

The sore throat of diphtheria is differentiated from anginose scarlatina, by the fact that in the latter we rarely have true membrane. A yellowish exudation may cover the tonsils, perforation and even sloughing of the palate may occur, and there may be much external cellulitis, but the leathery, whitish, adherent exudation of diphtheria is absent. The amount of albumen in the urine of scarlet fever is usually slight; in diphtheria it is often fifty per cent.—*Archives of Pediatrics*.

TO ABORT A STYE.

Dr. Fitzpatrick, in the *Lancet*, says he has never seen a single instance in which the stye continued to develop after the following treatment had been used: The lids should be held apart by the thumb and index finger, while the tincture of iodine is painted over the inflamed papilla. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours are sufficient.

THE TREATMENT OF PELVIC CELLULITIS FOLLOWING PARTURITION.

Dr. W. M. Graily Hewitt thus concludes an article in the *Medical Press*, November 21, 1883:

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present: or it may render an already existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is a great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest.

As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro-muriatic acid, with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.—*Med. and Surg. Jour.*

IODOFORM SUPPOSITORIES FOR PILES.

The following recipe for suppositories for hemorrhoids is from the *Zeitschrift fur Therapie*:

R Iodoform.....	4 parts
Balsam Peru.....	8 "
Cacao butter	} of each.... 6 "
White wax	
Calcined magnesia	4 "

Mix. To make twelve suppositories. One to be introduced after stool each time.—*Druggists' Circular*.

TREATMENT OF URTICARIA.

Dr. McCall Anderson publishes a lecture on this subject (*Br. Med. Journ.*), from which we deduce the following on treatment: First, find out and remove the cause. In acute cases a sharp purge is useful, especially if there be indigestion. If indigestible food is still in the stomach give an emetic. Avoid stimulating diet. In chronic cases by varying the diet we may trace the offending article of food—malt liquor, spirit, white wine, vinegar, fruit, sugar, fish, vegetables, etc. In some cases complete change in diet is not of the slightest avail. When no cause is apparent, or the disease continuing after its removal, we must treat empirically. Most is, perhaps, to be expected here from atropia ($\frac{1}{16}$ grain subcutaneously at night or night and morning), and bromide of potash (gr. x three times a day). Continue till physiological effects are apparent. Occasionally a continuous current twice a day is useful, the positive pole being placed at the top, the negative at the bottom of the spine. We may also try sulphuric ether, 20–40 drop doses, or quinine in full doses, or arsenic. Complete change of air, scene and occupation, may become necessary, and a visit to Vichy is sometimes advantageous. Relief is obtained by sponging with vinegar and water, Cologne, or R. Acidi carbolic cyst. 3 ij; glycerini (Price) 3 vj; eau de Cologne 3 j; aquæ destillatæ 3 iv, or R. Chloralis hydratis, camphoræ aa 3 ss; misce et adde glycerini (Price) 3 j, unguenti simplicis ad 3 j, or tarry preparations, as a lotion of equal parts of tar, soft soap and rectified spirit; the last may exceptionally yield permanent benefit.