

Mr. Gascoven, of St. Mary's Hospital, London, was in Montreal for a few days the end of September. He called upon one or two medical friends.

Dr. Patton, of Quebec, who has practised in Cacouna, the fashionable Canadian watering place, during the past two summers, has commenced practice in Montreal.

Dr. Farrel, Professor of Surgery in Dalhousie College, Halifax, Nova Scotia, was in Montreal about the middle of October, for a few days.

Medical Items and News.

HYPOPHOSPHITES IN THE TOOTHACHE OF PREGNANCY.

Dr. Sterling believes that the toothache so common in pregnancy results from the abstraction from the blood of the salts requisite for the construction of the bones of the foetus; and accordingly recommends $1\frac{1}{2}$ grain of hypophosphite of lime, soda, potash, and manganese daily. (*American Journal*.)

SULPHATE OF IRON IN ERYSIPELAS.

Mr. Hulke, at the Middlesex Hospital, has lately tested the great efficacy of iron sulphate in extensive erysipelas. He uses it as a lotion of ten grains to an ounce of water, applied warm on a rag; and believes it acts as a local styptic, astringent, and sedative, as well a constitutional tonic. In circumscribed erysipelas on small surfaces, he applies the ordinary coating of collodion and castor-oil. He deprecates the application of flour to any part, as a source of dirt, blebs, and maggots. So many cases of erysipelas have lately occurred in and around the hospital, that he thinks it must be caused, in wounded and weak patients, by a deleterious atmospheric influence. What the nature of this influence is, he is unable to say.

REMOVAL OF CORNS.

Hard corns may be carefully picked out by the aid of a small sharp-pointed scalpel or tenotomy knife, and if well done the cure is often radical, always perfect for the time. But they may be equally successfully removed by wearing over them for a few days a small plaster made by melting a piece of stick diachylon (emplastrum plumbi), and dropping it on a piece of white silk. The corn gradually loosens from the subjacent healthy skin, and can be readily pulled or picked out. Soft corns require the use of astringents, such as alum dissolved in white of egg, or the careful application of tincture of iodine. Prevention, however, is in regard to them better than cure, and can be readily attained by daily friction with cold water between the toes.

THE TREATMENT OF HYPERÆSTHESIA OF THE VULVA AND VAGINA.

M. GUÉNEAU DE MUSSY (*Gaz. des Hôpitaux*), is strongly opposed to the treatment adopted in

vaginismus, by Sims, and he thinks^d that a wise combination of therapeutic agents, together, if need be, with progressive or sudden dilatation, will often render resort to deep incisions unnecessary. He has often obtained the most happy results from the action of vaginal suppositories:—

Cacao butter	2 gram.
Bromide of Potassium	30 centigr.
Extract of Belladonna	10 "

This suppository he introduces every night, and its use is continued for two or three weeks.—*Birmingham Med. Rev.*

GALVANIC TREATMENT OF BED-SORES AND INDOLENT ULCERS.

Dr. WM. A. HAMMOND, of New York, recommends for indolent ulcers and bed-sores, the galvanic treatment as first suggested by Crussel, of St. Petersburg. He says: "During the last six years I have employed it to a great extent in the treatment of bed-sores caused by diseases of the spinal cord, and with scarcely a failure; indeed I may say, without any failure, except in two cases where deep sinuses had formed, which could not be reached by the apparatus. A thin silver plate—no thicker than a sheet of paper—is cut to the exact size and shape of the bed-sore; a zinc plate of about the same size is connected with the silver plate by fine silver or copper wire six or eight inches in length. The silver plate is then placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois-skin soaked in vinegar intervening. This must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete in a great majority of cases. In a few instances a longer time is required. I have frequently seen bed-sores three or four inches in diameter, and half an inch deep, heal entirely over in forty-eight hours. Mr. Spencer Wells states that he has often witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrizations begun in forty-eight hours. During his recent visit to this country I informed him of my experience, and he reiterated his opinion that it was the best of all methods for treating ulcers of indolent characters and bed-sores."

BIRTHS.

In Toronto, on the 20th Sept., the wife of H. E. Buchan, M.D., of a son.

In Montreal, on the 1st October, the wife of Dr. McBean, of a son.

DEATHS.

At Bagatelle, Greenock, Scotland, on the 21st September, Eliza Buchanan, widow of the late Alexander Rodger, and mother of Mrs. (Dr.) Francis W. Campbell, of Montreal.

In Montreal, 29th September, Mary Frances Chipman, wife of R. P. Howard, M.D. Professor of Medicine McGill University.

At Hemmingford, Q., on the 14th September, Reginald Grant, youngest son of Dr. Glover, aged eleven weeks.