

calomel in subcutaneous injections, and they thus sum up the conclusions to which they have arrived: 1. Recurrence of the disease is less frequent with subcutaneous than with internal treatment. 2. Calomel is preferable to the sublimate and other salts of mercury which have been tried until now, on account of the less gravity and frequency of local and general accidents. 3. Injections with calomel should be performed on the external and central surface of the arm. 4. The syringe should be introduced with precision into the subcutaneous cellular tissue, and care should be taken that the point be not fixed into the thickness of the derm. 5. The best vehicle for the calomel is hydrate of gum-arabic. 6. The quantity of calomel used must vary between ten and twenty centigrammes (about two to four grains). 7. Painting with collodion is very effective. 8. There should be an interval of at least ten days between every two injections. 9. The injections should be discontinued if the first two produce little or no amendment.—*Lancet*, Nov. 23, 1872.

GLEET TREATED WITH MEDICATED BOUGIES.

G. Lorey gives the result of eighty cases of gonorrhœa and gleet treated by this means. The cases of gleet, twenty in number, were all cured in a short time; the longest course included twenty-two bougies, one a day, and the shortest three bougies, the average being nine. The author observes that these cases, being treated in a hospital, doubtless derived benefit from the regular life there; it is not uncommon for a gleet to be greatly exacerbated by a long walk, slight excess in drinking, or a single act of coition. The bougies used were seven and a quarter inches long—i. e., about the length of the urethra—and from one-eighth to one-sixth of an inch in diameter. The centre was of gelatine, the outside of gum-arabic mixed with the medicine, three-fourths of a grain each of sulphate of zinc and belladonna. After being dipped in cold water, they are easily inserted. In the sixty cases of gonorrhœa, no such startling results followed. The bougies served as well as the ordinary injections to cut short the disease—no better. But for two of the incidents of gonorrhœa, pain in making water and nocturnal erections, bougies medicated with opium (three-fourths grain), or opium and belladonna (aa, three-fourths grain), acted admirably. Put in at night, they insure comfortable rest and easy micturition in the morning. It has been urged that, like permanent bougies, they might produce orchitis; but they are dissolved in the course of an hour and a half; and no orchitis occurred in any of the eighty cases observed by M. Lorey.—*Annales de Dermatologie et de Syphilographie*, November, 1872.

DILATATION OF THE ANUS AND RECTUM.

Prof. G. Simon has, in *Archiv. fur Klinische Chirurgie*, a paper on this subject, in which he recommends carrying the process to an extent which is at least not common; that is, not only for surgical operations, but also for examinations of the abdo-

minal viscera, he forces the whole hand into the rectum. By this means one is able to get behind and above the uterus, and detect tumors the size of cherry-stones, to examine the ovaries, and, in men, to determine accurately the condition of the bladder, and ascertain the existence of calculi, their volume and number. In fact, one can explore, not only the rectum, and part of the sigmoid flexure, but the anterior wall of the abdomen, the mesenteric glands, the lower part of the kidneys, and, indeed, all the viscera in the lower two-thirds of the abdomen. The operation facilitates also the removal of foreign bodies from the rectum, favors the cure of ulcers by allowing a free escape to the morbid products, and, in case of fistulæ, may be followed by the use of Sims's speculum, making surgical procedures much easier than when performed through any of the common anal specula. Claiming all these advantages for the process of forcible dilatation, he declares that it produces no injury to the structures acted on. In some cases he incises the sphincter ani, in some cases merely distends it. Under the influence of chloroform the rectum of an adult, if there is no contraction of the pelvis, may be so enlarged as to admit gradually the hand and part of the forearm, permitting the fingers to be introduced into the sigmoid flexure; and this but rarely causes a slight tearing of the anus. Where the anus is particularly unyielding, or when it is necessary for surgical operations, lateral incisions may be made near the raphe, or at the sides of the coccyx.—*Gazette Hebdomadaire*, January.

EXTERNAL USE OF TURPENTINE IN THE TREATMENT OF TONSILITIS.

In the *Leavenworth Med. Herald* (April, 1873), Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsilitis. He folds flannel to four thicknesses, wrings it out in hot water, and pours oil of turpentine over a spot the size of a silver dollar. The flannel is then applied over the subparotid region, and the fomentation continued as long as it can be borne. After removal a dry flannel is applied, and the same region rubbed with turpentine every two hours. This application is continued daily till resolution occurs. The doctor believes, from the evidence of his long experience, that thus applied early in the disease the oil of turpentine has almost a specific effect in tonsilitis. That its action is not simply that of an irritant, he has proved, by employing mustard, croton oil, tr. iodine, etc., in the same class of cases. They always failed to diminish the inflammation of tonsils, while the turpentine succeeded.

SALICIN IN OBSTINATE DIARRHŒA.

Dr. I B Mattison, writing in the *Phil. Med. and Surg. Reporter*, recommends in cases of diarrhœa which prove utterly rebellious to ordinary treatment, salicin in powder or pilular form, to children preferable the former, in any appropriate vehicle, in doses;