

was noticed. This became very marked ; the terminal phalanges were enlarged, both from side to side and in the dorso-volar direction ; the nails were abnormally convex, but their color natural. The deformity quickly disappeared, and by the time the sinus had closed the patient's fingers were quite normal again. The author regrets his neglect to make a bacteriological examination of the pus evacuated from the pleura, as he thinks affection must in some way be connected with pyogenic bacteria or their products. It has been noticed in connection with other suppurating processes, as, for instance, by Marfan in a case of pyelonephritis. The author has found only four similar cases previously published, two by Maignard.

**FIBROIDS AND CONCEPTION ; PREGNANCY AND LABOR.**—Dr. Hofmeier (*Zeitscher. f. Geburtsc. u. Gynak*) in a very complete and well-tabulated essay denies that fibroid diseases of the uterus has any direct influence in causing sterility. *Med. and Surg. Rep.* Statistics do not show that, as has been alleged, subserous myoma predisposes considerably to sterility, whilst polypi and myoma of the cervix have little influence in that direction ; nor can it be shown that fibroids promote sterility. These tumors seldom begin to appear till late in sexual life, so that if the patient is barren or a multipara the causes of her sterility or fecundity must have influenced her long before the development of her fibroid.

The alleged frequency of this disease in elderly virgins is based on a fallacy. It is the local affection which the most readily drives a spinster to the gynecologist, whilst middle-aged married women trouble less about small and slow-growing abdominal swellings. Women with fibroids who marry late in sexual life are fairly fertile, though Hofmeier can hardly make out cause and effect in this fact. Fibroids by no means strongly predispose to abortion. It seems that this accident happens only when the uterine cavity is rendered unfit to bear through the size and relations of the tumor ; nor does fibroid greatly interfere with the uterine contractions during labor. The best time for hysterectomy is not immediately after delivery, but a few weeks or months later.

**PERIOD OF INFECTION.**—The Pennsylvania State

Board of Health has adopted the following regulations in the diseases mentioned below :

*Small-pox*—Six weeks from the commencement of the disease, if every scab is fallen off.

*Chicken-pox*—Three weeks from the commencement of the disease, if every scab has fallen off.

*Scarlet Fever*—Six weeks from the commencement of the disease, if the peeling has ceased, and there is no sore nose.

*Diphtheria*—Six weeks from the commencement of the disease, if sore throat and other signs of the disease have disappeared.

*Measles*—Three weeks from the commencement of the disease, if all swelling has subsided.

*Typhus*—Four weeks from the commencement of the disease, if strength is re-established.

*Typhoid*—Six weeks from the commencement of the disease, if strength is re-established.

*Whooping Cough*—Six weeks from the commencement of the disease, if all cough has ceased.

Under judicious treatment the periods of infectiousness may be considerably shortened.

*Length of Quarantine*—Teachers, or children, who have been exposed to infection from any of the following diseases may safely be re-admitted to the school, if they remain in good health (and have taken proper means for disinfection), after the following periods of quarantine :

Diphtheria, twelve days ; scarlet fever, fourteen days ; small-pox, eighteen days ; measles, eighteen days ; chicken-pox, eighteen days ; mumps, twenty-four days ; whooping cough, twenty-one days. Adults may be re-admitted immediately, if they disinfect their clothes and persons.

**THE TREATMENT OF MORNING DIARRHŒA.**—Francis Delafield, M.D., says, *Med. Rec.* :—Under the term of morning diarrhœa, the writer designates a group of cases in which there is a tendency to one or two loose movements of the bowels during the early morning hours. The pathology and etiology appear obscure. In some cases there may be no disturbance of the general health. In others, the exhaustion is so great that attention to business or work is impossible. Those cases in which we meet with considerable mucus in the discharges are the most unyielding to treatment. His recommendations for treatment are change of climate, especially a prolonged residence in a dry inland climate, a careful dietary, and occasionally