

coöperation. For the attack, anodynes to relieve pain, but not entirely becloud the clinical picture, are advised. Dock does not use chloroform in these cases. Local hot applications and the hot full bath are useful, but he prefers copious washing of the stomach with hot water or hot Carlsbad water, which theoretically, should lessen congestion and act as a general sedative to the affected tissues. Rest so far as possible and movements of the bowels should be encouraged. The after-treatment depends on the suspected conditions in the biliary tract, and after the acute symptoms have passed especial attention should be given to the occurrence of bile in the urine or stools, leucocytosis, etc. Dock thinks the passage of gallstones out through the common duct a comparatively rare event and that in many cases in which this is supposed to have been the case perforation has actually occurred. Perforation can easily happen in the severer attacks of bilious colic, but he is also convinced that it sometimes occurs with symptoms so mild as to be overlooked at the time and only discovered by operation or autopsy. In conclusion, Dock expresses the opinion that olive oil may possibly be of some service in reducing gastric hyperacidity and hypermotility, thus improving intestinal digestion and relieving some of the symptoms.

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Bier's Hyper- In a paper entitled
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tions. Invasions by

Bier's Hyperæmia," appearing in October's *Practitioner*, A MacLennan accepts Bier's teaching that disease is dependent on microbes and that inflammation indicates the struggle of the tissues against it. He approves of the treatment suggested by

Bier, applying the elastic bandage with moderate pressure so as to induce little discomfort. He associates with it other methods of combatting inflammation, using antiseptics in the intervals. Dry dressings, lightly applied, should be used when hyperæmia is being produced. Time should be allowed for the œdema to disappear, and parts distant from the inflamed area may be massaged. The points in favour of the treatment are as follows: (1.) It is agreeable to the patient. (2.) It relieves pain and obviates painful procedures, like packing an abscess cavity. (3.) It is beneficial before infection is established, and in all mild inflammations. (4.) It aids recovery, repair going on in the face of infection. (5.) It permits small incisions and diminishes scarring. (6.) It diminishes the number of operations and is helpful in many cases for which there is no other treatment.

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Acute Anterior Poliomy- Joseph Collins, in the
elitis. *Medical Record* of No-

vember 2, reviews the history of recent epidemics of this disease and discusses its clinical manifestations, particularly as observed during the present epidemic in New York city and its environs. He estimates that already there have been more than one thousand cases, but as yet nothing definite has been learned in regard to the etiology of the disease. A noteworthy feature of the epidemic has been the number of cases in which a fairly good recovery has resulted; that is, in which there has been little or no muscular atrophy. The explanation of this is that the inflammation in the anterior horns is not so intense as to destroy the cell bodies and nutritive processes of the peripheral motor neurons. In order to secure data to aid in in-