

and lastly, requires frequent changing. These drawbacks are avoided by the method suggested by Dr. Neumann, namely, by the employment of a continuous soft rubber band about one inch in breadth. The testicle is first covered with wadding, and the envelopment commenced with the usual first circular tour. The pain should not be considerable at first, as, from the continuous pressure, it afterwards increases. The advantages of this dressing are: 1. It accommodates itself comfortably to the parts. 2. The pain is not considerable, for the application need not be made tight; its elasticity, and the continuous pressure, amply compensate for the tight compression necessary when the plaster dressing is used. 3. The dressing need not be changed if well applied at first, as it follows the diminution of the tumour, and remains in close apposition. Several cases treated in this manner by the author were cured in from four to six days.—*N. Y. Med. Journal.*

TREATMENT OF EPIDIDYMITIS.—Professor Zeissl, of Vienna, after a thorough trial of the method of Professor Hourou, of Lyons, states ("Allgemeine med. Zeitung," No. 46) that he prefers it to all the other methods he has employed. He treats all stages of the disease in the following manner: The scrotum is first enveloped in one or two thicknesses of wadding; over this is applied a square piece of India-rubber sheeting, through a hole in which the penis is passed. A suspensory is then adapted so as to support the testicles as immovably as possible. The patient is able to go about and attend to his affairs without pain or inconvenience, and the apparatus may be allowed to remain for a week. The perspiration of the scrotum is not interfered with. This is regarded as very beneficial.—"*Gazz. Med. Ital. Venete.*"

INJECTIONS OF LINSEED OIL FOR THE CURE OF CHRONIC CYSTITIS.—A man, aged twenty-nine years, entered hospital December 23rd, suffering from cystitis of six months' standing. Micturition occurred every hour both day and night. The urine contained a large amount of mucus and pus. The ordinary remedies were used without benefit, and finally Dr. Howe pro-

posed to distend the bladder and keep it so as long as possible. The agent he used was linseed oil; eight ounces were used at each daily injection. After the treatment had been continued for a week, the cystitis improved. The pus and mucus disappeared. Micturition occurred only six times in twenty-four hours, and was unattended with pain.

Another patient, aged forty-nine years, was admitted with cystitis of three months' standing. Urine contained both pus and mucus. Micturition was painful, and occurred eighteen times a day. The injections of linseed oil were used as in the previous case. After eight days the pain abated, and he was able to hold his urine for two hours; but at that time he left hospital, and has not reported since.—*N. Y. Med. Journal.*

THE SURGICAL TREATMENT OF ANASARCA.—Mr. H. Adolphus Wickers, communicates the following (*Medical Times and Gazette*, January 4).—The legs having been well oiled and a rubber sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout needle or hare-lip pin; some sponges which had been squeezed out in a saturated water of solution of salicylic acid are now placed against the punctures, so as to absorb the fluid as it transudes; these sponges, as they become filled, are squeezed out, and again passed through a solution of salicylic acid, before being again placed against the patient's skin. In this manner renewals may be required about every two or three hours; and four or five pints of fluid may be drained away during the first day, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed. By the use of salicylic acid, decomposition of the dropsical fluid does not occur, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type are entirely prevented.—*Phil. Med. Times.*

ERROR IN LATEST AMERICAN EDITION OF FOWNE'S CHEMISTRY.—Page 139, eighth line from the bottom, 100 cubic centimetres should be 1,000 cubic centimetres.