

-solution), used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa, two or three tablespoonsful (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful :

Chlorate of potassium,.....13 parts ;  
Wine of opium .....10 parts ;  
Tar-water,.....300 parts.

Or,

White vinegar (or wine).....300 parts ;  
Tinct. eucalyptus,..... 45 parts ;  
Acid. salicilic., ..... 1 part ;  
Salicylate of Sodium,..... 20 parts.

One to five teaspoonfuls in a quart of warm water, as an injection, two or three times a day.—  
*Obstetric Gazette.*

### TINCTURE OF GUAIAIC IN ACUTE SORE THROAT.

Various medical authorities have borne more or less emphatic testimony to the value of tincture of guaiac in sore throat.

Stillé, in his *Materia Medica* says, "Guaiac has been recommended in tonsillitis by Dr. Hanney of Glasgow, Mr. Bell, Dr. Carson, and Mr. Carter. According to their statements, it abates pain and inflammation with singular rapidity and uniformity. He does not seem to have had any personal experience with the drug in this disease.

In his *Practice of Medicine* Dr. Fred. T. Roberts states that guaiacum has been supposed to exert a special influence upon the disease in question.

Phillips, in his *Materia Medica and Therapeutics* indorses the use of the drug in the following terms : "Recent clinical experience has shown that guaiac is a capital remedy in tonsillitis. Given in half-drachm doses (tincture) every four hours, it appears to abate the inflammation, and to cut short the disease in a remarkable manner."

Mackenzie, in his work on *Diseases of the Throat*, says, "In cases of deep tonsillitis..... fortunately there is a remedy, which, if administered at the onset of the attack, will almost always cut short the crescent inflammation. This is guaiacum."

Dr. J. B. Potsdamer, in a paper read before the Philadelphia Laryngological Society, and printed in the *Medical and Surgical Reporter*, after referring to the above and other authorities, remarks :

I was first led to use this treatment in the winter of 1879, and then only after a succession of trials upon myself. During that winter I was subject to attacks of sore throat. The first, which occurred in November of that year, was quite severe, and was entirely cured in two days. About six weeks later, after exposure to wet and cold, was threat-

ened with another attack, having sharp pains in the region of the tonsils, and difficulty in swallowing. The parts were highly congested. This attack was aborted by the prompt use of the ammoniated tincture of guaiac in half-drachm doses every three hours. Was well in twenty-four hours. Two subsequent attacks were aborted in like manner. Since then have not had a recurrence.

A detailed report is added of a number of cases which show the efficacy of guaiacum, not only in ameliorating the symptoms, but also in cutting short the disease.

### SORE THROAT IN CHILDREN.

Henry Ashby, M.D., M.R.C.P., (*Practitioner, London, Dec.*) mentions four principal varieties :

1. Simple tonsillitis. 2. Scarletinal tonsillitis.
3. Pseudo-diphtheritic. 4. Diphtheria.

Weakly and scrofulous children are especially subject to the first. It is oftener seen as a complication of alimentary disorders, as those of liver and stomach, than of the respiratory tract, as bronchitis and laryngitis. It frequently precedes rheumatic attacks. It may be the result of the scarlatinal poison. In proof of this, he cites an interesting series of eight cases occurring in a hospital ward within a few days. Several nurses also took the disease. The first patient attacked, it was found, had been exposed to genuine scarlatina a few days before. None of the cases had an eruption. One a patient in previously bad condition, died. No insanitary conditions prevailed.

In view of the difficulty—at times the impossibility—of diagnosing scarlet fever from simple tonsillitis, the writer recommends the isolation of all children with febrile sore throat as long as faucial congestion remains. The points in favor of scarlatina are: the presence of vomiting and diarrhœa in the stage of invasion; a pulse of 130-160; not necessarily a high temperature; marked injection of the uvula pillars of the fauces and tonsils. Later the enlargement of the cervical lymphatics with tenderness; the implication of the nasal mucous membrane, and a yellow exudation over the tonsils and uvula, make the diagnosis of scarlatina tolerably certain.

Under pseudo-diphtheria the writer includes a class of cases which are said to bear the same relation to diphtheria that epidemic tonsillitis bears to scarlatina. It prevails where diphtheria does, is attributed to sewer-gas and other poison. They differ from it in that the cervical glands are rarely involved, the membrane is less tough, the nasal mucous membrane unaffected, the urine does not contain albumen. The usual sequelæ of diphtheria are absent. The prognosis is always good. The duration is rarely over a week.