To Get Rid of the Odor of Iodoform.—Dr. W. Washburn, of this city, writes *a propos* of a recent item on the deodorizing of iodoform: "In the *Medical Summary* for June, 1893, an article by myself gives an easier and more convenient method. It is there stated that both ether and chloroform are solvents of iodoform, and will remove every trace of it and its odor if the hands are washed with a trifle after washing with soap and water. The hands have a peculiarly clean feeling after using chloroform, dry instantly, and require no further washing. As nearly every physician carries ether or chloroform in his satchel, and as turpentine would be an additional burden, there is this also in favor of these drugs, they are always at hand. When clothing has been saturated with iodoform the proper thing is to first apply chloroform to the spot and rub it in, then wash with castile soap and water, and finally apply chloroform—or ether will do as well if chloroform is not in hand. Any seams coming within the space to be cleaned will require careful attention, just as the nails will if the hands are to be deodorized. The proper way for the nails is to dip a bit of soft wood (a match whittled flat is handy and efficient) in chloroform and with this clean under the nails. I have derived great great comfort from applying this method in daily practice."—*Medical Record.*

Prolapsus of the Umbilical Cord.—Take a soft sponge the size of a large orange, wash it well in hot water, then push up the cord in an interval of pain, passing up immediately after it the moist warm sponge between the uterus and the head of the child. This simple operation prevents the return of the cord, and the sponge comes away with the placenta. After an experience of more than thirty-six years, I have found this method the most satisfactory way of dealing with cases of prolapsed funis.—*British Medical Journal.*

Treatment of "Sunstroke."—For cases with temperature above 104° F. Ice and ice-water to head, body, rectum; continued until temperature comes down to 100, and repeated if it rises again. Antipyrine hypodermically, ten to thirty grains; or acetanilide, by rectum. For cases with low temperature, feeble pulse, cold extremities and profuse sweating: Strychnine, gr. 1-40 to 1-20, hypodermically, or tincture digitalis, gtt. xx., warmth to feet, lower head, loosen clothes, alcohol, camphor or ammonia in small and frequent doses. For medium or doubtful cases: Atrophine, gr. 1-100 hypodermically; acid phosphate; cold or heat to head, as feeble or exhaustive symptoms predominate.—*Waugh.—The Times and Register.*

Cardiac Irregularities.—Considerable attention has been devoted to the study of particular forms of cardiac irregularity, of which there are several distinct varieties. There is the form known as tachycardia, in which the heart-beat is sometimes so rapid as to defy any attempt to count them, and this condition may persist for long periods of time without the supervention of any other symptom. In many instances it is the initial symptom of Graves' disease, but not unfrequently it remains the sole and only symptom, being then possibly a "forme fruste" of that malady. In speaking of cardiac irregularities we are, it must be borne in mind, referring only to cases in which there is no discoverable structural disease of the heart. In other words, the affection belongs to the class which, in our ignorance, we designate "functional." There is a distinction to be observed between mere irregularities and intermittence. While irregularities may prove to be ephemeral in their incidence, intermittence, according to Dr. B. W. Richardson, once present is persistent. Dr. Sansom points out that the etiology, or, at any rate, the morbid associations, of all forms of cardiac irregularity not consequent upon organic disease is or are the same as for tachycardia, and he insists on the fact that in all probability the cardiac phenomena constitute the central symptom of Graves' disease, the other manifestations being, so to speak, only offshoots of this central trouble. With respect to their significance, Dr. Richardson pointed out that the prognosis is grave when the patient is himself aware of the *defaillance*, and Dr. Sansom made this an argument for carefully avoiding imparting a knowledge of the existence of these abnormal conditions to patients not previously aware of their presence. Without questioning the propriety of not unnecessarily disturbing the patient's peace of mind by such information, it does not seem to follow that