

TREATMENT OF CHOREA BY MASSIVE DOSES OF ARSENIC.—Del Pozo (Thèse de Paris; *Therap. Gazette*, August 15th) records thirty cases of cholera treated by massive doses of arsenic. He considers that these massive doses are far superior to treatment by antipyrin, as it is commonly employed, and states that there are two ways in which arsenic may be administered, namely, in small doses very gradually increased, and in large massive doses rapidly increased up to the point of intolerance, or, in other words, until the gastro-intestinal canal of the patient rebels, as manifested by vomiting and diarrhea. As soon as these symptoms are developed the dose is cut down day by day until one is obtained which the patient can bear. He asserts that such treatment usually produces cure within nine days, and that accident from this method is rarely met with. Four cases of arsenical neuritis are reported. Arsenical fever is rare; sometimes arsenical pigmentation occurs, but this speedily passes away as soon as the drug is stopped.—*B. M. J.*

BLOODLESS operations upon the nasal septum are now an established fact, due to the discovery of the astringent and hemostatic properties of suprarenal capsules. The rhinologist may conscientiously assure his patient that operations can be performed with little or no demonstration of blood by employing the aqueous exact of the suprarenals. An extract made by the following formula is very efficacious and has excellent keeping qualities:

Adrenals (Arnour's desiccated).....	dr.	1.
Acid borac	grs.	16
Cinnamon water	drs.	4
Camphor water (hot)	oz.	1
Distilled water (hot) q. s. ad.....	ozs.	2

Macerate for four hours, then filter. The surgeon will find this extract a great aid in all minor operations. To insure results a pure suprarenal substance should be used.

TREATMENT OF FLOATING KIDNEY.—Prof. E. Henoch (*Therapie. d. Gegenwart*, June, 1899) says that the radical operation for floating kidney undoubtedly gives brilliant results in some cases. It is, however, not entirely harmless, and the mere fixation with suture is not always of permanent value. Again, the patients are very reluctant to undergo operative intervention, and submit only when the discomfort and pain are unbearable, a condition which on the whole is very rare. For the most part, then, we try to alleviate the condition with bandages and supports. These give the patients more confidence and support, as it were, and are therefore to be recommended.—*Medical Record.*