

percentage of fat which they have been shown to contain. There was less troublesome casein to act as an intestinal irritant, and, when they were taken in connection with the lactic acid, recovery was usually speedy. This dietic precaution has been adopted, and is recommended, whenever practical, in either variety of exclusive diet.

The size and frequency of the dose of lactic acid varies entirely with the age of the patient and with the number of discharges. A two-per-cent. solution is usually ordered. The following is the formula advised by Dr. Hayem:

R. Pure lactic acid..... 3 ss;
Syrup..... 3 j;
Water..... 5 iij. M.

Each drachm of the solution contains about one drop of pure lactic acid.

For a child under twelve months, half a teaspoonful every hour is sufficient. If the discharges are very frequent, a teaspoonful may be given every hour for six doses, changing them to half a teaspoonful. For over twelve months a teaspoonful every hour is the ordinary dose. Dr. Hayem recommends its use one day after the diarrhoea has stopped. The large dose at first suggested in the report do not appear to be necessary, and there is danger, if it is given in larger quantities, of causing irritation of the buccal mucous membrane. It is best to dilute even these small doses, as otherwise there is a decided acid taste, not unpleasant, however.

Other germicides have been suggested and tried, such as salicylate of sodium and naphthaline; but lactic acid, while possessing all the curative properties of the others, has additional advantages:

1. It is more palatable than salicylate of sodium or naphthaline, more readily tolerated, and simpler to administer.
2. It controls vomiting, and permits the earlier use of food.
3. Under it, temperature is reduced and intestinal pain quieted.
4. Restlessness is overcome, and sleep rendered possible without the use of opiates.

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THE USE OF ANTIPYRIN DURING LABOR.

Although it is written, "In sorrow thou shalt bring forth children," it is the laudable aim of the obstetrician of to-day to mitigate, in so far as he is able, the pangs of childbirth. The means to this end, to which we may resort without damage to either the mother or the child, are few in number, and the most valuable of all justly finds its chief rank after the completion of the first stage of labor..... The excellent results yielded me by antipyrine in dysmenorrhœa and others affections, where it is a question of nerve pain, have led me during the past year to test it during the first stage of labor, and my results have been sufficiently gratifying to justify me in asking other obstetricians to try the drug. Possibly it has been simi-

larly used by others, but if such be the case I have seen no record of experience. My habit in regard to the administration of the drug is to give fifteen grains well diluted, and preferably with some stimulant, such as the aromatic spirits of ammonia, and to repeat the dose in one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every two hours if needed. The chloral mixture I administer, as has always been my custom, in fifteen-grain doses every three-quarters of an hour till three or four doses have been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the mother nor the child have presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly, in order that others observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and the third may at any time be made through resort to chloroform.—*Dr. Egbert H. Grudin, in New York Medical Journal.*

DYSMENORRHEA.—Calvin:

R.—Tr. gelsemii.....—
Tr. camphræ.....—
Tr. opii camphoratæ..... aa 3 ij
M. S.—Thirty drops every two hours p. r. n.

TREATMENT OF CARBUNCLE.

I have tried the expectant treatment of carbuncle recommended by Paget; but find it so long, tedious, and painful to my patients that I have completely discarded it. The treatment by excision and scraping is too severe to be generally adopted in private practice, although it has been apparently very successful.

I have adopted the following for the last three years, to which I have added the hypodermic injection of cocaine. I inject into the carbuncle hypodermically half a grain of hydrochlorate of cocaine, and wait about five minutes until the skin is quite anesthetic; then I make a small incision into the centre of the carbuncle with a tenotomy knife, and insert a small sharp piece of potassa fusa, and then push it home. Afterward a piece of belladonna plaster is cut circular, a little larger than the carbuncle, and placed over it. The plaster serves the double purpose of retaining the caustic and of alleviating the pain. This is kept on for eight hours, and then it is taken off, and hot linseed poultices are applied for the same length of time. The result is that the patient always recovers about three days after the commencement of the treatment, which in this way is carried out almost painlessly.—*Robert Muir, M. D., British Med. Journal.*