the down upon whose lip resembles the bloom of a peach, tell a young lady in an Olive Street car, that he had attended thirty-six cases of diphtheria during the epidemic, and saved them all. True diphtheria is a disease that kills—not every time, but in such a large proportion of cases that the physician who knows his business has a dread and respect for it scarcely second to that accorded to cholera." This will strike a responsive chord in the breasts of many honest physicians who live in the neighborhood of these fortunate practitioners who "cure the diphtheria."

THE PULSE IN HYPERTROPHY, PREGNANCY AND DURING MENSTRUATION.—The St. Louis Med. and Surg. Jour. states, and gives its authority for stating, that the rate of the pulse is invariable in all positions of the body in hypertrophy, and during pregnancy and menstruation. This last will be interesting to most readers, though it has been known for some time that position affects the rate of the pulse but little in the two former cases. It is a matter which may be easily proved by anyone, and no doubt we shall soon have theories enough to account for the fact, if it prove to be a fact.

DURATION OF INFECTIVENESS IN SCARLET FEVER.—Dr. Ashby (Br. Med. Jour.) summarizes a paper on the above subject as follows:

- 1. If desquamation is complete, convalescent scarlet fever patients may be discharged at the end of the 6th week, though, in order to secure absolute immunity from infection it is wiser to delay until the end of the eighth.
- 2. Cases complicated with nephritis, empyema, otitis, or glandular abscesses should be detained until the cure is complete.
- 3. That while it is important that desquamation should be as complete as possible, the detention of the patient beyond the 8th week, in order that the epidermis should be removed upon the soles of the feet, etc., is unnecessary.

Tympanites in Hysteria—Professor Talma relates some cases of tympanites in hysteria. He believed it due to contraction of the diaphragm. The size of the abdomen was considerably decreased during sleep, and under chloroform it became normal. Hiccough was a cause of great distress in

one case, it being greatly increased whenever any of the students approached her.

PRURITUS VULVÆ.—The N. Y. Med. Jour. gives the following as an application for pruritus vulvæ:

R-Glycerite of starch .		30	parts
Zinc oxide		6	,,
Potassium bromide .		10	,,
Ext. of Indian hemp		2	,,

Precede the application by a hot hip-bath.

ACNE.—Ringer recommends the following lotion as very useful in that form of acne common in young women at the menstrual period:

Sig.—Ap	ply	tw	rice	or	th	rice	da	ily.	
A q									
Glycerini							f	3 ј.	
R-Sulphur.	٠.						•	3 j.	

ACUTE CONJUNCTIVITIS.—In this disease the following solution is a favorite one of Dr. Foxe's:

Ŗ	Acid. boric.,			gr. xij
	Zinci chlorid., .			gr. iij
	Aquæ camph., .			
	Aquæ destillat., āā			f Zij
		•		

M. Sig.—Use as lotion for eyes.

CHRONIC DYSENTERY. — Dr. Blomfield speaks highly (Lancet) of the efficacy of the following injection in chronic dysentery. After washing out the rectum with a pint and a half of water at 90° F. he injects two ounces by measure of the following: Quiniæ bisulph. gr. x; tinct. camph. co., 3iv; decoct. amyli ad 3ij. If this be rejected it may be repeated in an hour to two. These injections given night and morning soon improve the patient's condition.

A Solvent for Sordes.—Dr. MacGregor gives (Ed. Med. Jour.) the following as a solvent for sordes: Boric acid, thirty grains, chlorate of potassium, twenty grains lemon juice, five fluid drachms, and glycerine, three fluid drachms, yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucous membrane, the glycerine and lemon juice moisten the parts and aid the salivary secretion."