

seen isolated cases of this disease beginning at a time when no other case existed in the city. Many times I have seen a single case begin without any probability of an exposure to another case, but I do not think that we are justified in accepting the theory that the disease may arise *de novo* because of our inability to find the original case. But there is much to lead us to study this side of the question, for filth may be a possible cause."

The statement that *filth may be a possible cause*, is sufficiently unscientific for the most conservative members of the profession. There is no reason to believe that because the source of infection cannot be ascertained, even after the most careful and anxious enquiry, there is, therefore, no source of infection. The wonderful power of life manifested by the virus of this disease, as shown by the distance to which it may be carried, and the length of time which may elapse between the infection of articles of clothing, and the subsequent outbreak of the disease among people who have been brought into contact with such clothing, as well as many recorded instances in which long after the *de novo* theory had been apparently proved, the real cause of the appearance of the disease was made manifest, should go a long way towards confirming our belief in the specificity of the virus, and in Virchow's doctrine, *omnis cellula e cellula*.

SMALLER MORTALITY IN TYPHOID WHEN TREATED BY COLD BATHING.—In an extensive table of cases taken from the practice of the Red Cross Hospital at Lyons M. Bouveret (*Lyon Méd.*) shows a decided decrease in the death-rate in typhoid, when the high temperature in that disease has been combated by cold bathing.

He divides the past twenty years into three periods, as follows:

I. 1866-1872.....	Death-rate, 26.2 per cent.
II. 1873-1881.....	" 16.5 "
III. 1881-1885.....	" 7.3 "

During the first period the treatment was by drugs and expectancy; during the second, cold baths and drugs having an antipyretic action were used but not at all systematically; during the third, the cold bath was used much more frequently. M. Bouveret compares this reduction to that shown by Liebermeister, at Bâle, which was from 26 per cent. to 8.8 per cent. He also states

that the German Military Hospitals give a reduction from 20.8 per cent., to 8.9 per cent. during the same periods. The public surely needs education on this point, and when in the fulness of time they shall have received it, we may hope to see the death-rate in this disease materially diminished in private practice.

ARSENIC IN MENORRHAGIA.—Dr. Palmer recommends this drug (*Med. Rec.*) in two classes of cases: (a) That of growing girls and young women—nulliparæ chiefly—in whom menstruation is not necessarily too free, but appears too frequently and continues too long. A vicious habit of irregularity of menstrual function, from some cause, becomes established, which is highly detrimental to health. Small doses (gtt. iij.) of Fowler's solution, continued during the interval as well as the menstrual time, have rarely failed to correct the irregularity. (b) The menorrhagia of the climacteric, either as to time, quantity, or duration. Here its action is less decided than in the former class, for we all realize that too frequently the aforementioned symptom at the menopause bespeaks some serious organic lesion, often a malignant disease of the uterus. Menorrhagia of malarial origin has a good remedy in arsenic.

DOSE OF SALICIN IN RHEUMATISM.—Dr. McLagan says (*Lancet*) that from the time he first introduced salicin to the notice of the profession (1874), he has never ceased to insist on the necessity of employing *large doses*. Twenty to forty grains given every hour until there is decided evidence of its action, is not too much. He finds that generally before an ounce is taken improvement has taken place, and that as the symptoms decline the dose may be diminished. In Dr. McLagan's opinion, one might as well give one grain of quinine every three hours and expect it to cure intermittent fever, as to give five or six grains of salicin and expect it to cure rheumatism. The frequently repeated and large doses are necessary, because the salicyl compounds are so quickly eliminated that, used in any other way, the patient never really comes under their influence.

COCAINE APPLIED LOCALLY IN VOMITING OF PREGNANCY.—Dr. Wm. Duncan, F.R.C.S., assistant obstetric physician to the Middlesex Hospital, reports (*Lancet*) three cases of obstinate vomiting