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SUBINVOLUTION OF THE UTERUS.

A very valuable lecture on this subject by Dr. Clinton Cushing, of San Francisco is to be found in the *Med. News*, June 2, 1883. He considers premature assumption of domestic duties, after parturition as one of the most frequent causes of this unfortunate condition, and he formulates the following sound advice to physicians :

"If it is possible to do so, I know of no better investment of time and money than for a woman who is raising a family to devote at least a month following her delivery to rest and quiet, and as free from excitement of any kind as may be. Unless she is confined to her bed by poor health, it is the only opportunity a mother of a family has to remain quiet long enough to get really rested ; and I would advise you to inculcate, in the most thorough manner, the minds of your puerperal patients with the idea that a full month must be given up to rest and recuperation after delivery, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks. Of so much consequence do I consider this advice, that I would again urge you to use all your eloquence to show your patients the advantages to be derived from a month's bodily and mental rest following confinement.

LANCING THE GUMS OF CHILDREN.

After stating that it is proper to lance the gums when they are swollen and either red from inflammation or white from pressure of a tooth coming, Dr. Chase, in the *Mo. Dental Journal*, goes on to say :

"The operator should know whether a tooth is pressing on the gum, and trying to make its way out. In this case, *cut down to the new tooth*, until it is felt under the lancet. For incisors and cuspids, a straight line cut. For molars, a crosscut.

"How not to do it: Not with a child sitting up, in your lap, or any one's lap.

"How to do it: Let the operator and "nurse" sit close together, facing each other. The child is laid down face upwards ; the head in the operator's lap, the feet in the "nurse's" lap. The nurse holds the limbs of the child quietly, so that it may not interfere.

"With the left hand the operator takes the jaw between his fingers, and slowly and firmly does the cutting.

"There is no false cut. The child is still."

TREATMENT OF GONORRHOEA.

A rather large number of American, German, French and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow oleum santali*. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose which may be administered on sugar or in gelatine capsules.

OXIDE OF ZINC IN CHRONIC DIARRHŒA.

M. Gubler has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the following form : Oxide of zinc, thirty grains ; bicarbonate of soda, ten grains ; in four powders two or three daily.

TINEA VERSICOLOR.

Tinea versicolor or *Liver Spots* is an exceedingly common affection, and one that causes much annoyance, since the patient frets at having this blemish on his skin. To cure it, Dr. George H. Rohé (*Med. Record*, June 2, 1883,) recommends a lotion of hyposulphite of sodium, half a drachm to the ounce of water. The patient is directed to take a bath once a day, using soap freely. After the bath the affected spots are to be mopped with the parasiticide lotion. In a week the discoloration has usually disappeared. The remedy should be continued a week or two longer to prevent relapse. Dr. Rohé says it is surprising to what an extent cases of tinea versicolor are treated for syphilis, hepatic derangement, or similar supposed affections of the internal organs. Patients are