

will be found of great value. Among hospital patients a large number of cases of diarrhœa are attributable to over suckling, and suckling by mothers in delicate health. The return of the catamenia is no hindrance to their nursing, or even menorrhagia in a mild or severe form. Remove all children suffering from diarrhœa from the breast, and let them have cow's milk diluted with lime water, previously warmed and given in a well rinsed bottle, and you will cure the diarrhœa.

Many children are reared entirely on Swiss milk, and this will now and then agree far better than cow's milk. Sometimes milk, in any form and however pure, will keep up the diarrhœa, and then cold barley water, or cold water thickened with isinglass will be necessary, or thin water arrowroot, to which a few drops of brandy may be added should the child be exhausted. Sometimes a powder containing two or three grains of rhubarb and carbonate of soda will neutralize the acidity which has resulted from the fermentative products of digestion, and set the little patients right with magical quickness. If the evacuations are free from mucus and blood, and there is no pain, a mild mixture of sulphate of magnesia and tincture of rhubarb may be prescribed in some cases with advantage. A drop of ipecacuanha wine in plain water, or mucilage and water, has been recommended, and it will often succeed.

Children are liable to diarrhœa at this season of the year from heat, and the excitement of traveling, and change from healthy country places or the seaside to the contaminated air of London.

#### TREATMENT OF BILIARY CALCULUS BY CHOLEATE OF SODA.

Schiff admits that these calculi are formed of cholesterolin, not because this substance is formed in too great abundance, but because the bile does not contain the principles which maintain it in solution. These are the cholates and choleates of soda and potassa, more than the alkalinity of the bile which dissolves the cholesterolin. Schiff therefore advises the administration of eight grains of choleate of soda, to be given twice daily, and increased until "saturation" is indicated by irregularity of the pulse, which becomes slow during repose and accelerated by the least effort. The dose may then be diminished, but not entirely suspended—a considerable time, a week at least, being required for the remedy to produce amelioration of the symptoms.—*Gazette Heb.*

#### TREATMENT OF CONDYLOMATA.

Dr. Boise destroys these small tumors with pure liquid carbolic acid, or in a very concentrated solution; he applies the caustic to the neoplasm with a pencil, taking care to spare the surrounding parts. Often, after a single application, the tumor becomes hard and blanched (mummified), and falls off without leaving any ulceration. It produces no inflammation if the surrounding parts are preserved, and the cure thus obtained is radical.—*Paris Médicale*, February, 1873.

#### TREATMENT OF NÆVI.

In a recent discussion before the Clinical Society of London, the President, Mr. Prescott Hewett observed that it was often a matter of difficulty to know when and when not to remove nævus. A large number might be safely left alone until they began to grow. They not infrequently die out. He referred to the case of his own son, who was, as a child, the subject of a nævus of the size of a walnut on the forehead. It did not increase up to the age of four years, when he had an attack of whooping-cough, during which the nævus disappeared.

Mr. John Croft referred to a case in which a nævus gradually disappeared. Whenever a white spot indicating atrophy was observed upon the nævus he advised it to be left alone. In others, enucleation was, he thought, often the quickest mode of treatment.

Mr. Barwell was of opinion that cutaneous nævi before puberty generally disappeared, and often, also, subcutaneous ones. Deeper ones, as a rule, however, did not spontaneously cease to exist.—*Med. Times and Gazette*, June 14, 1873.

#### SUBCUTANEOUS INJECTIONS.

Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, in deed, almost a normal substance for cellulo-adipose tissues.—*Lancet*, Aug. 2, 1873.

#### ADMINISTRATION OF PERCHLORIDE OF IRON.

Dr. H. L. Snow states (*Brit. Med. Journ.*, June 28, 1873) that the astringent metallic taste long remaining in the mouth after the administration of tincture of the chloride of iron, the flavour of which is not very imperfectly disguised by the syrup or spiritus chloroformi with which it is usually ordered, may be altogether obviated by the substitution of a small quantity of glycerine (about half-an-ounce to an eight-ounce mixture).

#### MISCELLANEOUS.

##### BURNS.

℞. Yellow wax, melted and strained  $\frac{3}{4}$  j.  
 Linseed oil, raw,  $\frac{3}{4}$  ij.  
 Tannin,  $\frac{3}{4}$  j.  
 Subnitrate of bismuth,  $\mathfrak{D}$  j.

Heat the wax in a clean tin vessel, add the oil and stir till they are thoroughly incorporated, then remove from the fire and stir till cold, adding first the tannin and lastly the bismuth. Apply on bits of patent lint to the surface of the burn, previously carefully cleansed.