

knowledge to her husband. The young man was red-headed and freckled. "Stand by!"

SIMPLE METHOD OF REMOVING A NEEDLE.—Dr. Charles Steele (*Br. Med. Jour.*) says: "I think it may be of service to record a simple means by which I obtained the removal of a broken needle from the heel of a young lady, aged 12, whom I saw lately walking about on her toes to avoid her right heel, into which a needle had been broken, touching the ground. The buried end could be felt, but any pressure led to its further entry. I directed her to wear a large thick corn-plaster around the spot, with a little wet cotton-wool in the centre, and to tread freely on the heel. Within a week afterwards she showed me the needle, which had protruded, and she had easily withdrawn it. Thus no wound was made, and no scar left to be a tender spot on the plantar surface."

NON-OPERATIVE TREATMENT OF VAGINISMUS.—Lutaud (*Jour. de Méd. de Paris; Times and Reg.*) advises that before submitting patients suffering from vaginismus to operative treatment, which consists in the dilatation of the vaginal sphincter during anaesthesia, a trial of the following curative treatment:

Introduce into the vagina each night the following suppository:

Iodoform,	15 grains.
Extract of belladonna,	8 "
Cacao butter,	150 "

For one suppository.

Inject three times daily one quart of hot water, to which is added one teaspoonful of carbonate of soda; then apply the following solution by means of a brush:

Chlorhydrate of cocaine,	30 grains.
Distilled water,	1 ounce.

This treatment should be continued for one month. Attempts at coitus should be practised every two or three days after having applied cold cream to the vulva and penis.

An accouchement very often causes a disappearance of the vaginismus. Lutaud recommends a hypodermic injection of $\frac{1}{2}$ gr. of morphine before coitus. The sedative action of the morphine acting more especially on the genital system may permit coitus, and often results in pregnancy, and as a result the cure of the vaginismus.

FOR IRRITABLE BLADDER.—The following prescription has been found (*Maryland Med. Jour.*) to allay incessant desire to urinate, and irritable bladder when these symptoms are due to phosphatic deposits in the urine:

R.—Acidi benzoici,	grammes 7.50.
Sodii boratis,	grammes 11.00.
Aquæ,	grammes 355.00.—M.

Sig.—Tablespoonful three times a day.

This mixture has, upon two occasions, acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.

FOR CHLOROSIS.—The following formulæ (*Med. Press & Circ.*) are recommended by Huchard for the treatment of chlorosis:

R.—Lactate of manganese,	3 iiis.
Extract of cinchona,	3 iiis.

For 100 pills. Sig.—3 to 6 daily.

R.—Arsenate of soda,	1 gr.
Water,	f $\frac{3}{4}$ x.

Two tablespoonfuls during meal-time.

SODÆ SALICYLATIS IN NETTLERASH.—Dr. A. Victor Dyer, writing to the *Lancet*, says:

"In answer to the letter of your correspondent, 'M. B., 1874,' I should advise him to give his daughter a few grains of salicylate of soda three times a day. I have found this a most useful drug in obstinate cases of nettlerash. I should also apply externally some oleate of zinc, with a few drops of carbolic acid mixed with it. This treatment he should continue until the rash has disappeared.

As chlorotic persons suffer constantly from indigestion on account of the insufficiency of hydrochloric acid in the stomach, Dr. Huchard recommends the following syrup:

R.—Hydrochloric acid,	gtt. xxx.
Syrup of bitter orange,	f $\frac{3}{4}$ j.
Water,	f $\frac{3}{4}$ iv.

Sig.—One tablespoonful immediately after the two principal repasts.

TETANUS SUCCESSFULLY TREATED BY PILOCARPINE.—Three cases of tetanus are reported (*Gaz. Med. Lombarda*) as having been cured by injections of hydrochlorate of pilocarpine. The cases were severe and due to traumatism.