3. Recovery of the heart-muscle from extensive dilatation (in so far as non-compensatory following weakness of the heart-muscle, and when caused by heightened intra-cardial blood pressure due to valve lesions.) 4. The best possible balance restored between the arterial and venous systems, decrease of the cyanosis, of the plethora of serum, and of the watery and even œdematous condition of the tissues. 5. Abatement and complete disappearance of the respiratory disturbances.—*Medical Chronicle*, September, 1888.

BUTYL-CHLORAL IN TRIGEMINAL NEURALGIA.

There are only a few remedies which exercise their action upon one nerve alone. According to Liebreich (*Therapeutische Monatshefte*, Nov. 1888) butyl-chloral is one of these; in doses of from 15 to 45 grains it produces anæsthesia of the trigeminal nerve. Liebreich has convinced himself of this in tic douloureux. Unfortunately it is not lasting in its effect, and large doses produce sleep. It is very serviceable, however, in neuralgia of the trigeminus in which the pain is not chronic. Rheumatic face-ache, pains occasioned by injury, toothache, either from an inflammation of the pulp or from periostitis, may be obviated by the use of butyl-chloral. He has used butyl-chloral with much satisfaction also in cases in which at the beginning the the filling of a tooth has exerted painful pressure.

The drug is disagreeable in taste and difficultly soluble. The following prescription for its use is suggested:

Butyl-chloral . . .	gr. xxx-lxxv
Spiritus vini rectificat . .	♏ cl
Glycerini	℥ v
Aquæ destil	℥ iii ℥ vi

M. Sig. Take three or four tablespoonfuls at once.

The size of the doses is to be regulated by the intensity of the pain and by the condition of each individual patient.—*Wiener med. Presse*, Nov. 25, 1888.

NEW METHOD OF TREATING DIPHTHERIA.

Hoyer defines his views on the nature of diphtheria and describes his method of treating it. Considering it to be a disease produced by a micro-organism invading a tonsil whose epithelium is lost, he devotes his attention to the prevention of this invasion, or to the destruction of the bacteria which have already attacked the tonsil. For this purpose he paints the tonsils with a solution of thirty parts of gallic acid, sixty parts of distilled water, and ten parts of glycerine. A brush of fine bristles is employed and considerable pressure exercised against the diphtheritic membrane. He carries out this procedure three times in succession, repeats it every six or eight hours, and continues the treatment until the diphtheritic membrane has disappeared. He prescribes also a gargle of one part of chlorine water and three parts of distilled water to be used several times between the application to the throat. The same mixture is to be injected into the nose in case of malignant diphtheria. Persons who are in attendance upon patients with the disease should also use a gargle of the same nature. The author declares that he cannot say sufficient in praise of gallic acid for the purpose indicated. It renders the putrefactive bacteria innocuous, hinders their growth and increase, by its astringent action on the tonsils protects against their absorption, and by the same action loosens the deposition upon them. It is also entirely uninjurious to the patients.—*Med. Waif.*

ACCIDENTAL RASHES IN TYPHOID FEVER.

In a paper upon this subject read before the Section of Medicine of the Royal Academy of Medicine in Ireland, Dr. John William Moore sums up his conclusions as follows:—

1. Not infrequently, in the course of typhoid fever, an adventitious eruption occurs, either miliary, urticarious, or erythematous.

2. When this happens, a wrong diagnosis of typhus, measles, or scarlatina respectively may be made, if account is not taken of the other objective and subjective symptoms of these diseases.

3. The erythematous rash is the most puzzling of all; but the prodromata of scarlet fever are absent, nor is the typical course of that disease observed.

4. This erythema scarlatiniforme is most likely to show itself at the end of the first, or in the third, week of typhoid fever.

5. In the former case, it probably depends on a reactive inhibition of the vaso-motor system of nerves; in the latter, on septicæmia, or secondary blood-poisoning; or both these causes may be present together.

6. The cases in which this rash appears are often severe; but its development is important rather from a diagnostic than from a prognostic point of view.

7. Hence, no special line of treatment is required beyond that already employed for the safe conduct of the patient through the fever.—*Dublin Journal of Medical Science.* ~~December 1888.~~ *Medical News.*

EXPULSION OF FOREIGN BODIES FROM THE ALIMENTARY CANAL.

It is now well understood that very many foreign bodies which have been swallowed will pass through the alimentary canal without giving