

SULPHONAL IN THE NIGHT-SWEATS OF PHTHISIS.—Combemale and Deschemocker (*La Médecin Moderne*), report good results from the use of sulphonal, in doses of fifteen to thirty grains, in the night-sweats of phthisis. The drug was given daily at bedtime and continued for two weeks. No serious symptoms were noted. In one case, after two weeks' use of the drug, there was slight intoxication, which disappeared when it was discontinued. The good effect was frequently noticeable for several days after suspension of the treatment. In one patient the sweats disappeared after the third dose.

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ATYPICAL TYPHOID FEVER.—Chiari (*Centralblatt für allgemeine Pathologie und pathologische Anatomie*), at the Twelfth International Medical Congress at Moscow, called attention to the existence of atypical forms of typhoid fever. There are forms of typhoid fever in which lesions of the mesenteric glands and ulceration of the intestines are absent. Such cases might be designated as *typhoid septicæmia*. Chiari had examined at autopsy several of these cases, in which, in view of the presence of Widal's reaction, the diagnosis of typhoid fever had been made. No characteristic lesions were found, but bacteriologic examination demonstrated the presence of the typhoid bacillus. Chiari distinguishes such cases sharply from those in which the experienced eye discovers characteristic changes in the mesenteric glands without intestinal lesions, by reason of which the diagnosis of typhoid fever can be made, and in which it is confirmed by the bacteriologic examination.—*Univ. Med. Magazine*.

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EXTIRPATION OF THE APPENDIX VERMIFORMIS IN CHRONIC APPENDICITIS.—M. W. af Schulten (*Finska läkarsällsk Handlingar*) relates seventeen cases of appendicitis in which the appendix was removed during the non-acute stage of the malady, in twelve of which the appendicitis had also recurred on several occasions. In two cases the removal of the appendix was associated with other operations—resection of the intestine for preternatural anus, ovariectomy for twisted pedicle; in three instances it was extirpated during operations for hernia, for it is better in such cases to take it away, as it has been known to cause trouble later; and in the remaining twelve patients the operation was undertaken for recurrent appendicitis. In three of these latter there was simple catarrh, in two obliteration and stenosis, and in seven perforative appendicitis. The clinical symptoms vary little in character although much in intensity, and the operation is indicated when the diagnosis of appendicitis with exacerbations or recurrences is made.—*Brit. Med. Jour.*