

pared from milk albumens—Plasmon powder and biscuits, protene bread and biscuits, casoid bread and biscuits (kalari and pro-lacto biscuits).

Hemorrhoids:

Samuel G. Gant, M.D., New York, in *N. Y. M. J.* and *P. M. J.*, says that he has operated upon more than two hundred and fifty cases of hemorrhoids, under sterile water anesthesia with the most gratifying results; one hundred and eighty-six of these were included in a collection of three hundred and twenty cases of various rectal operations performed under this method of anesthesia. This group of operations embraced every variety of pile tumor, under all conditions ordinarily encountered, and effective radical treatment was rendered by this method, so simple and easy to accomplish in the office, patient's home, or dispensary, without resorting to general anesthesia, and with so little danger and inconvenience to the patient, that in the writer's opinion it should relegate to oblivion the much vaunted but uncertain and dangerous injection method of treating hemorrhoids which has accomplished little and caused much suffering, but, nevertheless, has enabled the quacks or medical vampires throughout the country to extort enormous sums from this class of sufferers. Anesthesia is produced by injecting sufficient sterile water into the centres of the tumors: then they can be painlessly operated on by the ligature, clamp and cautery, or linear excision methods.

**The Treatment of
Hydrocele:**

Charles Greene Cumston, M.D., Boston, in the *American Journal of Dermatology* thus describes Volkman's operation for the radical cure of hydrocele: Under narcosis the sac of the hydrocele is split open by a free incision extending from the external inguinal ring to the base of the scrotum. The cavity of the tunica vaginalis is thoroughly irrigated with a 3 per cent. carbolic acid solution, and the tunica vaginalis is carefully sutured to the borders of the cutaneous incision. About fifteen to twenty sutures are necessary, and catgut or fine silk may be employed. In applying the dressings they should be put on in such a manner as to compress the scrotum tightly, so that the tunica vaginalis is everywhere in close contact with the parietal vaginalis of the testicle, and the incision is left open. A drainage tube is only necessary in those cases where the vaginalis