

pain. Here is his formula for a local anæsthetic to supersede chloroform, ether, the gas, etc. :

R. Chloroform, pur.....	3 drachms.
Tr. aconiti (Fleming's).....	3 drachms.
Tr. capsici.....	1 drachm.
Tr. pyrethri.....	$\frac{1}{2}$ drachm.
Ol. caryoph.....	$\frac{1}{2}$ drachm.
Pulv. Camph.....	$\frac{1}{2}$ drachm.

Mix.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument must be warmed. This is most important. We have felt the pang of the cold steel, and whether the anæsthetic or not be used, agree with the propriety of using warm instruments. For toothache, a pellet of cotton wool soaked in the above, may be introduced into the cavity, and is said often to give speedy relief.—*The Doctor.*

ORIGIN OF DIPHTHERIA.

Diphtheria is believed to have originated in Egypt more than two thousand years ago. It prevailed in Egypt and Asia Minor, to which it extended, during the first five hundred years, and hence was early called an Egyptian or Syriac disease. Having invaded Europe, the disease appeared in Rome A.D. 330, and, being highly contagious, in its fifteen hundred years' transit on the continent of Europe it affected mainly rural districts and garrisoned towns. It extended to Holland, in which it was epidemic in 1337; to Paris in 1576, and again appeared there in 1771. It prevailed more extensively in France in 1818 and 1835, and in England, the United States, and Canada from 1856 to 1860, and more or less ever since.

MASSAGE OF THE TONSILS.

M. Quinart describes, in the *Archives médicales belges*, a method of treating hypertrophy of the tonsils that has proved very successful in his hands. The method, which is only applicable after the inflammatory period has passed, consists in massage of the gland, and is carried out as follows: He covers his index finger with alum, introduces it into the mouth, and brings it to bear directly on the tonsil, which is manipulated, with gradually increasing force, over as great an extent of its surface as can be reached. The operation is at first painful and disagreeable; but the discomfort is readily allayed by an emollient gargle. After a few repetitions, it ceases to be painful, and the patients readily learn to practise it themselves.

JABORANDI IN NIGHT SWEATS.

ED. PHILADELPHIA MED. AND SURG. REPORTER :

About one year ago, Dr. Charles H. Weikel, then Resident Physician in the Philadelphia Hospital, told me that they had been using in that

institution jaborandi for the purpose of stopping the night sweats of phthisical patients, and almost invariably with success. Since then I have prescribed it with the same intention in four cases, and Dr. S. Mason McCollin tells me that he has employed it lately in three of his cases. In all these cases, with the exception of one, the night sweats ceased after the first dose, almost totally. As mentioned, it had no effect in one of my cases, but here I think its employment came too late, as the individual died a few days later. The way I used it was the following:—

R. Extracti jaborandi fluid., f. ʒ ss
Tinct. cardamomi,
Syrup. pruni. virginian., ā ā f. 3 ij. M.

SIG.—One teaspoonful, in half a wineglassful of water, the first night, then half a teaspoonful every following night, until cessation of sweats.

It will rarely be necessary to give the medicine oftener than four consecutive nights. If, after some weeks, the sweats should return, which is frequently the case, one or two of the smaller doses have, in my cases, been sufficient to stop them again. If, after repeated trials, and a larger number of observations, the fact should be established, that jaborandi in small doses always has the effect of suppressing that which it produces when administered in larger quantities, and especially if it should prove, as it seems to do, to be specific against the night sweats of phthisical patients, then we would have one remedy more to alleviate the sufferings of those unfortunate beings who fall a victim to the tubercular diathesis. The remedies we know, so far, to stop these night sweats have all some kind of drawback. Sulphuric acid disturbs rapidly the digestion; the external application of tonic astringents is of no use, and atropia produces such a disagreeable dryness in the throat, and after a few doses, frequently, such an exhaustive diarrhœa, besides its effects on the eyes, that we would have won in jaborandi a really very valuable addition to our stock of palliative remedies, besides its usefulness in many other diseases where a strong diaphoresis or increase of the salivary secretions is our object. What dose of the muriate of pilocarpia, hypodermically, might be necessary to stop these sweats I am not able to say, having found no occasion yet for using jaborandi in this form, but I should judge one-thirty-second of a grain might answer the purpose.

There is another remedy which is often used in the Philadelphia Hospital, and which, outside of that institution, is very little employed, and almost considered obsolete. That is the fluid extract of hamamelis. According to my experience with this drug, it is far superior to ergot, gallic acid, terebinthine, cupri sulphas, plumbi acetat, and all others recommended against hæmoptysis. The fault that it might have occasionally disappointed in its effect, lies in the dose and not in the medicine. In cases of hæmoptysis I give two teaspoonfuls of the fluid extract of hamamelis right away, and repeat the