

stenosis. Two explanations are possible: (a) the lifting force of the current of blood impinging on the under surface of the mitral curtain might so obstruct the current from the auricle as to create an impediment at the end of each diastole, or (b) the vibrations might be directly communicated by the regurgitant stream from the aorta to the mitral curtain.

A case is also reported in which the murmurs of aortic and mitral stenosis were present. The autopsy showed mitral stenosis, the thickened, calcareous material about the mitral orifice projecting so far into the conus of the ventricle as to constitute a real obstruction, although the aortic valves were normal.—Sanson, in *Liverpool Medico-Chiurg. Journal*.

AMENORRHOEA OF SCHOOLGIRLS.—Dr. T. A. Reamy in discussing the amenorrhœa of anæmia, common to schoolgirls, says: (1) She must leave school, and must not even study at home. (2) She must spend several hours each day in the open air, either walking or riding. In winter she must, of course, be warmly clad; but must wear no sheepskins or other chest-protecting pads. Standing in the open air, she must be induced to breathe deeply with the mouth closed; this should be done for at least fifteen or twenty minutes, and be repeated at least twice a day. Nothing that can be done will more rapidly improve the character of her blood. (3) She must sponge her extremities and body each morning on arising from bed. The water must be of the temperature of the room, and she must practice friction freely with an ordinary towel. (4) She must drink plenty of milk and eat plenty of beefsteak. (5) She must take small doses of iron, combined with some bitter tonic, three times a day. Improvement may be somewhat slow, but if this course is faithfully carried out a perfect cure will result, and her education may then be finished.

If this course or its equivalent be not followed, these cases will go from bad to worse, and finally die of pulmonary tuberculosis.—*Arch. Gyn. Obs. and Ped.*

TYPHLITIS.—Dr. T. H. Maulsy, in an article on "Typhlitis," in the *Medical Progress*, epitomizes it by saying: "I think we may, with our present knowledge of typhlitic disease, conclude something as follows:

"1. That, as typhlitic disease is seldom seen except in the male sex, and then, as a rule, without any history of traumatism or fecal impaction, it must be regarded as a constitutional disease, probably microbic, with a local manifestation.

"2. It is always located within the peritoneum in its incipient stages, but never within the peritoneal cavity, or extra-peritoneal—outside the parietal peritoneum—until by secondary changes,

the temporary pyogenic wall has ruptured and leakage is permitted.

"3. By reaching the imprisoned pus from behind, less mutilation of tissue is entailed, and a vent is made without opening the general peritoneal cavity.

"4. Until it is proved that pathological processes always commence in, and are confined to the appendix alone, or that the opened appendix is come upon in operation, appendectomy can not be regarded as either a prophylactic or curative proceeding."—*Times and Reg.*

GLYCERIN IN THE TREATMENT OF HEPATIC COLIC.—At the meeting of the Académie de Médecine, March 8, 1892, Dr. Ferrand read a paper on this subject, of which the following are his conclusions;

1. Glycerin administered by the stomach is absorbed as such by the lymphatic vessels, notably by those which proceed from the stomach to the hilus of the liver and to the gall-bladder, it is found even in the blood of the subhepatic veins.

2. It is a powerful cholagogue and a valuable remedy in hepatic colic.

3. In large doses (20 to 30 grammes—5 to 7½ drachms) glycerin cuts short the paroxysm at once.

4. In smaller doses (5 to 15 grammes—1½ to 3¾ drachms) glycerin taken daily in a little alkaline water, prevents the return of the attacks.

5. Glycerine although it is not a lithontriptic, is, however, the remedy *par excellence* for biliary lithiasis.—*La France Médicale*.

THE THERAPEUTIC VALUE OF SUPPURATION.—Fochier has observed that in some cases of puerperal infection, when there is no important appreciable lesion, a sudden amelioration not rarely takes place coincidently with the appearance of a focus of suppuration in the iliac fossa, in the breast, in the subcutaneous cellular tissue, or about a joint. The thought suggested itself that in suitable cases the establishment of suppuration by the subcutaneous injection of essence of turpentine might be a rational procedure; and in a number of cases, successful results were by this means obtained. Governed by the same principle, Lepine and Dieulafoy each employed the injections in a desperate case of pneumonia, with a fortunate termination. About fifteen minims were injected in each situation selected. Suppuration took place in the course of a few days, but it was unattended with elevation of temperature, and the pus was aseptic.—*L'Union Médicale*.

THE BEST WAY TO GIVE COD-LIVER OIL, in tuberculosis, according to Professor Charteris, in this *Lancet*: It should be prescribed in a teaspoonful dose at bedtime for three successive nights, then a dessertspoonful at the same time.