REMEDIES IN HEMORRHAGE.

The following are the homoeopathic remedies most frequently called for, with a few of their leading indications:

Millefolium: florid, frothy blood without much cough.

Aconite: active congestion, fever, pulse bounding, red face, incessant cough, anxiety, restlessness, palpitation, feeling of fullness.

Ipecac: with cough, tickling behind sternum, bubbling in the chest, frequent hacking, nausea and debility.

Ferrum acet: bleeding out of proportion to physical signs, tickling in larynx, sallow complexion, poor sleep.

Hamamelis: pure venous blood comin; up without much effort, mind calm, difficulty in lying down, not much cough.

Digitalis: from mechanical embarrassment of the circulation, dark blood.

Ledum: hemorrhage very profuse, violent cough in paroxysms, tickling in larynx and trachea, burning pain in chest.

Phosphorus: frequent bleedings of small amount, hemorrhagic diathesis, inflammatory symptoms supervening.

China: alternate shiverings and flushes of heat, great debility, frequent sweats, trembling, patient pale and cold, fainting turns.

The great majority of cases of pulmonary hemorrhage come from tubercular disease. When the hemorrhage comes purely from organic disease of the heart, especially initial disease of dilatation, without lung complication, the bleeding being mechanical, I often use the tincture of digitalis in two or three drop doses, to strengthen the heart.—Dr. H. C. Clapp, in Medical Era.

According to statistics, the number of female physicians throughout the world is about 8,000, two-thirds of whom live in America.

Psychic life (says Professor Wundt) is not the product of the bodily organism, but the bodily organism is rather a psychic creation.

The incumbent of the chair of Forensic Medicine and Toxicology at Berne, Dr. K. Emmert, recently celebrated his ninetieth birthday.

The authorities of Yale College have announced that hereafter the course in the Yale medical school can be made in three years instead of four.

A law which has become operative in France, requires that a child must be vaccinated during its first year, revaccinated at the age of 11, and again at 21.

DIET FOR TYPHOID PATIENTS.

There is very general unanimity as to the dietetic management of typhoid fever patients. The doctrine of Graves, who said, "If you should be in doubt as to an epitaph to be placed upon my grave, take this, 'He fed fevers'" is sound to-day. The only qualification is that the food shall be in such a form as to be easily digested and assimilated. Typhoid fever is a protracted and tedious disease. The functions of the various accessory glands of the alimentary canal are impaired, and nutrition is greatly disturbed, so that it is of the utmost importance that the food should be carefully selected and prepared.

Milk is undoubtedly the best food, as it contains all the necessary elements in a liquid form. If given alone, three to four pints, diluted with ordinary or lime-water, may be sufficient for 24 hours. It is necessary to examine the stools of the patient to see that the milk is fully digested. If there are undigested curds, the quantity of milk should be lessened, and chicken, or mutton broth or beef juice given. Peptonized milk may sometimes be given with advantage. Thin oatmeal or barley gruel answers a good purpose in some cases, and albumin water, flavored with lemon, may be given with benefit. It is important that too much food be not given, as excessive alimentation is likely to produce intestinal fermentation, with tympany and diarrhoea. With good nursing and careful regulation of the diet, many cases may be safely conducted to recovery without the use of any drugs whatever. But the disease is one of great muscular exhaustion, and the heart muscle suffers with the others, so that in cases of enfeebled circulation, and the very large majority of them are of this class, I am in the habit of giving strychnine for its stimulating and tonic effect upon the heart muscle, nor do I omit to give brandy or whiskey when indicated.

Much care is necessary in the management of convalescence. The patient must be kept in bed for eight or ten days after defervescence, and solid food should not be allowed until ten days after the subsidence of the fever. These precautions are made necessary by the fact that perforation has occurred as late as two weeks after normal temperature has prevailed. Indeed, it happened to a patient of my own—a young man of twenty years, who had been walking about the ward for several days, when he was seized with violent pain in the abdomen. Perforation was suspected, and the surgeon on duty at the hospital, Dr. J. Ford Thompson, performed a laparotomy, and closed the perforation, but unfortunately the patient died.—N. Y. Med Journal.