

epigastric tenderness are very common in hysterical women, especially in girls shortly after puberty. The absence of blood from the vomit is not of as much importance from a diagnostic point of view as appears at first sight. Hysterical vomiting is not rarely accompanied by slight or even pronounced hæmatemesis, and we have seen fatal ulcer of the stomach without hemorrhage, and, indeed, without a history of vomiting. Gastric ulcer is of course not infrequent in young hysterical girls, but that the gastric symptoms are often not due to any stomachic ulceration is proven by their occasional sudden disappearance.

Our own experience is, that in many of these neurotic cases a quarter of a grain of nitrate of silver with a grain of hyoscyamus, accompanied by soft diet, is efficacious. If however, it fails to do good in the course of a very few weeks, its use should be abandoned, and the treatment be that of hysteria, with a use of diluted nitro-muriatic acid at meals.

In a recent article in the *Medical Press*, Dr. W. H. Pearse calls attention to the fact that many of these cases do best when the eccentricities of diet are given full swing. If the patient prefers smoked and salt fish, salt meats, pickles, onions, or even Dutch cheese, he allows the article to be taken with asserted good results. A favorite article with him seems to be one which is not much used by the Anglo-Saxon race in America, namely, "potatoes with vinegar." Whether by this is meant the potato salad beloved by our German brethren or not, we do not know.—*Ther. Gaz.*

CORROSIVE SUBLIMATE IN INTRA-UTERINE IRRIGATION.—Dr. Braun, from recent observations, has arrived at the following conclusions concerning the use of corrosive sublimate in irrigation of the uterus and vagina: (1) Vaginal or intra-uterine irrigation is frequently followed by absorption of the injected liquid; (2) When this occurs, mercury is quickly detected in the feces; (3) If the return of the injected liquid be in any way prevented, absorption occurs rapidly; (4) The 1 in 1000 solution of sublimate should be used only in serious cases, such as tympanites of the uterus, putrefaction of the fetus in the uterine cavity, or septic puerperal fever. The injection should not occupy more than a minute in the performance, and should be followed by a copious injection of distilled water. (5) The 1 in 4000 solution should be injected only in cases of expulsion of a macerated fetus or in endometritis consecutive to the expulsion of the fetus in premature delivery; (6) This solution may be of service in puerperal endometritis, accompanied by a fetid vaginal discharge; in these cases irrigation should be followed by an injection of pure water; (7) Irrigation should be performed only by a medical man; (8) Irrigation with corrosive sublimate should seldom be employed in women

suffering from extensive wounds of the vulva, in those who have been taking mercurial preparations, in cases of atony of the uterus, in anæmic women, or in patients suffering from disease of the kidneys.—*Brit. Med. Jour.*

TRACKING SCARLET FEVER.—A very close piece of inductive reasoning was presented lately to the Royal Society by Professor Klein. In his endeavors to ascertain the cause of an outbreak of scarlet fever, he showed, first, that certain minute plants—micrococci—were always associated with the disease, then he isolated these germs, cultivated them in the way familiar to those who study these organisms, and then inoculated previously healthy animals with the germs, with the result that the disease was induced. Following up other clues, the cause of the outbreak in question—that at Hendon—was traced to a particular dairy farm, then to a particular cow, and, still further, to one particular teat. It was shown that milk from the other teats was free from germs, while that derived from the teat in question contained germs capable of producing the disease in other animals. The infecting germs came from the ulcerated teat, so that the milk itself, even from this teat, would be free from germs if means could be taken to avoid contact with the sore spot. Hence we have here the cause of scarlet fever tracked home, and the means of prevention are clearly indicated. The anti-vivisectionists may disapprove of these experiments, but no one who has had experience of the horrors of malignant scarlet fever, or who has any sympathy with suffering animals, will doubt that the permanent benefits conferred on man and on animals enormously outweigh the relatively slight amount of harm done to the few animals experimented on.—*Col. & Clin. Record.*

SWEET MILK DIET ENTIRELY PROHIBITED IN CHOLERA INFANTUM.—Milk, in any form, in acute diseases, when the temperature is 102° or more, is more or less injurious. But I wish, in this communication, to direct the attention of the profession to prohibiting sweet milk or breast milk in cholera infantum and diarrheas of children, and dysentery in adults. I am aware that this assertion is contrary to the common custom and usage of the profession, but I have observed, for several years past, that in high temperature sweet milk invariably increases the intensity of the disease. In cholera infantum, in a large majority of cases, the temperature is always high; the child of, say six or nine months old, is constantly nursing the breast, the milk curdling and disorganizing in the stomach, vomiting up large chunks of curdled milk, and, if not thrown up, it forms a foreign body in the stomach and bowels, keeping up irritation and inflammation, and making it detrimental to all medication. It is true, that in cases of chol-