

Typhoid Fever.

Typhoid fever is said to be more prevalent in the United States at present than at any time since health departments began to make records. From every section come reports of an unusual increase in the number of persons suffering from the dread disease. In Chicago the record shows that the typhoid mortality for the past three months is four times what it was during the corresponding quarter last year. In New York the hospitals are crowded with typhoid patients, although the prevalence of the disease there may be due to the general tearing up of the streets. In Boston, Baltimore, Cincinnati, Minneapolis, New Orleans, Philadelphia, Pittsburg, St. Louis and Washington, more than the usual autumnal increase is reported.—*Med. Standard.*

Treatment of an Irreducible Dislocation of the Interior Maxilla.

Kramer (*Centralblatt für Chirurgie*), reports the case of a girl that presented herself for treatment five weeks after the accident. The dislocation being irreducible, operative interference was decided upon for its relief. The author made a horizontal incision on the under rim somewhat forward from the middle of the zygomatic arch, then upward, the last incision being only through the skin, partly loosening the masseter muscle from its attachment. There was then a thorough separation of the much stretched fibres of the outer lateral ligament and the external pterygoid muscle. On exposing the capsule of the joint, it was found to be uninjured. The dislocation was reduced, and the wound was closed without drainage. The patient made an uninterrupted recovery and regained the full use of the joint.—*Therapeutic Gazette.*

Case of Tubercular Ulcer of the Stomach.

Edwin Fischer (*Phil. Med. Jour.*), in a paper read before the Pittsburg Academy of Medicine, reports a case of tubercular ulcer of the stomach. The only other reported cases are those of Petrouschky, who diagnosed, treated, and cured his patients by the new tuberculin. In Fischer's case there were only slight evidences of tuberculosis in other organs, so that they may be regarded as secondary and not important in relation to the ulcer in the stomach. The patient was thin, both kidneys were movable, gastroptosis was present, acidity was .2% HCl, and there was marked pain under the left hypochondrium, both on pressure and after eating. This case resisted treatment by the usual means employed in gastric ulcer; but yielded a clear diagnosis and made a good recovery under new tuberculin. The important point is to make an early diagnosis so that anti-tubercular treatment may be instituted and the patient saved.—*International Medical Magazine.*