

No. 2. Young lady, actress, delicate, anæmic looking girl, suffering from an attack of acute tonsillitis. Sprayed about fifteen drops of a two per cent. solution on tonsils and pharynx, preparatory to the application of a thirty-grain solution of nitrate of silver to the tonsils. Patient immediately suffered great distress, evinced by difficulty of breathing, and said she felt that she was "smothering to death." Gave her a glass of sherry, and made application to tonsils.

She appeared to get all right, but upon walking to waiting room fell in a faint. Gave another glass of sherry, bathed face with ice water, and in a few moments she recovered sufficiently to go home, but was quite ill and nervous for eight or ten hours afterwards.—GEORGE BROWN, in *Atlanta Medical and Surgical Journal*.

The Therapeutic Value of Methyl Chloride.—After noting the literature of this remedy Dr. Hertmann (*Therapeutische Monatshefte* April, 1893) relates his own experiments in its use, tabulating twenty-nine cases. In fifteen cases of sciatica, three improved; there were two failures and ten cures. Three cases of inter-costal neuralgia, two of pleuro-dynia, and one case each of lumbago and coccygodynia were cured. Four cases of rheumatism, partly of long standing, were cured.

The chloride of methyl is sprayed upon the diseased limbs. Having frequently used it during the year, Hertmann believes it will be a valuable aid in the treatment of neuralgia and other painful diseases.—*Therapeutic Gazette*.

Paternal Transmissibility of Tuberculosis.—Dr. John M. Keating, in an excellent paper before the American Pediatric Society in May, 1893, on "Plausibility of the Direct Transmission of Tuberculosis to the Fœtus from either Parent," concludes as follows:

1. Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.
2. A tuberculous mother can transmit the disease to her offspring in utero.
3. Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.
4. Bacilli or their spores can be conveyed by means of seminal secretion to women when no

apparent tubercular lesion is present in the male generative organs.

5. Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.

6. Is it not possible for the father to transmit his disease directly to the fœtus, the mother not proving a fertile soil, and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation, and either become manifest in glandular affections, joint troubles or even finally in pulmonary disease?—*Times and Register*.

Diagnosis of Kidney and Heart Diseases.—Jas. Tyson, M.D., in his paper on "Heart Disease and Kidney Disease," draws the following conclusions:

CHRONIC PARENCHYMATOUS NEPHRITIS.

Urine scanty and high-coloured; high specific gravity; highly albuminous.

Numerous granular, dark granular or fatty casts. Much dropsy.

No mitral systolic murmur.

As a rule no hypertrophy of left ventricle, which may, however, be present at times.

No enlargement of liver.

No signs or symptoms of arterio-capillary fibrosis.

No retinitis albuminuria.

No history of gout.

Seldom a history of rheumatism; more frequent of infectious disease.

Uræmia infrequent.

Partial response to treatment.

CHRONIC INTERSTITIAL NEPHRITIS.

LAST STAGES.

Urine though scanty is still light-hued, and has low specific gravity; moderately or slightly albuminous.

Few casts and these hyaline or slightly granular. Often no casts.