

does not seem to bear any close relation to intermittent lumbago, but a neuropathic diathesis has been present in some cases, and in some instances more than one member of a family have been attacked. Men are more affected, possibly because they are more exposed to dampness and changes of weather, and because they smoke; tobacco, according to Erb, being a potent cause of vascular disease. The treatment is hygienic and dietetic. Over-exertion of the lower limbs, anything that produces vasomotor disturbance, alcohol and tobacco, must be avoided. The feet must be kept dry and warm, etc. Little is to be gained by the use of drugs.—*International Medicine Magazine*.

### Frontal Headache and Iodide of Potash.

Since there are various forms of headache, and since the remedy that will relieve one patient will utterly fail to relieve another with seemingly the same kind of head-pain, it is necessary that the physician should be armed with a variety of remedies. For some time past we have found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with a distaste for food, which sometimes approaches to nausea, can generally be removed by a two-grain dose of the potassic salt dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.

We make no claim of originality in the use of the remedy. If we mistake not, it was an Australian physician who first recommended it. The morbid condition here described is so very common we would invite others to give this remedy a trial.—*Massachusetts Med. Journal*.

### Gall Bladder Infection in Typhoid Fever.

Marsden (*Med. Chron.*) reports a case of typhoid fever in which there were early, very severe paroxysmal pains across the lower part of the abdomen. Owing to the extreme tenderness and the delirium of the patient, a satisfactory examination was impossible. It was therefore decided to make an exploratory incision. On opening the abdomen below the umbilicus no evidence of peritonitis was found, but a second incision in the right iliac region revealed several ounces of a dirty greenish