

sweep of the knife; unite the mucous and cutaneous edge of the stump of the prepuce by eight or ten fine interrupted sutures; cut the constricting cord; remove the tube; cover the cut edges well with powdered iodoform; encircle the anterior half of the penis with a roller bandage of iodoform gauze, allowing the meatus to project slightly for facility of urination without soiling or removal of the dressing; and keep the patient in bed, with the penis elevated, for from twenty-four to forty-eight hours.—*Maryland Med. Jour.*

URTICARIA.—Dr. Brocq (*Revue Internationale de Médecine et de Chirurgie Pratiques*) recommends, in the management of urticaria, the following measures:—

Apply locally the following salve:

R—Carbolic acid,  
Ess. peppermint, . . . . . āā grs. xv.  
Oxide zinc,  
Lanolin, . . . . . āā ʒ v.  
Pure vaseline, . . . . . ʒ ij.

At the same time, prescribe each day from two to six of the following pills:—

R—Muriate quinine,  
Ergotine, . . . . . āā gr. iss.  
Extr. belladonna, . . . . . gr.  $\frac{1}{6}$ – $\frac{1}{8}$ .

Before applying the ointment, one may apply locally a lotion with vinegar, cognie water or chloral as a base.—*Ex.*

IN BLEEDING HÆMORRHOIDS.—Complete rest in horizontal position. Bathe the region with cold boracic lotion. If the pain is acute, apply this ointment:—

R—Cocain. hydrochlor., . . . . . grs. iv.  
Extr. belladonnæ, . . . . . grs. x.  
Extr. krameriæ, . . . . . grs. xv.  
Vasellini, . . . . . ʒij.

If the hæmorrhage is severe, apply a solution of perchloride of iron on cotton wool.

Reduce the hæmorrhoids with a sponge soaked in cold water. In the evening introduce this suppository:—

R—Extr. belladonnæ, . . . . . gr.  $\frac{1}{2}$ .  
Extr. opii, . . . . . gr. ʒ.  
Extr. krameriæ, . . . . . grs. xv.  
Cacao butter, . . . . . ʒj.

If the hæmorrhoids continue to cause annoyance, surgical intervention, either by forced dilatation of the sphincter, or by extirpation.—*Pract.*

"WATERLOGGING FROM ANÆSTHETICS.—"Dr. Joseph Price says that in his own work at present shock is simply unknown. What is sometimes called shock, is simply waterlogging with an anæsthetic." Commenting on this, the *Denver Med.*

*Times* makes the rather surprising assertion that "men and women graduate from the best medical schools in the country and practise surgery, and yet never know how to give an anæsthetic. A great deal of fuss is made about histology, microscopy, etc., and yet a student may attend three years in any one of the best medical colleges in the United States, and never receive one hour's practical experience in the giving of ether or chloroform. Even the internes in the hospitals are not instructed; they are simply allowed to suffocate, overpower and fight their way as best they can.

"The fact is, the operator dare hardly to offer a suggestion, the anæsthetiser is so extremely sensitive. As long as this condition of affairs continues, there will be 'waterlogged patients dying from so-called shock.'"

And we add: There will be an immeasurable amount of suffering endured by the most innocent and interesting of our fellow-beings, merely because the great majority of their medical attendants have never learned practically how to employ anæsthetics in labor; and because this class of patients, and this alone, think it their duty to be martyred!—*N. Y. Med. Times.*

"I must confess that I feel duty bound to say something good about your Wine of Cod Liver Oil with Peptonate of Iron. In all honesty I say that it is the best thing that I have used for the past 15 years, where cod liver oil is indicated. I have never been in favor of oil, although I have used it in emulsified form of different makes and have emulsified it myself, but never fully satisfactory. But in your above-named preparation I think I have found my ideal. In marasmus of a child I combined it with syrup of wild cherry. In lung trouble I combined it with syrup of wild cherry and syrup of tar."—Dr. Van den Berge, Grand Rapids, Mich.

A REMARKABLE CASE OF INCONTINENCE OF URINE IN A CHILD.—Four months ago I treated a remarkable case of incontinence of urine in a child. It was seven months old, and had urinated from fifteen to twenty times every night since it was born, requiring its wrappers to be changed that often. I gave it one-third of a teaspoonful of Sanmetto four times a day, and before one bottle was used the babe was well, and it still remains so. In the last two years I have used several dozen bottles of Sanmetto in the treatment of various affections of the genito-urinary organs, and with the most gratifying results in every case.—E. S. Athearn, M.D., North English, Iowa.

PERMANGANATE STAINS.—The stains produced by a permanganate solution are removed by a twenty-per-cent. solution of soda-bisulphide.

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