and it would seem probable that a clot has generally caused death, not the air itself.

INGROWING TOE-NAIL.—G. F. Popuder (Br. Med. Jour.) prevents the ingrowing of the great toe-nail by allowing the nail to grow square, never cutting down at the corners, and by the wearing of boots sufficiently wide and deep to prevent any pressure on the toes. For the cure of the complaint, he recommends an elongated wedge of cotton-wool, lint or soft linen rag, carefully tucked in (with a wooden match, flattened at one end), between the flesh and the nail, the end of the wedge being tucked as far as possible under the angle of the offending nail which may sometimes be found buried under the granulations. The relief is great at once, and a complete cure usually takes place in a week or two.

Whooping-Cough.—Dr. Williams, of Milwaukee (Medical World) says that oil of amber, properly comminuted, and well rubbed over the pit of the stomach, chest and spine, in a warm room, or by a warm stove, once a day, is as nearly a specific in cutting short the period of spasmodic cough, as anything we have. The following is the formula used:

R.—Ol. olivæ,				3 iv.
Ol. succin.,				ãij.

Ol. caryoph., q.s., to strongly scent.—M.

Sig.—m xv to 3 ij, to be rubbed in well, according to age of patient.

Internally, during the catarrhal and spasmodic stages, the following is best:

n -			
R—Glycerini (pure),			5 iij.
Chloroform,			₹ j.—M.

Sig.—Gtt. x to 3 j, according to age; at first, every two hours, until the symptoms are under control, then three times a day.

In the third stage, without stopping either of the above, the following stimulating expectorant is given:

R_	Ammoniæ carb.,						3 j.
	Ir. camph. co.,						<i>5</i> j.
•	Fr. scillæ, Fr. Senega,	•	٠	٠			3 ј.
	- Denega, .				. :	ad.	3 VI M.

Sig. — 3 ss every four hours, for an adult; children in proportion to age.

Quinine in pill form should be given in full doses, from first to last Under this treatment

whooping cough is a very tractable disease, and runs its course in from ten to twenty-one days.

TREATMENT OF DYSENTERY.—Dr. L. H. Davis writes to the Memphis Med. Monthly, stating that he has found the following combination for a suppository very efficacious in acute dysentery. He uses it after a saline aperient, and has found it more successful, in quite a number of cases, than any other treatment. He says it has proved especially applicable when an irritable stomach was present from the first, thus preventing the satisfactory use of ipecacuanha:

R.—Cupri sulphatis,
Zinci sulphatis,
Morphiæ sulphatis, āā . . . gr. ij.
Plumbi acetatis, gr. iv.
Ol. theobrom, q. s.
M.—Ft. suppos. No. viii.

Sig.—One to be introduced as indicated, or after each action of the bowels.

He usually follows the saline by the internal administration of tincture of nux vomica and quinine, and a restricted diet.

TOTAL EXTIRPARATION OF THE UTERUS -At the third German Gynæcological Congress, Münchmeyer reported (Am. Jour. Med. Science) the results of vaginal extirpation of the uterus as performed at the Dresden clinic between 1883 and 1889. The mortality in 160 operations was 5.4 per cent. In 80 cases the uterus was removed on account of cancer; only 4 patients succumbed to the operation, while 14 had since died, 10 from a recurrence of the disease; 62 patients were still living, of whom only 3 had undoubted recurrence. These favorable statistics showed that the operation should be undertaken early. In the discussion which followed, Freund and Hegar reported cases in which no recurrence had occurred ten years after the operation.

THE MOST PROBABLE PERIOD OF CONCEPTION.—Schneider (Memorabilien) thinks the most probable time of conception is for four days preceding the menstrual flow and the eight days following, twelve days in all. In support of this he instances the Mosaic law, which forbids intercourse for four teen days after menstruation. The Jews were very prolific, and Schneider believes the most fruitful intercourse is before menstruation, when coi-