MEDICAL NOTES.

Dr. Parvin considers iodine one of the best uterine hemostatics and antiseptics.

Professor Parvin uses this efficient formula for carcinoma:—

R.—Iodinii,			_					7i	
Duaminii			•	•	•	•	•	<u>ວາ.</u>	
Brominii, .			•					31].	
Acid. carbo	lic,	,						дiv.	•
Alcohol, .								fzviii.	M
Sig.—Apply, and	d t	the	n	in	tro	dua	e	a satura	ted
solution of bicarbon	nat	e o	f s	od	iun	ı.			

At a recent clinic, Prof. Holland recommended the following as an efficient depilatory stick:—

U							
R.—Ceræ flavæ, .						Зij.	
Shellac,						zss.	
Resin,	•	٠			•	Зiv.	
Picis Burgund.	, .	•	٠	٠	٠	3 x .	
Gum damar.,	mall	· ind		41.1		Зiss.	М.

Heat; before cold, roll into sticks.

Statistics show that 30 per cent. of cases of wounds of the abdomen recover under antiseptic treatment when the cavity is opened for diagnostic purposes and treatment. The mortality of maternity wards in hospitals has been reduced from 15 per cent. to $\frac{1}{2}$ per cent. under antiseptic precautions.

The following used through the nostrils has a high repute for asthma:—

R.—Menthol,					3i.	
Cerat.,					ξii.	
Ol. amyg. dulc.,					3i.	
Zinci oxidi, .					zi.	
Acidi carbolici,					3ss.	Μ.
Sig.—Apply every fe	w l	hou	rs.			

Dr. Horwitz, chief assistant to the surgical department of Jefferson Hospital, frequently uses the following as a favorite prescription for injection in gonorrhea:—

R.—Plumbi acetatis,				3ss.
Zinci sulphat,				ør. xvi.
Extract. krameriæ	flu	id.,		f3ii.
Tinct. opii,				fiss.
Aquæ, q. s. ad.,				fzvj. M.
Sig.—Give as injection.				

The source of albumen in the urine of some pregnant women, says Professor Parvin, is probably a discharge, as leucorrhea or cystitis, being washed out of the vagina when urinating; therefore, it is much better to use a catheter, or have the vagina thoroughly washed out before collecting the urine.

Professor Bartholow considers the most effective treatment for *chronic neuritis* is galvanism and morphine hypodermatically. Place the positive pole to the affected part and negative to the peri-

phery. Repeat this treatment daily for a few minutes at a time. For very obstinate cases, use flying blisters locally, and internally iodides of potassium and colchicum.

The great secret of applying plaster-of-Paris bandages is to have all the sizing out of the material used, so when a piece of muslin to be used is thrown upon water it sinks readily; if it does this it will readily absorb water and plaster and will set quickly; a little salt added to the water is an advantage; a roller made of lint is better than cotton to be applied next to the part. (Dr. Allis.)

Prof Parvin says the term placental souffle is still used improperly by many physicians instead of uterine souffle, the correct desigation; that the placenta is not concerned in the sound is proved by the fact that the souffle is heard some days after confinement, and has been heard in uterine fibroids. The sound is synchronous with the pulse of the mother, and of very little value as a sign of pregnancy.

Professor Parvin advises that prolapse of the vagina be treated by astringent injections, having the bladder frequently emptied, especially if a cystocele is associated with the prolapse, which is frequently the case, and apply a suitable elastic ring pessary; if the pessary is uncomfortable or cannot be worn, a large tampon of absorbent wool, dipped in a solution of tannin and glycerin, introduced in the morning and removed at night, may suffice.

For a case of *simple goitre* of six months' standing, Prof. Da Costa prescribed liq. iodinii comp., gtt. iij, three times a day, gradually increased to ten or fifteen drops three times a day. Locally:

R.—Iodinii, .							388.	•
Lanoline,							zvi.	
Ung. zinc.	oxid				•	•	zii	
Ol. bergan	ot.			·	•	•	orte v	M
Sig.—Rub over	glan	d t	wic	e a	. da	.v.	800.7.	111.

In exophthalmic goitre a murmur is heard over thyroid gland; in simple goitre murmur is absent.

Dr. Allis has devised a very ingenious drainage tube for draining the thoracic cavity. It is made by taking a piece of ordinary rubber tubing of proper size, quartering lengthwise about one inch, passing the divided portion through a piece of adhesive plaster previously perforated the size of tubing, and turning the cut euds down and securing them by another similar piece of plaster, the two adhesive surfaces approximating. When the tubing is inserted it is even with the surface of the body and kept there by the plaster, not inconveniencing the patient in any degree, who can move without danger of displacement. This simple contrivance is easily made, and has been used with satisfaction in the wards of Jefferson College Hospital.—Col. and Clin. Rec.