CLINICAL NOTE.

ARTIFICIAL CEREBRO-SPINAL FLUID.

Two or three years ago I experienced a small run of cases of otitic meningitis which were treated in the usual way by drainage with considerable success. Thinking over the fatal cases, it occurred to me that for purposes of lavage of the cerebro-spinal spaces and cavities an artificial cerebro-spinal fluid ought to have preference over the usual normal saline, as the latter is apparently a fluid foreign to these regions.

Unfortunately—or fortunately—I have not since had an opportunity of trying the fluid, and as some efforts are now being made to treat epidemic meningitis by lavage, it may be well to publish the constitution of the fluid we employed.

The following, then, is the formula; it was prepared for me by Dr. Wyatt Wingrave:

Potassium chloride	3·5
Sodium chloride	1·5
Potassium carbonate	0·2
Glucose	2·0
Distilled water	100·0

This forms a stock solution, from which the fluid for use (sp. gr. 1002) is made up as follows:

Stock solution	10
Sterile distilled water	90

Care must be taken in sterilising, as boiling the salts-glucose solution decomposes the glucose. For that reason, in making the stock solution, the salts should be dissolved in the water and the solution boiled before the glucose is added to it. I know of no method of sterilising the glucose itself.

In any event, it is advisable to have the stock solution freshly made for each case and its dilution effected in the operating theatre.

This fluid does not, of course, contain any of the internal secretions with which modern research is acquainting us, such as those of the pituitary gland, and time and experiment are needed before one can say how much pituitrin, if any, should be added to the solution.

Dan McKenzie.

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

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EMIL MEYER, M.D., Abstract Editor, New York.

(*Continued from p.* 72.)

Sore Throat Clinically Considered.—Samuel Johnston (Baltimore). In the clinical study of "sore throat" we should scan the physiognomy of the patient, mark well any changes in the voice tones, and note the odour of the breath before entering into a more detailed examination of the case.

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