

the death of a promising young doctor to whom the infection of typhoid fever was communicated from a child patient at New York Hospital. Last week it was our melancholy duty to report the death of a brilliant young physician of unusual qualities of mind and heart, who caught diphtheria from a patient at the Boston City Hospital."—*Sanitarian*.

Treatment of Chronic Heart Valve Disease.—Dr. James Tyson (*Amer. Jour. Med. Sciences*) points that relief is often obtained from the occasional use of purgatives—five to ten grains of blue mass, followed by a saline, or the continuous use of small doses—one-half to one grain three daily. The greater apparent effect of the infusion of digitalis is due to its use in larger dose, although it is likely to be better borne by the stomach. Strophanthus, better borne by the stomach, has been used in doses of ten minims every two hours for forty-eight hours without interruption. Caffein in three-grain doses every three hours, in mitral regurgitation, is admirable, but is likely to produce insomnia. Sparteine in one-quarter, increased to one-half grain dose, three to five times daily, is of value if a diuretic be desired. For irregularity of heart action and palpitation, more common in mitral disease, belladonna is very useful. A belladonna plaster placed over a palpitating heart is a most efficient agent. Nitroglycerin, one-hundredth of a grain, increased to double the quantity, three times daily, often serves to the same end.—*Med. Standard*.

Physiological Action of Atropine.—Dr. H. C. Wood summarizes the action of this drug as:

1. A peculiar stimulant of the intellectual cortex, continually paralyzing the same;
2. A respiratory stimulant;
3. A paralyzer of inhibition in the spinal cord and inhibition of the heart and intestines;
4. A powerful vaso-motor stimulant;
5. An elevator of the bodily temperature;
6. A cause of efflorescence upon the skin.

Speaking of it as a prophylactic of scarlet fever, he remarks that some years since a professor of theory and practice in one Philadelphia college taught belladonna and atropine were powerful prophylactics of scarlatina; another professor in another college in the same city taught the precise

opposite. In a certain boarding-house a number of students were harboured; scarlatina broke out, and every student of the first-named professor took belladonna, while those of the latter left it severely alone, and many of the first lot took scarlet fever, while none of the latter were infected.

Professor Wood says, further, he is convinced of the value of belladonna in sore throats, when given in doses of five or ten drops of the tincture every two, three, or four hours, according to the susceptibility of the case. But its greatest use is in shock, and here its action is that of a vaso-motor stimulant. In shock, alcohol is of little value, since, while stimulating the heart, it paralyzes the other blood-vessels. Strychnine and digitalis may help under such circumstances, but the one drug which will summon whatever there is in the vaso-motor resources is atropine. Dr. Wood also believes in every case where loss of nerve power is the central condition, belladonna is the remedy.—*Medical Age*.

SURGERY.

Periostitis of the Jaw. You observe in this girl, aged ten years, a swelling over the inferior maxilla of one side. She says it has been present two months, and is painful. It appears to be attached to the alveolar processes, is hard to the touch like, as you say, an exostosis. What else might it be? "It might be a periostitis." Could that be so hard? "Possibly." Yes, it might be. Last week there was a child here with a hard tumour on the head resulting from a hematoma. The periosteum had been lifted up by extravasated blood after a blow. A periostitis resulted, new bone was deposited and formed a hard tumour. There is another reason why I should think this is a case of periostitis and not one of exostosis. The latter would not be painful, while periostitis, when still active, is always more or less painful. Again, she has bad teeth, and we know that periostitis in the neighbourhood of bad teeth, is not uncommon. The tooth is tampered with, constant irritation is kept up, perhaps a portion of periosteum is torn loose and new bone is slowly deposited for a long time. But while that may be the explanation of the present case, it is also possible something else may be present in the interior of the tumour. "Sarcoma?" No. "Pus."