully smoothed at both ends; annealed and slightly curved at the proximal end for entrance into the urethra, and more strongly curved at the distal end, so as to easily receive the urine in any appropriate vessel. Since the introduction of the above simple invention, the occurrence of a case of septic cystitis at Jena has become a *rara avis*. Each patient has her own catheter, which after use can be easily and thoroughly cleansed. Irrigation of the vesical cavity is necessary when the cystitis does not improve under medical treatment, when it is chronic or when it is due to the introduction of septic material into the bladder. In mild cases, several irrigations weekly are sufficient; but in severe cases it may be necessary to irrigate every few hours. In the milder, use solutions of boracic acid, or weak solution of silver nitrate, the latter always followed by a solution of sodium chloride.

to neutralize the action of the caustic; in the more severe cases use a stronger solution of the silver nitrate. In acute cystitis a restriction of diet is necessary, but in chronic cases the most generous diet possible should be given to build up the constitution and strengthen the patient; giving her an abundance of fresh air with moderate exercises.

SYMPHYSEOTOMY.—Varnier sums up, *Annales de Gyn. et Obstet.*, the present status of symphyseotomy by tabulating 124 cases as follows:—Mothers, 112 recovered; 12 died. Children, 92 lived; 32 died. Of the mothers, eight died from causes clearly disconnected with the operation. Of the remaining four, one died of septicæmia; one of sphacelus of the vulva and vagina; one of cellulitis and peritonitis, due to the use of a saw and to forcible introduction of the hand and arm in order to obtain version; one of hæmorrhage and shock of operation and of laceration of the perinæum, vulva and bladder. In regard to the infant mortality, five cases should be eliminated where the operation had been done in place of embryotomy; 97 cases of living children remain. Of the 27 remaining deaths, seven were due to causes not results of operation; 11 to mishaps with forceps, or in version; seven in succession to incomplete section; one to prolonged extraction due to distortion of the right arm; one to cerebral lesion due to prolonged pressure on the head.

Conclusion.—1. The operation, properly performed, does not entail immediate or consecutive disorders of the sacro-iliac synchondroses. 2. In pelves not extremely contracted, the enlargement resulting from the operation is sufficient for a living child at term to pass through. 3. The finding and cutting of the symphysis presents no great difficulties; only three cases out of 125 are reported where the operation has failed in this. 4. No especially dangerous venous hæmorrhages are apt to be encountered. 5. The anterior rents of soft parts may be avoided if the accoucheur remembers that after section the inferior strait is oval transversely and not of the normal shape.

THE ELECTRICAL TREATMENT OF INFANTILE PARALYSIS.—Dr. Lewis Jones read this paper, *Brit. Med. Jour.* Since his appointment in the electri-