compared to the incandescent is the large amount of violet and ultra violet rays that it contains. The incandescent light possesses, therefore, many advantages over all other forms of artificial light. —*Brit. Med. Jour.*

DIET IN RHEUMATISM.—Dr. James Frauenfelter gives the following as the best in his experience: In the early stages of the disease it is not difficult as a rule, to restrict the patient to a suitable diet, as the difficulty usually is to get them to take enough nourishment, but during convalescence, and when the appetite begins to return, then it is difficult to make a patient believe that a good supply of butcher's meat will retard his progress toward recovery. But as a matter of fact, those of us who have had much experience with rheumatism know that a return to solid food, and more especially the giving of meat too soon, is most likely to be followed by a relapse, because in acute rheumatism the system is loaded with waste products, the result of imperfect assimilation, and the digestive functions are seriously impaired. So long therefore, as the symptoms are acute, small quantities of milk, with some alkaline water, such as soda or lime water, should form the main part of the diet; besides these a little beef tea, chicken tea or mutton broth may be added. As the temperature falls and the acute symptoms subside, vegetable soups, bread and other starchy foods may be gradually added to the list; gruels, malted foods, arrow root, rice and yolk of an egg beaten up with milk, and a small quantity of brandy. As convalescence progresses, fish, oysters, and chicken may be allowed once daily. The above line of diet should be adhered to strictly until all symptoms of rheumatism have entirely disappeared As a rule ales, wines and the stronger alcoholic liquids are objectionable, except where the action of the heart is feeble, or in the latter stage of the disease.—*Med. and Surg. Reg.*

WHAT THE PHYSICIAN OF TO-DAY MUST, AND MUST NOT DO.—Dr. Burstein in his "Ideality in Medical Science," says: "The young physician, beginning his professional career, finds great difficulty in making a living. The public demand of him the development of science. They insist that he is to study medicine; to read journals; to join medical societies; to pore over countless articles; to go to hospitals; to see operations; to buy books; to buy periodicals; to buy surgical instruments; to examine his patients thoroughly; to make a correct diagnosis; to be careful in obstetrical work; to write prescriptions carefully; to consult his books in all cases of importance; to keep his office hours strictly; to attend to his patients regularly; to be ready for any emergency; to go promptly at night, when called; to be charitable; to not sue for non payment of his fees; to keep accounts; to support his family; to dress himself as a 'doctor'; to not keep away from society. This is too much, entirely too much, for the poor physician. He must be rich, he must be educated, he must have seventy-two hours' time to accomplish a day's work, and even then it would be almost impossible for him to fulfil all these requirements."

TRIGEMINAL NEURALGIA.—Dr. Seguin, in his lectures on the treatment of neuroses, strongly recommends the use of aconitine in cases of tic-douloureux. His opinion is, that cases are either cured by this drug, or that, at least, it is possible to give long intervals of freedom from pain; but it must be pushed, and its administration is not without danger. The form which he recommends for its administration is in a pill containing $\frac{1}{200}$ of a grain of Dusquenal's crystallized aconitine. These pills are given to the patient in gradually increasing quantity until numbness is felt all through the body with chilliness, and, in some cases, even nausea and vomiting. At first he gives one pill twice a day to females, and three times a day to males, and it is not unfrequently necessary to give as many as twelve pills daily. After the dose is found which is both efficacious and tolerable, the treatment is kept up for several weeks after the pain has ceased, and the patient is directed to take a large dose—two or three pills—on the least return of the characteristic sharp pain. Even if no syphilitic history is given, and although there should be no reason to suspect it, this treatment is continued with the administration of the red iodide of mercury, in doses increased from one-twentieth to one-fifth or one-sixth of a grain, and iodide of potassium from twenty to forty-five grains, largely diluted with water, after each meal. This medication is continued for two or three months steadily, and a course of a month of it is subsequently given every few months. Along with those drugs the patient must have an abundance of nutritious food, and it is advisable to administer cod-liver oil as well.—*Lancet.*

WHEN IT IS GOOD TO BE AT HOME.—"Well, Maggie," asked a teacher of a little girl, "how is it you are so late this morning to school?"

"Please, sir," was the reply, "there wis a wee bairn cam' to oor hoose this mornin'."

"Ah!" said the teacher, with a smile, "and wasn't your father very pleased with the new baby?"

"No, sir; my father's awa' in Edinburgh, and dinna ken aboot it yet; but it was a guid thing my mither wis at hame; for gin she had been awa', I wadna hae kent what to dae wi' it."—*Sanitarian.*