

tions should be scraped away as thoroughly as possible.

For the relief of pain nothing better than opium, in some form, by the rectum, can be given. To diminish the vaginal discharge any reliable astringent injection may be given. Subcutaneous injections of ergotin will have a good effect in controlling hemorrhage.

The fetor, which is so offensive, can be controlled by vaginal suppositories of iodoform used night and morning. The author has also found that Chian turpentine lessens the quantity of the discharges and the tendency to hemorrhage—hence it is not valueless. He thinks a spare diet is to be preferred when it is possible.—*British Med. Jour.*, June.

**EARLY DIAGNOSIS OF TYPHOID FEVER.**—Dr. Hardy calls attention to the following symptoms which he regards as in a certain sense characteristic of typhoid fever in the earliest stages (*L'Union médicale*, No. 6, 1885): There is cephalalgia, most often frontal, but sometimes occipital, and radiating into the neck, which may be somewhat stiff. The patient lies habitually on the back, and seldom moves. The face is somewhat pale, the countenance without expression, in general serious and grave, and a smile is seldom provoked. When the person is addressed directly he answers briefly and in monosyllables, although the intelligence is at this period usually unimpaired. There may be a little delirium at night, and insomnia is very constant. The tongue is red at the edges and at the tip, but whitish on the dorsal surface. The spleen is increased in volume. Diarrhœa, when present, is accompanied with iliac gurgling. The temperature is elevated, but the pulse is not very frequent, is full and resisting, and sometimes dichrotic, though this is of less common occurrence than is generally supposed. The urine is usually diminished in quantity. The so-called *tache cerebrale* is readily produced; but of more importance, as more especially diagnostic of typhoid fever, is the *corde musculaire*. If the biceps muscle be pinched between the thumb and index-finger and snapped, like a guitar string, a circumscribed contraction will occur at that point, with the formation of a hard, tense swelling, which disappears after a brief period. If the patient, in whom no well-defined local trouble can be discovered, presents all the above-described symptoms, the diagnosis of typhoid fever can, Dr. Hardy claims, be made with almost absolute certainty.—*N. Y. Med. Record*, June 20th, *Anæsthetic*.

**NURSING SORE MOUTH.**—In all cases of nursing sore mouth, there may be found, upon careful inquiry, wrong of the uterus. There is nearly always more or less leucorrhœa, and the discharge is frequently of an offensive, irritating character. The internal administration of eupatorium, alternated or combined with hydrastis, will always help in

such cases, and they will many times accomplish every thing desired.

R Mother tincture eupatorium aro-  
maticum . . . . . 3 ij.  
Fluid hydrastis. . . . . 3 ij.  
Water . . . . . 5 iiii. M.

Sig.—One teaspoonful every hour.

It is surprising to see how rapidly some cases of nursing sore mouth heal under the influence of this simple prescription. The burning mouth and tongue are cooled; the leucorrhœal discharge is modified, lessened, and not infrequently entirely stopped; and the nervous element of the disease, characterized by morbid watchfulness, throbbing headache, etc., is perfectly controlled in most cases. Eupatorium is said to be a remedy for nervousness, but we have never observed that its virtues were very marked in this regard except in this terrible disease, so frequently met with in nursing women, but here it certainly is a first-class remedy.—*Amer. Med. Jour.*

**AN IMPROVED FRACTURE-BOX.**—Dr. S. Bradbury, of Oldtown, Me., sends us a photograph representing the "box and railway" devised by himself for the treatment of compound fracture of the leg. The box is the ordinary fracture-box of every-day use, but the improvement consists in mounting it upon four grooved wheels riding upon two rails. He writes: "I have just removed the apparatus from a patient who had a compound comminuted fracture of the middle and lower third of the left leg, and I believe it the best apparatus for this kind of injury which we possess. The railway is screwed to the cross-bar at the foot of the bed, and rests upon a good hair-mattress. The leg is placed in the box, and imbedded in bran, which is retained in its place by a piece of sheeting laid in the box. The great advantage of the railway is that it prevents the ends of the upper and lower fragments from being crowded together by any movement of the patient during sleep. If the patient moves up or down, the box slides with the leg, and no harm is done. The attendants of the patient above referred to, told me that this would often happen while he was asleep, the trucks riding to and fro over the rails without the least disturbance to the position of the leg in the fracture-box.—*Cin. Med. News*.

**ARSENIC IN ANÆMIA AND ATROPHIC CONDITIONS.**—In the *Lancet*, 1885, p. 653, Dr. Wilks contributes an article on arsenic as a therapeutic agent. The author states that arsenic has a great influence in curing cutaneous affections of a gouty origin, and therefore it is not surprising that the same remedy has great power in preventing attacks of gout. In the same way, many gouty patients who suffer from neuralgia are cured by means of