half to three hours. Relief is usually experienced within a few hours and recovery is prompt. A saline cathartic may accompany the use of the gargle. None of the cases seen suppurated, and if seen within the first twenty-four hours such incidents are very unlikely.

2. In rheumatic or constitutional tonsilitis (characterized by intense pain in swallowing, causing great accumulation of saliva unwillingness to swallow, with slight, perhaps no congestion of throat and subsequent fever ; one or both tonsils becoming enlarged after some hours as the febrile symptoms decline, and muscular or joint rheumatism sometimes develop later), after a saline cathartic, give the following in tablespoonful doses every two hours.

R	Sodii salicylate,		ʒ ij.
	Ol. gaultheriæ		M j,
	Liq. ammon. citrat.,		
	Syrup simp.,	aa	ʒ ij.

Lengthen the intervals as the pain subsides. Pieces of ice or guiac gargle promote comfort, and the stiff neck is best relieved by faradization. Salicylate of quinia or cinchonidine may be substituted for the above if a tonic be required, in five-grain doses every four to six hours.

LOCAL APPLICATION OF VASELINE IN SCARLET FEVER.—Dr. J. B. Johnson (*Med. and Surg. Jour.*) says : I have found nothing so efficient in relieving the burning and itching sensations of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand once or twice a day, and continued as long as the patient complains of burning and itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days. On the appearance of the stage of desquamation, I have the whole body well sponged once a day for a week with the following wash : R. Hyposulphite of soda, ʒ viij ; carbolic acid, No. 1, ʒ j : glycerine, ʒ jss ; aqua, ℥ viij. M. S.—Shake well, and sponge the body well, after the wash has been made tepid by placing the vial containing it in a pan of hot water.

The sponging should be conducted in a room of equal temperature ; and immediately after each sponging the body should be well dried with a soft towel, and the patient protected against taking cold. This process should be continued for at least a week ; and it has not only the advantage of healing the new skin, but also lessens the infectious character of the period of desquamation.

THE DANGER OF USING IODIDE OF POTASSIUM INTERNALLY AND CALOMEL LOCALLY AT THE SAME TIME.—In the *Lancet* for March 29th, Mr. T. Davies Pryce, of the Nottingham Dispensary, records the case of a little girl suffering with chronic interstitial keratitis, who ceased attending at the institution after having been under treatment for four months, and having improved satisfactorily under the internal use of iodide of potassium and corrosive sublimate, with the occasional instillation of atropine. After an absence of three months she returned, and the condition of the eyes was then such as to call for further treatment. The internal treatment was resumed, and calomel was dusted into both eyes, to reduce enlarged conjunctival vessels. On the following day she was seized with a sharp conjunctivitis of the right eye, injection of the circumcorneal zone, and vascular extension on to the cornea. There was vascular irritation of the other eye, but no actual inflammation. Mr. Pryce speculates as to the cause of the conjunctivitis. Dismissing the idea that the simple insufflation of calomel was sufficient to give rise to the trouble, and having satisfied himself that the calomel did not contain corrosive sublimate, he inclines to the conclusion that an iodide of mercury was formed by a reaction between the iodide of potassium circulating in the blood and the calomel applied to the conjunctiva. He refers to similar cases published by M. Hennequin and M. Lagarde, both of whom attributed the result to the formation of an iodide of mercury in the manner suggested. In one of their cases actual sloughing of the conjunctiva took place.—*N. Y. Med. Journal.*

DEATH FROM PASSAGE OF AIR THROUGH THE UTERINE VEINS.—The patient was a healthy powerful woman bearing her second child. The labor ran a normal course, the patient being in the left-sided position. Immediately after the expulsion of the fœtus the patient was turned on to the back and the uterus pressed upon. The placenta followed quickly and easily, but immediately afterwards convulsive movements supervened and the patient became unconscious. Deep collapse and superficial respiration followed, and then death, notwithstanding all efforts. At the necropsy bubbles of air were found in all the veins of the neck, of the heart, even to the finest branches, as well as in the uterus, so that the diagnosis which had been made of cardiac paralysis from entrance of air into the circulation was proved to be correct. As neither catheter nor vaginal tube had been passed into the genital pouch, Dr. Gustav Braun, of Vienna, whose case it was, gave the following explanation : At the change of position of the patient, air found its way through the gaping vulva, the massage of the fundus uteri separated the placenta and forced it out again, but it again entered on relaxation of the uterine walls, and was forced into the uterine veins by the continued massage. The author believes that many cases designated as collapse, *post partum*, and many of sudden death in child bed and labor, are explained by the sup-