

## HOW TO DIAGNOSE GONORRHOEA IN THE FEMALE.

The difficulty of differentiating a specific vaginitis from a simple or catarrhal inflammation of the vagina, has probably worried most of our readers. A mistake in diagnosis in these cases is also a matter of very considerable importance. The happiness of a home may hang on the issue. It becomes the physician in such a case to hew the line, let the chips fall where they may; but he must be particularly careful that none of them fall on his own toes. There has, up to the present time, been no pathognomonic sign which might serve as a guide in such a perplexity. At a recent meeting of the Paris Obstetrical and Gynecological Society, however, Martineau suggested one which may answer the purpose. The pus of the specific vaginitis is said to be always acid, while in the simple variety it is alkaline. A little piece of litmus paper, therefore, will tell the story. The importance of this discovery cannot well be over-estimated. Both on account of social and medico-legal reasons, its importance is very great.—*Medical Age*.

## INSTRUCTIONS CONCERNING THE MANAGEMENT OF DIPHTHERIA.

According to the *Journal de Médecine de Paris* (*Archives of Pediatrics*) the Council of Public Health of Paris offers the following concerning measures which should be taken for the treatment of diphtheria:

**General Instructions.**—Diphtheria is a disease which is markedly contagious. All intercourse of children with diphtheritic patients should be avoided. There is no substance known which will surely prevent diphtheria. It is very important to carefully watch the beginning of every throat trouble. It is necessary to nourish children to the highest available point, especially in time of an epidemic, and not to subject them to the prolonged action of a moist low temperature.

**Precautions when diphtheria appears in a family:**

1. It is indispensable that every one should be separated from the patient, who is not concerned in caring for him. This applies in particular to the other children.

2. Those who are engaged in caring for the patient must avoid embracing him, inhaling his breath, and being very near him during paroxysms of coughing. If the attendants have any small wounds upon any portion of the body which is liable to come in contact with the patient, they must be particular to keep them well covered with collodion. They should take pains to keep up their nutrition, and go out several times daily into the open air. The hands and face should be frequently washed in a weak solution of boric or thymic acid.

3. The health authorities should be promptly notified at the first appearance of the disease.

**Measures of disinfection:** 1. Substances which have been expectorated or vomited should be disinfected with a solution consisting of fifty grams of chloride of zinc, or sulphate of copper, to a liter of water. Linen, and all clothing soiled by the patient, should be immediately soaked in one of these solutions, and then placed in boiling water and kept there for at least an hour. All vessels and utensils which have been used about the patient should also be immersed in boiling water, immediately after they have been used.

Whatever be the issue of the disease, the sick-room must be thoroughly disinfected. The operation may be done as follows: All openings into the room having been closed, a pan containing sand may be placed on the floor in the middle of the room; upon this some burning coals may be laid, and upon the coals a quantity of sulphur, varying with the size of the room, may be ignited. (Twenty grams of sulphur to the cubic meter would be sufficient.) The room should remain closed for twenty-four hours, and then it may be freely ventilated. All the clothing, linen, and coverings, which have been used in the sick-room must be thoroughly disinfected with one of the solutions referred to. The mattresses should be opened and left in the room during the process of fumigation.

## REPORT OF A CASE OF NASO-PHARYNGEAL CATARRH.

Mrs. C.—, age 45, presented herself at my office, for treatment for catarrh of naso-pharynx. On examination of anterior nares, the walls of nasal cavities were found almost entirely covered with incrustated secretion. Posterior rhinal examination revealed the same condition, differing in the latter, only the incrustations were thicker and more extensive, from the fact that a more capacious chamber existed for their formation; the incrustations were not observed to extend below the superior margin of vellum; it is needless to state, in this case, the odor was stifling and sufficient to impregnate the air of the room in a very short time. Having removed the incrustations, I found the mucous membrane of the naso-pharynx a deep red or rather a livid hue, with several points of abrasion in the mucous membrane; the tissues, both soft and hard, were atrophied to a great degree; the nasal cavities were increased to three or four times the size of normal lumen; the cavity of the vault of pharynx was immensely enlarged; her health, of course, was much reduced from this exhaustive inflammation, which had continued to a greater or less extent for twenty-five years. She complained of cephalalgia, neuralgia, rheumatism, indigestion, constipation, palpitation, and a number of other minor symptoms or sequences of catarrh. With the existence of these unfavorable conditions, she began treatment.

Through cleansing of the diseased mucous membrane was instituted;— this cleansing was