

orifice in the cyst wall by pre-sure forceps; (5) exploration of the abdomen with regard to adhesions and the relations of the tumor with neighboring organs. The surgeon has now to decide between two alternatives. If the adhesions can be readily divided and are not very vascular, he should remove the whole of the cyst; if, on the other hand, the adhesions be very dense and very vascular, he should marsupialize the cyst, and, if anterior drainage seem to be insufficient, make also an opening for posterior drainage in the lumbar region.—*British Med. Jour.*

### Black Eye.

Merek's Archives advises the use of the following lotion :

℞ Acidi acetici dil. . . . .	℥ v.
Tr. arnicæ	
Ammon. chloridi, aa. . . . .	℥ i.
Aquæ destil. . . . .	℥ v.

M.

Ft. lotio.

—*The Clinical Review.*

### For Arteriosclerosis.

The following is attributed to Huchard :

℞ Sodii iodidi . . . . .	℥ i.
Sparteinae . . . . .	gr. xv.
Pulv. glycyrrhizæ . . . . .	q. s.

M.

Ft. caps. No. xl.

Sig.—Four to six capsules daily.

There is ample evidence that iodide of soda is valuable in arterial degenerations, and in the chronic myocarditis and ataxic states of the heart that are so common in elderly people with or without evident arterial degeneration. Combined with sparteine and strychnia, where there is inability of the heart muscle which has not yet reached the stage of producing dilatation of the heart, very satisfactory results may be obtained. The following combination is one which has given marked satisfaction :

℞ Strych. Sulph. . . . .	gr. ʒ.
Sodii iodidi . . . . .	gr. 24.
Sparteinae sulph . . . . .	gr. 12 to 18.
Pancreatin . . . . .	gr. 40.

M.

Ft. caps. No. 24.

Sig.—One t. i. d.

—*The Clinical Review.*