

creased, there were rales over the lungs, the temperature, pulse and the various reflexes were normal, and there was neither paralysis nor vomiting. The most prominent feature was the coma, it being impossible to arouse the patient. The next morning the patient awoke several times, but soon fell back into his somnolent condition and anuria set in. At last, toward evening, the coma disappeared, the patient acted as if intoxicated, had some headache, conjunctivitis and the buccal mucosa was reddened. The next morning he was restored to health. Throughout the illness formic acid could be detected in the urine.—*Med. News.*

The Employment of Heat as a Therapeutic and Diagnostic Measure.

Many pages have been written on the therapeutic value of the local application of dry heat or moist heat in the treatment of various painful and inflammatory processes. It is a familiar fact to many practitioners that soaking a sprained ankle in very hot water will often do much toward relieving the pain and allaying inflammation and swelling, and that the use of repeated very hot vaginal douches will often relieve pelvic pain due to congestion or spasm. So, too, irrigation of the external auditory canal with very hot water is not only a pain relieving, but a curative measure in cases of inflammation of the middle ear. The other external and internal uses of hot water are exceedingly numerous.

The object here, however, says the editor of the *Therapeutic Gazette*, is to call attention to a proposition recently advanced by Lewin, of Berlin. He claims that by the use of the local application of heat we can make a diagnosis as to whether an acute inflammatory process has gone on to suppuration—as, for example, in a case of appendicitis. He asserts that if pus has not yet formed, the application of heat will be a comfort to the patient; whereas, on the other hand, if pus is present, it will so increase and exacerbate the pain that a diagnosis of the presence of this material can be made with assurance. He states, as an example, that in cases of swelling of the knee, associated with rheumatism or otherwise, we not infrequently are able to give great relief if the knee is put at rest with a fixation splint, and heat is actively employed. If by any chance pus is present the pain is augmented and becomes intolerable. Lewin states that he has employed heat for this purpose in a sufficient number of cases to make him feel confident that he cannot be mistaken in regard to this point, and he cites ten cases of appendicitis in which the heat was applied for two hours by means of hot compresses, and without the use of internal pain relievers. Eight of these received this treatment with a good deal of relief,