

been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the mother nor the child has presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly in order that other observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and third may at any time be made through resort to chloroform.—Dr. Grandin, in *N. Y. Med. Jour.*

**THE GINGIVAL LINE IN THE DIAGNOSIS OF TUBERCULOUS PHTHISIS.**—In the year 1850 A. Fredericq called attention for the first time to a red line which occurs on the gingival border in various diseases. This line is intensely red in cases of acute phthisis and more bluish in chronic cases of this disease. This line was observed by him in the earlier stages of phthisis, and was considered not only of semeiotic but of prognostic value; the more rapid the course of the disease the more intensely red the line, and any diminution in the intensity of this redness was considered as a favorable sign. A bronchitis without this line was considered by him never to be of tuberculous origin. In 1854 Thompson again called attention to this line in phthisical individuals, and found that it was especially characteristic around the incisors of both jaws. He furthermore found that it occurred in all stages of this disease, and was occasionally one of the earliest signs, occurring, however, less frequently in women. When the patient's condition was improved, Thompson observed that the line disappeared; the broader the line the more unfavorable the prognosis, which was also bad when light red spots occurred on the mucous membrane of the cheek. Saunders and Draper followed up the observations of Thompson and concluded that the red line frequently attended tuberculosis, but could not be considered as characteristic of the same. More recently Dr. George Sticker, studied the subject, and finds that the red line of Fredericq and Thompson is almost invariably present in phthisis, and may be considered one of the earliest symptoms of this disease. He furthermore found that the line was present in healthy women in the latter stages of pregnancy, and existed for a time after its termination. In other healthy individuals and in non-phthisical patients this red line is only exceptionally found, and if so, in the senile period of life. In young persons who are not phthisical it is never present.—*Münch. Med. Woch.*

**PRACTICAL HINTS REGARDING CHILDREN.**—Dr. A. Jacobi, in the *Arch. of Ped.* gives some practi-

cal points. Probably most of these have been formulated in the minds of the majority of physicians, but some things are such as bear constant repetition.

Always teach a nurse that a child can not swallow as long as the spoon is between the teeth; that it is advisable to depress the tongue a brief moment, and withdraw the spoon at once, and that now and then a momentary compression of the nose is a good adjuvant.

The taste of quinine is disguised by coffee, chocolate and "elixir simplex."

Powders must be thoroughly moistened; unless they be so, the powder adhering the fauces is apt to produce vomiting.

Inunctions require a clean surface, and are best made where the epidermis is thin, and the net of lymph-ducts very extensive, as on the inner aspect of the forearm and the thigh.

Babies, after having taking opiates for some time, demand larger, and sometimes quite large doses to yield a sufficient effect.

Febrifuges and cardiac tonics, such as quinine, antipyrine, digitalis, strophanthus, sparteine, convallaria, etc., are tolerated and demanded by infants and children in larger doses than the ages of the patients would appear to justify.

Mercurials affect the gums very much less in young than in advanced age.

The rectum of the young is straight, the sacrum but little concave, the sphincter ani feeble, and self-control is developed but gradually; for these reasons rectal injection is allowed to flow out or is vehemently expelled. Therefore one which is expected to be retained must not irritate. The blandest and mildest is a solution of six or seven parts of chloride of sodium in a thousand parts of water, which serves as a good vehicle for medicine unless incompatible with the latter. The injection must be made while the child is lying on its side (preferable the left side), not on the belly over the lap of the nurse, for in this position the space inside the narrow infantile pelvis is reduced almost to nothing.

In many cases of intense intestinal catarrh, large and hot (104° to 108° F.) enemata will relieve the irritability of the bowels and contribute to recovery. They must be repeated several times daily. When there are many stools and these complicated with tenesmus, an injection, tepid or hot, must or may be made after every defecation, and will speedily relieve the tenesmus.—*Arch. of Gynecol.*

**RULES FOR A HEALTHY MILK SUPPLY.**—1. The milk of diseased cows should not be sent to market. Any condition that produces a fever in a milch cow should be regarded as rendering the milk bad. 2. The milk of cows fed upon distillery swill, or those fed entirely or largely upon fermenting brewers