

PHOTOGRAPHY OF THE MALE BLADDER.

We hear that Mr. Harry Fenwick, and Mr. Pearson Cooper of the London Camera Club, have been working for some considerable time at photography of the human bladder. Various obstacles were in turn recognized and overcome, and they have now so far perfected their vesical camera and method as to obtain good negatives of the interior of "dummy" and dead bladders. They hope before very long to describe a method of recording the appearances and progress of diseases of the living bladder. The negatives are taken *per urethram* through a tube of 23 French calibre (11 or 12 English).—*Brit. Med. Jour.*

TREATMENT OF ASCITES BY FARADIZATION.

The treatment of ascites by faradization was recommended by Tripier in 1861, but Solfanelli, in 1866, was the first to report a favorable result from such treatment. The case was one of cirrhosis of the liver, and every means had been tried in vain to effect the removal of the fluid by increased diuresis. An increased excretion of urine was noted after the first application of electricity, and after four séances the ascites had entirely disappeared. As the casual hepatic condition remained unchanged, however, the fluid quickly reaccumulated. Dr. Muret has recently reported two cases of ascites, one following tubercular peritonitis and the other an enlarged spleen. In both cases a complete, though temporary, disappearance of the ascites was obtained by faradization.—*Der Fortschritt*, No. xx, 1888.

EXTERNAL APPLICATION OF CHLORAL HYDRATE.

Dr. Nicolai (*Gazette Médicale*) has obtained very favorable results from the use of chloral hydrate in the night-sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following:

R—Chloral hydrate..... ʒ ij.
 Alcohol } āā ʒiij—M.
 Water }

Should this not suffice, the patient's night-dress is saturated with this solution, then allowed to dry, and worn.

This mode of treatment also gave excellent results in the night-sweats of children the result of phthisis. Two or three of these spongings will generally suffice to check a sweating which has persisted for two or three weeks.—*Bull. Thérapeutique*, December 13th, 1888.—*Med. News.*

A COMPLAINT FROM CONTINENTAL EUROPE.

That the benefits of dispensary and clinical practice are enjoyed abroad, as well as at home, by those who are well able to pay for medical advice, is evident from a recent article in the *Bulletin Médical*, which states that even rich people are treated at the polyclinics in some of the French cities. This seems to be a general complaint with the Lyons doctors, who expect fees from the rich in order that they may not be obliged to impoverish themselves and their families through the exacting calls made upon them by the large number of poor operatives in Lyons. Again, the complaint is made that the polyclinics are so filled up with persons in easy circumstances that the poor people—for whom they were created—have little chance. It appears that these well to do persons are not at all particular about disrobing before a hundred students, provided they can save a dollar by so doing. The poor often show great delicacy in this respect, but give way to the force of circumstances. Polyclinics other than those of Lyons suffer from similar abuses.—*Ed. Col. and Clin. Record.*

HILL CLIMBING FOR HEART-DISEASE.

At the Seventh Congress for Internal Medicine, held this year at Wiesbaden, an animated discussion took place on Oertel's treatment of chronic diseases of the heart by diet and exercise. Briefly stated, Oertel's aim is to strengthen the heart-muscle by a course of heart-athletics—*e. g.*, hill-climbing, the steepness of the paths being carefully graduated to suit the condition of the patients. In addition, he endeavors to lighten the work of the heart by limiting the amount of fluids supplied to the system and promoting their elimination. He puts great stress on the amelioration of the watery condition of the blood as being an important item in the treatment. In compensatory hypertrophy and dilatation, in acute diseases of the heart-muscle following on sclerosis of the coronary arteries or hemorrhagic infarct, in myomalacia, and in cases of aneurism of the heart, the "dietetic-mechanic" method is contra-indicated. In conclusion, Oertel gives the result of three years of his method at Meran, Ischl, Reichenhall, Liebenstein, Abbazia, Baden-Baden, Kreuth, and Wildbad. The results are necessarily valuable, independently of all theories, and are as follows: 1. In cases of fatty heart in elderly people, where there is no perceptible sclerosis of the coronary arteries, and where there is serious plethora, turgid veins, and frequently oedema, the results have been decidedly favorable. 2. Re-establishment of lost compensation and compensatory hypertrophy in valvular lesions, and in impediments of the pulmonary circulation due to diseases of the spinal column.