

knew of two or three such cases as that reported by the doctor. Prof. Miller and Prof. Baylis diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterwards a woman came up from Mobile. She had a tumor. She was a widow. Parvin saw it, Miller saw it, Thomas saw it. All declared it to be a fibroid. In the fall she gave birth to a child. Dr. Y. saw a case four years ago of an enormous tumor pronounced by Parvin, Gross and other eminent men, with himself, to be a fibroid. The woman was put on muriate of ammonia and ergotine. One night, after about three years of such treatment, she was seized with all the symptoms of peritonitis, collapse and shock. She was tapped, and an enormous quantity of fluid was drawn off. The cyst refilled. Dr. Yandell operated on her afterwards for its evacuation, and while the operation was as easy as it was possible to do, the woman died.

Such cases show simply that the wisest and most experienced of us make mistakes.—*Med. Age.*

RECTAL FEEDING AND MEDICATION.—Dr. Wm. Julius Mickle gives some very useful hints in a paper on this subject published in *The Journal of Mental Science*. In using nutrient enemata he advises that . Alcohol should not be added to albuminous food. If necessary, the bowels should previously be cleared out by a simple or aperient clyster, and a daily copious cleansing clyster is required in some instances. The bowels may have to be rested, but we must persevere if the first attempt fails. Where it is apt to return, the patient's best position to receive the enema is on the back or left side. The nozzle or tube should be comfortably warm, so should the food injected. The amount injected may sometimes with advantage be small at first, gradually increasing from 2 to 10 ozs. If the foods are ejected, we may try the plan (Dr. Hine's) of depositing them higher up in the viscus by means of elastic tubing and a funnel. But plugging the anus is often necessary, and has been done in many cases. Conflicting as are the results of experiments on the subject, he concludes that the rectum and colon digest but little, and that, even when inverse peristole is set up, the action of the bowel upon enemata is chiefly absorptive. If so, the food should either be introduced mixed with digestive substances, or else before administration should in some way or in some measure be digested, and ready for absorption into the venules and lymphatics of the intestinal walls.

The following methods are all considered good :
Leube. Three parts of meat to 1 part of pancreas, both finely minced and mixed with a sufficient quantity of warm water for clysis. Carefully remove all fat and connective tissue. The hog's pancreas is the favorite.

Rennie. To a basin of good beef-tea, add $\frac{1}{2}$ lb.

shredded lean raw beef ; 3j fresh peps. porci ; 3ij dil. hydrochloric acid ; warm for four hours, stir frequently. Beaten egg or alcohol (?) may be added.

Catillon. A saturated solution at 19° C. of peptone of meat, 40 grammes ; water, 125 grammes ; laudanum, 3 to 4 drops ; bicarb. of soda, 3 centigrammes.

Dobell. Cooked, finely grated beef or mutton, 1 lb. ; pancreatic emulsion, 1 oz. ; pancreatic powder, 20 grs. ; pepsine (pig's), 20 grs. Mix quickly, add half an ounce of brandy, and warm water sufficient to bring it to the consistence of treacle.

Henninger. Very lean meat, finely minced, is placed in a glass receiver ; water and hydrochloric acid are poured on, and pepsine, at the maximum of its activity, is added. The whole is left in a water-bath or stove to digest for 26 hours at 113° F. ; it is then decanted into a porcelain capsule, brought to the boiling point, and whilst the liquid boils a sol. of sod. carb. is added to it, until it shows a very slight alkaline reaction. Then the boiling liquid is passed through a fine linen cloth. The liquid is reduced in bulk in a water-bath. White sugar is added before administration.

Mickle. A pint of milk, with one-fifth or one-fourth of a pint of water, is carefully heated to 140° F. Two drachms of liquor pancreaticus and 20 grains of bicarbonate of sodium in one or two ounces of water, are added. The whole, in a covered vessel, is kept near the fire at 140° F. for an hour or an hour and a half, then thoroughly boiled for two or three minutes. Thus prepared the food keeps for half a day or a day.

Dr. Mickle uses enemata of chloral hydrate in many cases of epilepsy and of epileptiform seizures. He gives thirty grains dissolved in two ounces of water, and has found it very useful.

THE NEW HYPNOTIC.—If paraldehyde should prove as reliable as the reports thus far published seem to promise, we have in it a really valuable hypnotic. The latest observer is Dr. E. Kurz, who in the *Gentrlb. f. d. cl. Med.* (18, 1884), gives the results of his experiments with the remedy on twenty-four cases. With few exceptions the effect was favorable. Usually he administered the drug in the dose of three, sometimes four grams (gr. i. to gr. lxx.) and in watery solution. But in this manner taken the remedy has a very disagreeable taste, and Dr. Sutter, of Illenau, recommends rum as a medium. Paraldehyde is incorporated in sugar, so that in the form of troches, one of these contains sixteen grains. Three or four of them, according to Sutter, are then dissolved in rum and a few drops of essence of lemon added. Thus prepared, the disagreeable taste is utterly concealed, and the patients do not object to take it. Its administration in *refracta dosi* is not so reliable as the effect of a single large dose. In most of K's twenty-four cases