

brane of the naso-pharynx which persists in spite of detergent and astringent sprays and washes, is sometimes relieved by touching the surface here and there with a saturated solution of chromic acid.

Batteries sometimes fail to give satisfaction because the connecting wires break off inside the insulating cover and the connection is only made occasionally.

The following prescription has given great comfort to some of our patients suffering from piles of great tenderness, but of short duration and no marvelous magnitude :

R. Plumbi iodidi	3ij.
Tr. iodini co.	3xx.
Pubo. galli	gr.xx.
Ext. opii	gr.xx.
Cocoa butter	3ij.
Misce et ft. supposit. No. xx.	

Apply one night and morning after replacing the hemorrhoids.

For infantile diarrhoea we have this summer adopted the following treatment in most cases and with happy results. Stop milk and all other food and give only Mellin's food or one of those akin to it. Give one of the following powders every hour till the stool becomes less offensive in odor and more natural in consistency :

R. Salol	gr. j.
Zinci sulphocarbolat	gr. ss
M.	

—*Kansas Medical Journal.*

#### NASAL SPRAY.

Several years ago Dr. Roosa, of New York, published an article in which he warned his medical brethren that the use of the nasal douche could not be considered as entirely harmless, and he narrated a number of instances in which more or less serious inflammation of one or both middle ears had followed its use. Other writers confirmed his statement and, recently, in the *Record*, Dr. A. H. Buck has re-affirmed his former opinion as to the dangers of the douche. As a substitute, he recommends the use of a spray of the following ingredients :

R—Eucalyptol,	1 grain,	
Oil wintergreen,	1 grain,	
Menthol,	2 grains,	
Benzoinol,	2 ounces.	M.

Or, if the patient dislikes an oily preparation, the following may be prescribed :

R—Listerine,	1 part,
Water,	3 parts.

In the presence of an accumulation of viscid mucus or of crusts, a stream of flowing water will doubtless be found a more effective cleansing than a stimulating spray, but it is only in this respect that I can perceive any superiority of the douche over the sprays formulated above.

Furthermore, if the latter are used freely—that is, several times a day—and each time during the inhalation (by the patient) of a deep breath, with closed mouth, crusts and tough mucus will speedily cease to play a part in the therapeutic problem.

"In not a single instance have I known the freest introduction of the mixtures named to be accompanied by any unpleasant aural symptoms. The immediate effects are very gratifying to the patient, and in a brief time a permanent diminution of the nasal and naso-pharyngeal irritation can generally be noted. The use of sprays, however, must be looked upon only as a valuable method of supplementary treatment, and not as a therapeutic procedure of the first order. The removal of hypertrophied glandular tissue and the local application of silver nitrate are the only remedial measures that are at all worthy of being considered fundamentally curative of the conditions which usually lead the physician to prescribe the use of the nasal douche or one of its substitutes."—*Columbus Med. Jour.*

#### TO PRESERVE CADAVERS.

The best injecting fluid is ten per cent. of phenic acid in glycerin ; in winter five per cent. will do. Alcohol may be used with an equal quantity of the glycerin, making the solution more penetrating. For economy a saturated arsenical solution may be added to the injection ; two-thirds of the ten per cent. glycerin with one-third of arsenical solution will suffice. The preservative would be better if composed of half a litre of chloride of zinc to half a litre of the arsenical solution ; five litres would be required for an ordinary subject. The injection may be made by the carotid, or, better, the aorta, and should be given slowly with moderate pressure, using either a syringe or an elevated receptacle. The room for storing cadavers should be dry, of constant temperature, and scrupulously clean and free from odor.—*N. Y. Med. Jour.*—*Columbus Med. Jour.*

#### GLYCERIN SUPPOSITORIES.

The *Boston Med. and Surg. Jour.* quoting from one of its exchanges states that Balland gives the following formula, stating that the suppositories are not brittle :

R. Lanolin.	
Glycerin,	āā gr. xxx
Cacao butter,	
White Wax,	āā gr. xv

M.—Sig. For one suppository.

The lanolin is first melted with the wax and the cacao butter. Then the glycerin is added, and the mass is poured into moulds. The mould should be placed in a mixture of ice and salt to prevent a separation of the glycerin.