

any surgical procedure. The skin should be carefully cleansed and shaved over the site of operation, and the skin should be anesthetized by some of the infiltration methods. The opening in the skin need not be more than one-sixth of an inch. There is then introduced into the wound a needle furnished with a mandrel, which is removed after the needle enters the spinal canal, permitting the spinal fluid to flow out. The same precaution should be employed in spinal anesthesia. This latter procedure has deservedly fallen into some disuse since it was first advocated, but it still has its indications.—*Medicine*.

Local Analgesia In Ocular Therapeutics.

In lecturing on the old and the new in ocular therapeutics, A. Maitland Ramsay, surgeon to the Glasgow Ophthalmic Institution, mentions only dionin under the head of local analgesics. He says: Dionin is a derivative of morphine and in five-per-cent. solution is one of the most valuable agents which we possess for the relief of deep-seated pain—*e.g.*, in glaucoma, iritis, scleritis, etc. When dropped into the eye it causes at first a smarting and burning sensation, accompanied by chemosis of the conjunctiva and swelling of the lids. These symptoms are sometimes very pronounced and may alarm the patient greatly if he has not been forewarned of the probability of their occurrence and told that they speedily pass off. This lymphagogue property of dionin is intimately associated with its power as an analgesic, because only after a good reaction is there much relief of the pain. This property also explains its power in promoting absorption of inflammatory deposits in the cornea. Its action in this way, very satisfactory in itself, is greatly increased if it be used along with collargol. In the author's experience the best results are obtained when a five-per-cent. solution of dionin is instilled in the morning and a disk of ten-per-cent. collargol gelatin is placed in the conjunctival sac in the evening. He is satisfied that this method of treatment hastens the clearing of the cornea after an attack of ulceration or of interstitial keratitis.—*The Lancet*.

Diet in Renal Disease.

Bradford says that a rigid system of dieting is suitable neither for all kidney diseases nor for all stages of the same disease, and attention in determining the diet should not be directed exclusively to the condition of the urine, but other factors, such as the general nutrition of the patient, the presence or absence of dropsy, the degree of cardiovascular degeneration present, and the presence or absence of uremia, are all factors