

prostate and sweep downward over the base of the bladder where the vesicles should be. Let the patient rest a short while, and then void the injected fluid. If the fluid is cloudy, purulent, it is a case of vesiculitis. If not, while it may still be of that character, suspect more strongly the kidneys. Exclusion of the seminal vesicles, as I have indicated, goes a long way toward establishing the existence of pyelitis.

In the manipulative examination of pyelitis the procedure is practically the same. After washing the bladder and leaving four or five ounces of fluid in it, the patient should be made to lean over a chair or table and the dorsal and lumbar region should be stroked *a la massage* firmly and for some time in a direction from over the kidneys downward along the course of the ureters. While this is not so sure a means of milking as the rectal process for vesiculitis, it is sometimes of much value. If it fails the first time, at a subsequent trial half an hour or more should be allowed to lapse before the fluid is voided from the bladder—E. R. Palmer, M.D., in *Am. Pract. and News*:

#### MEDICAL NOTES.

*Syphilis*, Prof. Horwitz says, does not, as a rule, manifest itself for twenty-one days after incubation.

Pain is most severe in those cases of *pneumonia* which attack the lower lobe, according to Prof. Wilson.

If a case of *abdominal section* presents no bad symptoms, Prof. Montgomery says the dressing need not be disturbed for ten days.

Prof. Keen says that of all forms of *intestinal obstruction*, exclusive of hernia and congenital conditions, 30 per cent. are caused by invagination.

Prof. Parvin says that during the first few days after birth the *child loses weight*, but by the end of the first week it will have regained it again.

If a mother contract *syphilis* a short time before being delivered, she should not nurse her child, as the chances are that the child is not infected.

If the temperature rises to 105° or over, and remains there for any length of time in a case of *yellow fever*, Prof. Wilson says the prognosis is grave.

Prof. Keen says that mild forms of *goitre* are met with in women who are pregnant, and that with each successive pregnancy the goitre also enlarges.

In cases of *epilepsy*, Professor Hare says that females require a smaller dose of the bromides than males. This is true, both in adults and children.

Prof. Wilson says that we do not have a per-

sistent high temperature in *diphtheria*. If it should occur it is not due to the diphtheria, but to some complication.

Prof. Keen says that *abscesses* around the margin of the rectum usually originate from a suppurating pile, or from an inflammation of one of the anal mucous follicles.

The *puerpera*, Prof. Parvin says, should be directed to empty her bladder twelve hours after delivery, otherwise she may unconsciously allow the bladder to become over-distended and prevent spontaneous evacuation.

Prof. Keen says the *femoral hernias* become more frequently strangulated than any other variety, and that very often the first time they descend they become strangulated.

According to Prof. Parvin, the *meconium* is usually passed a few hours after birth; sometimes it is delayed for a few days; if longer, an enema of warm flaxseed tea should be given.

In cases of *shock*, Prof. Hare says that twenty drops of the tincture of digitalis should be given hypodermically, and repeated in an hour if the pulse does not show its influence.

Prof. Keen says that in *pyloric carcinoma* life can be greatly prolonged and suffering much relieved by dieting the patient and washing out the stomach as often as may become necessary from retention of food.

Prof. Parvin says that it disorders the digestion of a child to allow it to sleep with the nipple in its mouth, for the child taking a sip from time to time keeps its stomach in constant action.

In ileo-colic and colic varieties of *intussusception*, Prof. Keen says that very often the apex of the intussusception comes down as far as the rectum, where, by digital examination it can be felt.

If the mother *does not nurse* her child a few days after delivery, she should, according to Prof. Parvin, be given a saline purge, which he thinks tends to lessen the flow of blood to the mammary glands.

Prof. Keen says that small *gall-stones* retained in the intestinal canal become a nucleus for the formation of intestinal concretions, which increase in size gradually, and finally cause faecal obstruction.

Prof. Hare says the best treatment for *vomiting* occurring in remittent fever is the administering of small doses of morphine or three to five drops of spirits of chloroform in half a drachm of cherry laurel water.

Prof. Keen says when an operation for *obstruction* is performed, which has been due either to an adherent vermiform appendix or a diverticulum, these parts should be removed near their attachment to the intestines.