

sible systematic exercise should be taken to favor assimilation and exertion; when this is impossible, massage or passive exercise should be undergone.

10. The food must be nicely prepared and daintily served—made inviting in every way.—*Med. and Surg. Reporter.*

#### Turpentine in Incontinence of Urine.—

The unpleasant smell emitted by persons suffering from incontinence of urine can be conveniently covered, according to Dr. Emminghaus, by means of ten-drop doses of turpentine administered in milk or water three times a day. This converts the smell of stale urine into an odor resembling that of violets, as is well known to persons who have taken turpentine. The remedy is perfectly harmless in most cases, and has been given by Prof. Emminghaus for many weeks at a time without any inconvenience. It is, however, contraindicated in ulcer of the stomach, gastric catarrh, and nephritis, and also in some persons in whom turpentine tends to upset the digestive functions. —*London Lancet.*

**Treatment of Cholera Infantum.**—The methods of treatment hitherto applied, the digestive ferments, the intestinal antiseptics, etc., have not proved at all effective. The *modus curandi* that I hold to be the best, the most energetic, as the emergency requires, and that meets symptomatic and pathological indications, is the one employed by the older physicians in the treatment of Asiatic cholera:

1. Calomel, in minute doses, well triturated with sugar of milk, to arrest the vomiting.

R Calomel . . . . . 1½ grains.  
Sacch. lact. . . . . 20 grains.

Mix, triturate thoroughly, rub for ten minutes, and divide into twenty equal powders. Sig.: Half a powder, dry upon the tongue, every fifteen minutes.

2. Blisters, for their exciting action upon the cutaneous nerve-filaments and through these upon the abdominal vaso-motor system. Though I do not at all favor blisters in young infants, this is one of the very few instances in which I advocate them, and I believe that a man has not done his whole duty who has neglected the use of this

powerful remedial agent in a case of cholera infantum.

3. For the high temperature, an ice bag placed under the nucha, or a Chapman bag to spine and nucha: much better still, the wet pack, as described by me in my paper on heat stroke if this is impossible, for whatever reason, a heavy towel wrung out of ice-water is spread lengthwise upon a rubber sheet (or piece of oil-cloth) and the child laid upon it naked, or clothed in a thin chemise only. The towel or pack is changed as soon as it feels warm to the touch.

4. For the great thirst a piece of ice can be placed in a clean thin handkerchief and the child allowed to suck this like a teat: or it can be just held in the child's mouth or upon its lips. The wet pack or towel will greatly aid in allaying the thirst. No fluid should be given until the temperature is lowered and the stool changed in character.

If despite all these measures the little patient continues to fail, we should resort to hypodermoclysis or to hypodermic injections of a physiological salt solution. Henoeh relates that in some instances where the little patients seemed upon the point of dissolution he succeeded in saving them by this measure. At first a stronger solution, 2:100, was used; later the physiological solution, 6:1000. Six to eight Pravaz-syringefuls were injected in rapid succession. Occasionally in the course of a day thirty to fifty grammes were injected. After we have succeeded in allaying the thirst—and, as already indicated, this will be synchronous with a fall in temperature and a change in the character of the stool—we may attempt to nourish the child; the easiest way of doing this, without fear of overloading the greatly debilitated stomach, is to administer liquid peptonoids, very cold, in very small quantities, half a teaspoonful dropped slowly on the tongue every hour, or the expressed juice of raw beef, given in like manner. Later on, if this is well borne, the quantity can be gradually increased. A few drops of genuine old tokay can now also be given either pure or mixed with the peptonoids or beef-juice. For the next twenty-four to thirty-six hours the greatest care must be exercised in the feeding of the child, giving small quantities at rather long intervals (not less than two hours).—H. ILLOWAY in *N. Y. Med. Jour.*