

is over the disease now which caused the herpes ; he had, presumably, a severe "cold" or catarrhal fever.

What would you do for the boy now, when the danger is simply from scratching and keeping the sores irritated and open, and thus also keeping up irritation and a swollen condition of the lymph bodies which finally might result in permanent hypertrophy or so-called "scrofulous glands?" "Apply some soothing ointment, like oxide of zinc, and keep the boy's hands off of it." Yes, keeping the hands off is more important than applying the ointment. To apply the ointment before the scabs have been renewed or have disappeared would be of little value. Remove the scabs with warm water or oil; then apply the ointment and keep the hands off. Do we need to do anything for the glands? "I think the swelling will disappear spontaneously." Yes, after the herpes disappears.—A. JACOB, M.D., in *Archives of Pediatrics*.

Cholera Infantum.—On last Saturday night I was requested to see a child, aged nineteen months, which presented a perfect typical picture of cholera infantum. A bright, handsome, well-nourished boy in health, he was now shrivelled and old-looking, from his ten hours of agonizing suffering and from the frightful loss through the characteristic discharges of this disease. Apparently he had but a few hours to live. I at once gave, in the form of dosimetric preparations, thorough intestinal antiseptis. I gave every fifteen minutes a tablet containing sulpho-carbolate of zinc, $\frac{1}{4}$ grain; sub-nitrate of bismuth, $\frac{1}{2}$ grain; and peps'n, 1-67 grain, and at the same time a granule, in addition, of sulpho-carbolate of zinc, $\frac{1}{6}$ grain. I ordered to be given, *after every choleraic passage*, a thorough irrigation of the colon by means of a copious enema, rendered antiseptic by a compound thymoline tablet, containing the above-mentioned zinc salt combined with other excellent antiseptics. I allowed the patient to freely assuage his raging thirst with cold water, made quite acid with lemon juice. The patient began improving.

I also dissolved a granule containing 1-20 grain of sulphate of morphine and 1-500 grain of sulphate of atropine in twelve teaspoonfuls of water, and ordered a teaspoonful every hour for the nervous erethism and to restore the peripheral circulation,

not more than three doses to be given within a very short time. By five o'clock in the morning the choleraic symptoms had subsided—vomiting and purging completely checked—and the little one was quietly sleeping, with the returning colour in its lips, and the natural warmth of health in the hands and feet, which before were cold and shrivelled. A good feeding of white of egg beaten up in cold water, salted to taste, when the patient awoke, with directions to renew the treatment at once if there should appear symptoms of a fresh outbreak, completed the treatment. Within twenty-four hours from the time treatment was commenced, the little one was playing with his toys, and could with difficulty be restrained from running around. The cure has remained permanent.—J. J. TAYLOR, in *Times and Register*, August 5, 1893.

Infection.—The period of infectiousness of contagious diseases, according to the State Health Board of Pennsylvania, is:

Small-pox—Six weeks from the commencement of the disease, if every scab has fallen off.

Chicken-pox—Three weeks from the commencement of the disease, if every scab has fallen off.

Scarlet Fever—Six weeks from the commencement of the disease, if the peeling has ceased and there is no sore nose.

Diphtheria—Six weeks from the commencement of the disease, if sore throat and other signs of the disease have disappeared.

Measles—Three weeks from the commencement of the disease, if all rash and the cough has ceased.

Mumps—Three weeks from the commencement of the disease, if all swelling has subsided.

Typhus—Four weeks from the commencement of the disease, if strength is re-established.

Typhoid—Six weeks from the commencement of the disease, if strength is re-established.

Whooping Cough—Six weeks from the commencement of the disease, if all cough has ceased.

Under judicious treatment the period of infectiousness may be considerably shortened, but no child suffering as above should be admitted to any school after a shorter period of absence, and then should be provided with a medical certificate, that he or she is not liable to communicate the disease.

Length of Quarantine.—Teachers or children