

Young children are often unable to localise the pain in earache, and so in all cases of indefinite pain in the head the membrane should be examined. If this were regularly done many serious complications would be avoided. Local measures should be tried for only a few hours, and then if they do not give relief, and the membrane is bulging, it should be incised without further delay. After incision the ear may be irrigated every few hours, according to the character and amount of the discharge, with hot boracic acid or hot bicarbonate of soda solution, and the mastoid region should be watched for signs of extension of the trouble to the cells of this bony process.—*Medical News*.

Loss of Appetite in Children.—Künkler (*Allg. Med. Central Zeit.*, January 4, 1899, p. 1).—Loss of appetite is liable to occur in delicate children and in convalescents from acute diseases. It is often difficult to overcome the dislike of food in such cases. Dr. Künkler recommends the new drug, *orexin tannate*, as a good stimulant of the appetite, and recounts a series of cases showing its good effects. The dose is 0.5 grammes (about 8 grains) two hours or so before meals twice a day. It may be given as powder, being without taste or odour, or in the form of chocolate lozenges. No food or drink, except water, is to be taken between the medicine and the next meal. Several days (5 to 10) may elapse before the effect of the medicine is apparent.

Prolapse of Vaginal and Rectal Mucous Membranes in an Infant with Spina Bifida.—Pérignon, of Sedan (*Journ. de Sc. Med. de Liège*, June 4, 1898), has seen a rare case of congenital vaginal and rectal prolapse. The mother sustained two injuries during pregnancy. There was a sacro-lumbar spina bifida. The lower limbs were quite paralysed. There was double club-foot, valgus on the left side, varus on the right. The anal orifice was gaping, and its mucosa prolapsed, and through the vulvar orifice a cylindrical tumor protruded, which carried on its surface an ulcerated area. It was at first thought that this mass was the uterus; but further examination proved it to be the prolapsed vaginal mucous membrane with its characteristic transverse rugæ. The cranial sutures and fontanelles were wide. The infant showed no other malformations, and lived for some weeks. There was difficulty in the evacuation of the bowels, and the fæcal matter was hard. The vaginal prolapse was first noticed on the third day of life. There was also a certain amount of true prolapse of the uterus, the cervix being nearer the vulvar orifice than usual.—*Brit. Med. Jour.*

The Treatment of Dysphagia in Laryngeal Tuberculosis.—Eugene S. Yonge, M.D. (*Brit. Med. Jour.*, October 22, p. 1250).—If ulceration is absent, and discomfort is felt only at meals, a spray of cocaine (5 or 10 per cent.) or a pastille of morphine and cocaine, administered before nourishment is taken, may prove successful.

In mild cases of ulceration injections of menthol and guaiacol have both a soothing and a curative effect. Donelan advocates the submucous injection of guaiacol into the floor of the ulcer, combined with sprays of that drug, as the quickest means of relieving the dysphagia in both mild