

the stomach quite, to the pylorus; with this is connected about a yard of common flexible tubing and a glass funnel, which is held on a level with the patient's breast, and tepid water is poured slowly into the funnel, until a sensation of fullness is experienced; the funnel is then depressed to the level of the waist, and the fluid allowed to syphon out. The process is repeated until the water returns quite clear. The washing should be repeated every day for a week or ten days, and during that time the diet should be restricted to milk or a little meat; then the washing may be done every second or third day, and finally abandoned at the end of three weeks. The advantages claimed for this method are that it is efficacious, simple, and safe, and it certainly is worth a trial in intractable case of chronic dyspepsia,—a disease which makes its victims a burden to themselves and their friends, and hitherto has brought but little credit to physicians.

TREATMENT OF HYDROCELE BY INJECTION OF CARBOLIC ACID.

Extracted from a Clinical Lecture delivered by PROF. S. W. MOSS.

This plan originated with a physician of Tennessee, whose name I do not recall, some ten years ago, and it has been popularized by Dr. Levis, of this city. The method of applying carbolic acid is as follows: the fluid having been drawn off with a trocar, one drachm of the acid, rendered fluid by the addition of a minute quantity of water or glycerine, is injected into the sac by means of a rubber syringe provided with a nozzle long enough to reach through the canula. The canula and syringe are then removed, and the scrotum manipulated so as to bring the agent in contact with every portion of the serous surface. There is, at first, a little pain, but this is soon followed by numbness or anæsthesia. The patient may walk around for twenty-four hours, but he must then keep to his bed, with the scrotum supported by a proper bandage. This plan is said to be very efficient, and not liable to be followed by relapse.

Dr. Levis, who has had a large experience with it, records an almost uniform, if not entire, success. Other surgeons have not met with equally good results. In a case which I treated in this hospital some time ago, the injection of carbolic acid was followed by large effusion of blood into the sac of the tunica vaginalis, which resulted from the erosion of the serous membrane and the loss of support of the underlying vessels. The blood was evacuated and the patient recovered. I have not done the operation very often, but I have met with this complication on two occasions.

Before introducing the trocar, it should be mentioned that the scrotum is to be smeared with cosmoline, so that if any of the carbolic acid should fall upon the skin it will not produce excoriation."
—*College and Clinical Record*,

BENZOATE OF SODIUM IN THE SUMMER DIARRHŒA OF INFANTS.

The *Bulletin General de Therapeutique* quotes from the *Gazzetta degli Ospitali* a summary of an article, by Dr. R. Guaito that originally appeared in the *Rivista Italiana di Terapia de Igiene*, in which the summer diarrhœa of infants is considered as a zymotic disease produced by a special microbion introduced from without or developed during intestinal digestion, dietetic errors, defective hygiene, and excessive heat being the predisposing causes. On this theory, Kapuscinsky and Zilewicz employed benzoate of sodium for the vomiting and diarrhœa of infants, but in conjunction with subnitrate of bismuth. Guaita has made use of the benzoate alone in fifty-three cases of children between six months and two years of age, in thirty-five of which the affection had lasted from twenty-four to thirty hours, and in the eighteen others from six to fourteen days. In the first category, a cure resulted in every instance within forty-eight hours, in the second, after an average period of twenty-one days. Not a single death occurred. After a purgative (calomel or jalap) the author gives from four to six grammes of the benzoate, in 100 grammes of water, in the course of twenty-four hours, and continues the treatment for two days. On the third day, a gentle purgative is given (magnesia or manna), and the use of the benzoate is resumed. At the end of two days more improvement in the passages is constantly observed, they are no longer fœtid, and the vomiting ceases. During the treatment the diet is strictly regulated, and the child drinks nothing but lemonade and a few teaspoonfuls of wine; milk and broths are absolutely proscribed, but nurselings are given the breast not more than four times in the twenty-four hours. Other drugs may be given to meet special indications.—*N. Y. Medical Journal*.

BROMIDE OF ARSENIC.

Is easily prepared from Fowler's solution by cautiously dropping bromine into the solution shaking, letting the effervescence subside each time before adding more bromine. Continue to add the bromine to just up to the point when the solution begins to color and have the pungent odor. Bromine of arsenic is a valuable remedy in many nervous disorders, as well as being a potent alterative. It is also used successfully in diabetes mellitus and mitral disease of the heart. It does not cure the vulvular disease, but removes all, or nearly so, the distressing symptoms and suffering of the patient and makes life tolerable. We have used a great deal of bromide of arsenic prepared as per above, and have everything to say in its favor.