

quinine, a grain may be given several times during the day with good effect. The foregoing list may be increased by the addition of pilocarpine, benzoate of sodium, salicylic acid, sulphur, cantharides, calomel, and soda, etc. Counter-irritation is an important measure, a mixture of croton oil, oil of amber, and oil of cloves, mixed with sweet oil, and rubbed upon the neck or chest, being recommended. The bowels should be kept freely open, heat applied over the lungs if they appear to be implicated, and a nourishing diet with a suitable quantity of stimulants administered.—*Archives of Pediatrics*.

INCONTINENCE OF URINE IN CHILDREN.—Eustace Smith gives the following in his recent work: "Of medicines which diminish irritability, belladonna takes the first place, but it is important to be aware that this remedy to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils, with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age, twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose, five to ten grains) and benzoate of ammonia, digitalis, borax, cantharides, camphor and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day:

R Tinct. belladonna.....gtts. j.
Potas. brom.....grs. x.
Infus. digitalis.....3 ij.
Aquam ad.....3 ss.
M. Ft haustus.

When the incontinence continues in the day as well as at night, strychnia should be combined with the sedative, so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (℞—3 j. to the ounce of water) has been found successful."

VALUE OF "THE DIAGONAL LINE" IN THE DIAGNOSIS OF DISTENSION OF THE GALL-BLADDER.—John W. Taylor, F.R.C.S., Birmingham and Midland Hospital for Women, says: In an article on

cholecystotomy in the *British Medical Journal* of January 31, 1885, I wrote as follows: "An important aid to diagnosis will, I think, be found in recognition of the diagonal line in the direction of which the gall-bladder enlarges. This is to be traced from the normal position of the larger end of the gall-bladder (near the tip of the cartilage of the tenth rib on the right side) to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus."

Since writing the above, I have had some additional opportunities for testing the value of this aid to diagnosis. On February 15, 1885, I was asked to see a case of abdominal tumor by my friend Dr. Drury. There was no jaundice, and but little clinical history to be obtained in the limited time at my disposal. Finding, however, a well defined, hard, but rather resilient tumor, the longer axis of which exactly corresponded to the diagonal line described, I had no hesitation in diagnosing the case to be one of distension of the gall-bladder.

This opinion (in which Dr. Drury concurred) was considered erroneous by another surgeon of large experience, who saw the case subsequently; and, as the chief reason for my opinion was the sign which is the subject of my communication, the case became of some special importance to me as a test.

On March 26th Mr. Tait operated. The tumor proved to be a distended gall bladder; and a large number of calculi were removed from it, two of these being of enormous size.

I should like to again draw the attention of the profession to this diagnostic line, as I believe it to be trustworthy and useful.—*British Med. Jour.*, April 11th.

BELLADONNA INJECTION FOR GONORRHOEA.—Some thirteen years ago an officer on board one of the vessels of the Indus Steam Flotilla consulted me for a bad gonorrhoea with intense pain on micturition, and intolerable chordee at night. The case was urgent, and I ordered an injection composed of seven ounces of water, an ounce of mucilage acacia, twenty grains extract of belladonna, and twenty grains of sulphate zinc, a teaspoonful to be injected immediately before and after micturating, and a similar amount the last thing at night; great care to be used in passing the injection fully down as far as the pain is most intense. An ointment of spermaceti and mercurial ointment, four drachms each, and ten grains extract belladonna, ten grains powdered opium, as a paste to be smeared along the perineum and around the crura penis at night. Patient left next morning, having had no chordee that night, and the pain of micturition disappeared by using the injection. Within a week there was complete cure. From that time I have had numerous gonorrhoeal cases of every type and stage, and without exception with un-
fail-