

which the areas to be grafted are so large that enough grafts cannot be obtained from the patient himself.

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**Infantile Convulsions.**—Weiss, Boice, Lake, Bell (*N. Y. M. J.*) discuss in a symposium the treatment of infantile convulsions. Weiss gives a tepid bath with cold affusions to the head if there is fever; or hot mustard bath if no fever. Following this he gives chloral hydrate, alone or with the bromides, by the rectum. During teething small doses of alcohol. Chloroform or amyl nitrate inhalations may be tried. Following an attack, the bowels should be cleared with calomel or castor oil. Boice thinks first of chloroform inhalations, using them just to the point of stopping the convulsions. Then he empties the bowels with high colon injections. To prevent recurrence, he then throws into the bowel a mixture of chloral hydrate and sodium bromide. He also uses the mustard pack, prepared by mixing a tablespoonful of mustard in a quart of tepid water; a towel moistened with this is wrapped around the child's body, and kept there until it is a well-defined red. If the convulsions still continue, morphine is administered hypodermically. Lake empties the stomach and bowels, the former by mustard, ipecac or warm water by mouth or apomorphine hypodermically, or with the stomach tube. The lower bowel may be cleaned out with warm soap-suds enema. Then he immerses the child in hot bath and gives a few whiffs of ether or chloroform. Bell gives the following treatment: Ten minutes in a mustard bath at 100° F., with mild friction; no bath when there is loss of blood, anemia, diarrhea with inanition or cardiac disease. Next he gives the soap-suds enema, and if it seems likely there is food or poison in the stomach, an emetic, usually ipecac, is given at once. If these measures are not effective, then an enema containing chloral hydrate and sodium bromide is given; if this fails, morphine hypodermically.

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**Hydrocele in Infants.**—J. H. Nicoll (*B. M. J.*) operates as follows: An incision, one to one and a half inches long, is made in the skin just above the groin over the inguinal canal, and the cord exposed just below the ring. The testicle and hydrocele are pushed up into the wound, and the upper end of the hydrocele sac is exposed by a few snips of the scissors. The exposed sac is then emptied by trocar and cannula. The collapsed sac, with the testicle, are then pulled out of the wound, and the sac is dealt with