

ANTIPYRETICS IN TYPHOID FEVER.—Dr. Beverley Robinson (*ibid*) criticises the use of antipyretics in typhoid fever. He maintains that high temperature is not necessarily a bad symptom, the well known agents cold, quinine, salicylates, etc., will lower the temperature for a while, but to keep it down will have to be continuously administered. Quinine acts by lessening cardiac power and tends to produce visceral congestions. The salicylates are depressant to the heart and disturb the stomach. Digitalis must be used with caution as it is cumulative, and even when increasing cardiac muscular contractility it is a question whether it is entirely without drawbacks to cause a heart with degenerated muscular fibre to contract too vigorously.

INDIGESTIBILITY OF OYSTERS.—Dr. T. W. Jones, at the Ohio Med. Soc., reported (*Col. Med. Jnl.*) the case of a boy five years of age, who on the 16th of November, ate a large quantity of fresh oysters, and immediately afterwards a quantity of stewed oysters. He then went to bed with the stomach ache. Three weeks afterwards the doctor was sent for and shown a chamber containing an enormous faecal mass, which the child had passed as the result of a purge administered by the mother the evening previous, and in this mass were at least two dozen raw oysters, fresh in appearance and entire and only a trifle darker than when eaten. The family lived on a farm, and there was no question that these oysters had lain undigested in the alimentary canal for three weeks.

TRUE AND FALSE ANGINA PECTORIS.—M. Huchard says that the false form may be due to nervous reflex or toxic changes, and generally ends in recovery; while the true form is caused by ischaemia of the cardiac muscle. In most cases the coronary arteries are found diseased or their opening in the aorta is narrowed by chronic endarteritis; lesions of the cardiac nerves are not frequent. He thinks true angina pectoris may end in recovery, but much more rarely than the false form. For the treatment he recommends nitrite of amyl, which acts more rapidly than injections of morphia, nitro-glycerine and nitrite of sodium. He also strongly advises the iodide of sodium given at a dose of one to two grains daily for several months.—*Brit. Med. Jnl.*

TWO SIGNS OF TRUE CONVALESCENCE IN ENTERIC FEVER.—In a communication to the Clinical Society of Paris, Dr. Chauffard indicates as sure signs of true convalescence in enteric fever, the occurrence of multiple abscesses and of a critical diuresis. The abscesses have a rapid and insidious development, and when once opened they cease to secrete, their walls uniting in a day or two. The diuresis is sudden, and the quantity of urine passed is very large. Dr. Chauffard's observations extend over the past two years, and in no case has he seen a relapse where these signs presented themselves.—*The Analectic.*

TWO POINTS IN CONNECTION WITH ALBUMINURIA OF BRIGHT'S DISEASE.—Dr. William Roberts, in discussing a paper on albuminuria, said (*Brit. Med. Jnl.*), when albuminous urine was added, drop by drop to a large quantity of water, a milky trail followed each drop; and at last the whole fluid became opalescent. This opalescence disappeared on the addition of an acid or an alkali, and was probably due to the presence of globulin or paraglobulin. The second point was that albuminuria associated with hypertrophy of the left ventricle was usually permanent.

HUMANE BLISTERING.—Samuel Shelton, M.R.C.S., (*Brit. Med. Jnl.*), directs the surface requiring counter irritation to be well covered with annular blisters about the size of the human iris, cut from vesicating tissue with an ordinary gun punch, the centre being extracted with a punch of smaller size. He says that attached to the surface, and covered with cotton wool and a bandage, they require no further attention, and cause the very slightest discomfort.

HEMILATERAL VARIOLOID.—A curious case came under my observation some time ago. I was called to see a patient. I found that he had a bad case of small pox. I found in the house a boy of ten, who had never been vaccinated. I vaccinated him at once on both arms. This vaccination took on one arm, but not on the other. A few days afterwards the boy developed varioloid on the side on which the vaccination had not taken, and the disease was entirely confined to this side. Dr. Miller in *Rep. Md. Board Health.*