

cussed the present knowledge of the pathology of cholera. Speaking of the treatment of the disease, they divide remedies into five classes: of these, three contain remedies which act on the intestine. They are—1. Those which are likely to have an antiseptic action on the intestine by destroying any organisms there present, such as carbolic acid and its allies, sulphurous acid, nitro-muriatic acid, hyposulphites, permanganates, chlorine, chloralum, turpentine, salts of copper, boracic acid, calomel, and corrosive sublimate. The cholagogue action of calomel is thought to be of service by inducing indirectly the antiseptic action of bile. 2. Those remedies which will tend to remove the cholera poison, whether it consists of living organisms or of some chemical substance, exemplified by the treatment by castor oil and other purgatives. 3. Those remedies which will counteract the effect of the poison upon the intestinal canal, as opium, morphia, ice water, belladonna, cannabis indica, chloroform, chloral, carminatives, and astringents. 4. Remedies which will tend to eliminate the poison from the system, as copious draughts of water (as diuretic) and purgatives. 5. Those remedies which will counteract the effects of the poison—viz., intravenous injection of saline fluids and other substances, and various measures to restore the circulation by acting upon the skin. In dealing with the premonitory diarrhoea, Cantani's method of injections, by means of the long intestinal tube, of laudanum and tannic is described. The authors consider that Ferrán's results of inoculation are more favourable than could have been expected, and point out the following as "directions in which further researches after a remedy for cholera are most likely to prove successful":—"1. The discovery of an antiseptic which will destroy pathogenic organisms in the intestines and prevent the formation of the cholera poison, while they are not themselves poisonous. Corrosive sublimate is a sufficiently powerful antiseptic, but it may itself prove poisonous to the patient as well as to the pathogenic organisms. It is possible that amongst the members of the aromatic group of bodies substances may be found having the desired properties. 2. The discovery of some substance which will antagonise the action of the cholera poison after its absorption. As a preliminary step in this direction further experiments are needed in the nature and action of alkaloidal substances obtained from cholera dejecta, as well as from artificial cultivations in various media and under various conditions, electrical and otherwise. 3. Observations on the effect of stimulation of the mesenteric plexus by currents passed through the uninjured abdomen in poisoned animals and in patients suffering from the disease."—*Lancet*.

TREATMENT OF SCROFULOUS NECK.—Dr. Clifford Allbutt, in a recent lecture, affirms that the

chronic enlargement of the glands of the neck, known as scrofulous neck, is secondary to irritation in the associated mucous membranes, and absorption therefrom; the chief of these being the mouth and throat, and the next in order the nasal, aural, and ocular surfaces; and sometimes from irritation upon the skin of the face and head. Speaking of the treatment of these cases, the author says that a residence at Margate, together with careful dieting and nursing, is the best means of cure in cases which are not far advanced. The cautious use of mercury, such as the solution of the bichloride, with tincture of iron, is very good, unless the inborn frailty be very marked; and iodides with iron are likewise valuable. External applications should be used with caution. So soon, however, as the glands become adherent, either to each other or to the surrounding tissues, then it is most desirable to call in the surgeon, and to extirpate every caseous gland or portion of a gland. Mr. Teale has devoted much time and has had great experience in operating on these cases, and it is due to the combined exertions of Dr. Allbutt and Mr. Teale that numerous cases have been restored from a state of misery to enjoy a life of comparatively good health. The scar remaining after the operation is small, and after a year or two not very noticeable, provided the drainage be not kept up too long; it is better to risk a second operation than to keep the drainage-tube in for too long a period.

DIFFERENTIAL DIAGNOSIS OF SIMPLE AND TUBERCULOUS MENINGITIS.—In an analysis of a number of cases of meningitis occurring in the Children's Hospital at Stockholm, Dr. O. Medin endeavours to formulate the points of difference in the tuberculous and simple forms of the disease. Tuberculous meningitis attacks only those children already suffering from tuberculosis of other parts, while simple acute meningitis occurs usually in previously healthy individuals. The former manifests its onset by convulsions, frequently strabismus, and dilatation or contraction of the pupils. Vomiting is frequent at the commencement, diarrhoea is the usual condition, and constipation is rare. The abdomen is never flat. The simple form begins with somnolence, twitchings, sudden changes of color in the face, and hyperesthesia. More frequently than in the tuberculous form we meet with the hydrocephalic cry, and a paralysis limited to the arms or to the face. The tuberculous variety is always fatal in its termination.—*London Practitioner*.

TREATMENT OF VARICOCELE BY EXCISION OF A FOLD OF THE SCOTRUM.—At a recent meeting of the Académie de Médecine, Horteloup recommended a plan of operation which he has practiced for several years with success. He pushes the