

between puerperal septicemia and certain cases of typhoid fever. Both diseases present the common evidences of a septic infectious fever; both are likely to be characterized by abdominal symptoms and to show certain signs of nervous exhaustion, chief of which is delirium. Tympany, diarrhea, and splenic enlargement may also be present in both. The septic diarrhea which is often associated with the delirium and abdominal tenderness in septicemia, may make the differential diagnosis between the two conditions difficult and confusing. The points which aid in diagnosis are: The history of the case, the slowly developing prodromal stage, and the presence of the rose-colored spots. The characteristic temperature, the comparatively slow pulse with the added confirmation of the Widal test, will indicate enteric fever. The importance of the latter means of corroborating the clinical evidences of typhoid in any given case cannot be overestimated.

The treatment of typhoid complicating pregnancy does not differ materially from that employed in the non-pregnant woman. The controlling of the temperature and the maintenance of the patient's strength are the two chief considerations. No fear need be felt regarding the use of the cold bath or pack for the relief of the pyrexia, for it will not be the use of these methods, but the continued high temperature, which will be the cause of abortion or premature labor. The premature ending of gestation is far more likely to be produced by the pyrexia than by the energetic application of cold for the reduction of the fever. If abortion occurs, care must be exercised to prevent the retention of the secundines in the uterus and to produce subsequent involution which is apt to be tardy in such a state of impaired vitality.—*Phil. Med. Jour.*

#### Use of Normal Salines.

This subject has become such an important one, that Dr. J. D. Bovee's article, in the *American Journal of Obstetrics*, is very welcome. He gives the following as important points when the solution is given intra-venously, or by injection into the tissues:

1. The apparatus must be sterile.
2. The solution must be sterile.
3. It should reach the tissues at a temperature of 105° to 120° F. This is important as the stimulating properties of the high temperature are needed, and particularly in shock, renal insufficiency, uremia, eclampsia, and sepsis, as the skin must act strongly as an emunctory.
4. As a rule, one ounce per minute is the maximum quantity that can be safely introduced into the veins or subcutaneous tissue.