

Vaginal hysterectomy proved very troublesome, and considerable shock followed. Nevertheless, the patient recovered, and the annoying eruption disappeared.

The fourth patient had been ill for twelve years, and had suffered from severe continuous pain and fever since two months. Vaginal hysterectomy was performed on the left side; the vagina cicatrized nicely, but a rectal fistula remained.

The last-mentioned case is sufficient to show—according to the author—that the operation does not always bring about a radical cure; the first two cases, on the other hand, demonstrated that vaginal hysterectomy may succeed after abdominal section has proved of no avail. Although the operation appears especially diserable in cases where there is a well-incysted abscess, Dr. Terrillon considers it required in cases of old extensive and ill-defined suppurative processes with fistula, adhesions, and parametric infiltration of the parities.—*Merck's Bulletin*.

REPORT OF 2,012 CASES OF ALCOHOLISM OF WHICH 87 WERE MANIACAL.—Dr. T. S. Latimer, of Baltimore, read a paper before the Association of American Physicians (*Medical Record*), giving a brief history of 2,012 cases of alcoholism, less than one-half of which he had reported in a previous paper. Eighty-seven of the total number were maniacal. Nearly all the patients were arrested for drunkenness or misconduct of some form due thereto. They were what were termed by jailors as "regulars." Some of them were addicted to the use of cocaine, chloroform, and other stimulants besides alcohol. It was apparent that they were a very unfortunate class of cases to treat, having been badly fed, badly clothed, badly housed, addicted to stimulants, often suffering from other diseases. Almost invariably they begged piteously for drink, which, however, was invariably refused. None remained delirious longer than five days. The average time before they were able to do what little work that was required of them was two days. By the second night they almost invariably could sleep well. Except in a very few instances the only drug given was bromide of potassium. The good result, however, was not attributed so much to the drug as simply to the withdrawal of alcohol, which was absolute and from the very commencement. No restraint was put upon the patients farther than to keep them shut in their cells.

The conclusions were:

1. That the clinical phenomena attending the excessive use of alcohol were the direct result of the stimulant, and were not due to abrupt withdrawal of it.
2. The desire for the stimulants almost uniformly persisted.
3. That alcohol in any form or quantity was

unnecessary in the treatment of such cases, and was usually harmful.

4. The absolute and immediated withdrawal of alcohol was of the first importance in treating the symptoms due to its use.

5. That forced feeding was rarely necessary.

6. That placing the patient in any kind of bands was unnecessary.—*Weekly Med. Rev.*

ABOUT MILK-TEETH.—Dr. Robert L. Dickinson speaks as follows (*Brooklyn Med. Jour*) on this much-neglected topic: If you care for symmetry of feature and sweetness of expression in the lower half of the face; if you appreciate one great beauty in the laugh and the speech of a child, and are hurt to see stumps and gaps in the small mouth; if you have any care on the score of punctuation; if you are assured that tartar often causes retraction of the gums and loosening of the teeth; if you have ever seen abscess followed by scars on the face, or roots projecting through the gum; if indigestion and its far-reaching effects on growth and strength seem undesirable to you—and, finally, if you wish small dentist's bills for regulating and filling the second set: Then you will follow these directions—which are essential in every detail.

1. In the early months (about fifth to twelfth) clean twice daily with soft rag and lime-water.
2. Later (about twelfth month) brush with small soft brush after each feeding.
3. Later (about fourth year) teach child to use quill pick after each meal, and then to brush carefully the most hidden crevices with lime-water, or use waxed silk instead of the tooth-pick.
4. Polish off all stains with soft pine stick and tooth-bowder.
5. Take the child to your dentist every three months, beginning at the second year, and have the cavities searched for and filled. By having the cavities filled early child suffers none during the operation.

Every tooth after the twentieth tooth belongs to the permanent set. These are all in position by the third year. The first permanent teeth are back of these, appearing usually between five and six.

Establish habits early and firmly and the child will keep them.

Forbid rich candy, fresh or rich cake and pastry and hot bread.

Let the child strengthen its teeth on sufficient crusts and meat not too tender.

WHAT TO DO FOR TOOTHACHE.—1. Rinse the mouth and the cavities thoroughly with warm water in which is dissolved all the baking soda it will carry; failing,

1. Dry the cavity gently with surgical cotton (absorbent) made into a swab on the end of a knitting needle or crochet needle, and