

the disagreeable taste of the drug, the confection of chloral recommends itself, especially in the case of children. The confection is prepared by taking a watery concentrated solution of chloral and currant-jelly.

It is only in the graver form of chorea, in which chloral alone does not suffice to suppress the nervous and muscular excitation, that the wet cloth comes in as a potent adjuvant to the drug. As to its application, cold water solely is to be employed. The cloth is dipped into it, moderately expressed, and the patient laid upon a mattress covered with a rubber cloth. The body of the patient is then tightly wrapped up in a blanket and vigorously rubbed from the head toward the feet. After a couple of minutes, when reaction has taken place and the little patient has commenced to get warm, it is to be wrapped up in several woolen blankets without removing the wet sheet, leaving just the head free. In this sort of a steam-bath, then, the child is to remain on its bed for about half an hour, when reaction will have fully set in and done its intended work.

The effects of this procedure are invariably of the most excellent nature; the child feels calm and composed, and not rarely falls into a quiet and prolonged sleep, from which it awakens more tranquil than ever.

As these are the remarks of a well-known clinician with an extensive practice with choreic children, his method of treatment lays claim to our confidence, and invites a trial.

#### REMOVAL OF FOREIGN BODY IN THE URETHRA.

George Hunter, M.D., Linlithgow, Eng. *British Medical Journal*.

An elderly gentleman, suffering from dysuria, due to prostatic enlargement, attempted to empty the bladder by insinuating the rounded head of a veil-pin into the orifice of the urethra. The pin slipped from his fingers and disappeared in the urethra. Attempts at removal pushed the pin into the urethral canal, and were followed by discharges of blood and an urgent, but ineffectual, desire to urinate. Dr. H., being sent for, found the head of the pin in the membranous urethra, just in front of the prostate, the point being anterior to the scrotum. To remove it he fixed the head by pressing upon it from behind, forwards, and then impaled the urethra against the point. By steady pressure and traction on the point, the whole length of the pin was pulled through, only the head remaining in the urethra. The point was then depressed toward the perinæum, and, by compressing the flaccid penis in its longitudinal axis, the round head of the pin was easily passed through the meatus, and the entire pin withdrawn. Not a drop of blood was lost, and the puncture made on the under side of the penis was not more severe than that resulting from the use of an ordinary hypodermatic needle. Rest and quiet enjoined for twelve hours, but no other treatment. No sequelæ.

#### THE NOCTURNAL COUGH OF CHILDREN.

It not unfrequently happens that children are waked suddenly from quiet slumber by a violent and sometimes convulsive cough. This has been ascribed by McCoy to reflex irritation from accumulation of mucus within the nasal cavities. During the day the mucus flows away, but in the night it collects upon the sensitive areas in the nasal fossæ and excites a cough. Dr. Gonzalez Alvarez thinks this theory untenable, except in a few rare instances, and attributes the cough to laryngeal irritation. He says that the saliva and buccal mucus accumulate in considerable quantities, especially when there is stomatitis or gingivitis from dentition. Most of this is removed by the acts of deglutition which take place during sleep, but some does not so escape, but trickles into the posterior commissure of the larynx. He states that this cough occurs very frequently during the period of dentition, even when there is no nasal catarrh, a fact which leads him to reject the theory of nasal reflex irritation. The treatment of this nocturnal cough consists in diminishing the secretion by means of chlorate of potassium. A teaspoonful of a two per cent. solution is given every hour or two hours during the day, and at bedtime.—*Revue Bibliographique des Sciences Medicales*, November 22, 1885.—*Med. Record*.

#### ICE TO THE SPINE IN OBSTINATE VOMITING.

Dr. W. L. Davis reports (*Mississippi Valley Med. Monthly*) a case of vomiting in typhoid fever in which every remedy, even pellets of ice, was rejected by the stomach. He applied ice to the lower part of the spine in considerable quantity, and the vomiting instantly ceased; a profuse perspiration followed. The use of ice was only persisted in when indicated; and cool sponging was instituted with marked benefit, so that the ice was only occasionally required. Recovery in the average time took place.

#### BISMUTH IN THE TREATMENT OF SWEATING FEET.

The *Union Medical* cites Vieuss's recommendation of daily frictions with subnitrate of bismuth as a remedy for foetid perspiration of the feet. The spaces between the toes should not be forgotten. The treatment is to be continued for about a fortnight. After the second or third friction, the sweating becomes less abundant, and the soreness rapidly subsides. The epidermis soon loses its white tint, and adheres more firmly to the subjacent derma, the excessive action of the sudoriferous and sebaceous glands diminishes, the perspiration becomes less irritating, and about the sixth day the skin resumes its natural look.—*N.Y. Medical Journal*.