and by taking the temperature at 8 a.m. and 6 p.m. for three days the presence of typhoid fever may be decided. On the other hand, one single observation may, with very great probability, negative the existence of the disease.

The following is the formula (from Wunderlich) of this initial stage:—

	Morning.	Evening.
1st day	98·6° F.	100·4° F.
2nd "	99·4°	101·4°
3rd "	100·4°	102 6°
4th "	101·6°	104°

If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temperature about 100·4° or 101 F., falling the next morning about a degree, rising again in the evening, and approximately following the above course the disease may be diagnosed with tolerable certainty.

On the other hand, the disease is not typhoid fever if (1) on the second, third, or fourth evenings the temperature approximates even to normal (98.6° F.); (2) if during the first two days the temperature rises to 104° F.; (3) if between the fourth and sixth days the evening temperature of a person under middle age does not reach 103°; (4) if the temperature on two of the first three evenings is the same; or (5) if it is the same on the second and third mornings. From the fourth to the tenth day the evening temperatures are tolerably uniform, the highest being most generally on the evenings of the fourth, fifth, or six days, and reaching from 104° to 105·5° F. or even higher. The morning temperatures are from 1° to 2·6° F. lower than the evening ones; on the fifth, sixth and seventh days, the variations between the morning and evening temperatures being less than take place from the sixth or seventh to the ninth or tenth days. During this period (from the fourth to the tenth or twelfth day), if the general symptoms are obscure, an absolute diagnosis may not be readily made, and the disease may be confounded with several others, unless thermometric observations extend over several days.

LAMINARIA TENTS.

Dr. J. C. Nott, of New York (*Am. Jour. of Obstetrics*), presents the following conclusions in regard to the use of laminaria tents:

1st. Where moderate dilitation is required, the laminaria is preferable to the sponge tents.

2d. If placed in warm water, just before introduction, for a few minutes, they become flexible, coated with mucilage, are easily curved to suit the cervical canal, and may be inserted with the utmost facility.

3d. From their smoothness and softness they are removed without force, and produce no abrasion or irritation.

4th. They may be medicated with morphia, iodine, or anything *soluble in water*, but do not absorb alcoholic solutions or glycerine. After being so charged, they may be dried and kept for use an indefinite time.

5th. They do not become putrid, and therefore poisonous, as do sponge tents, and may therefore be retained twenty-four hours or more with impunity.

6th. The black, ovoid laminaria, from the Bay of Fundy, is much preferable to the other varieties yet brought to our markets, and free from the objections he has seen made to laminaria by some writers.

7th. The laminaria will be found of great benefit in obstructive dysmenhorrea, if introduced a few days before the menstrual period, and also in cases of uterine catarrh connected with contracted cervix; they prepare the way well, too, for all intra-uterine medication. In either case, if softened in hot water before introduction, they rarely produce any pain or irritation.

8th. He thinks it better to insert several small tents than one, as the small ones expand more rapidly than the large ones.

HEART SOUNDS.

The following table of indications of sounds of the heart is taken from "L'Aide Memoire de Medicine, de Chirurgie et d'Accouchement, by Dr. Corlieu," published by Baillière et Fils, Paris:—

A Pathognomonic Table of Sounds of the Heart (*Bruits de Souffle.*)

I.—Pre-systolic.

Auriculo-ventricular constriction.

II.—Systolic.

1. At the base and apex.	Chloro-anæmia.
2. At the base, with propagation in the large arteries.	Lesions of the Aortic valves, with or without constriction.
3. At the apex.	Lesion of the auriculo-ventricular valve, with or without insufficiency.

III.—Diastolic.

1. At the base.	Aortic insufficiency.
2. At the apex, confounded with the presystolic murmur.	Auriculo-ventricular constriction.

IV.—Two Bruits de Souffle.

1. At the base	1st time.	Aortic constriction, with
	2nd time.	Aortic insufficiency.
2. At the apex	1st time.	Auriculo-ventricular insufficiency with
	2nd time.	Auriculo-ventricular constriction.

1. In auriculo-ventricular constriction the maximum *bruit* is at the apex.

2. In aortic constriction the maximum is at the base, propagating itself along the aorta and carotids.

3. In aortic insufficiency the bruit with the second time with maximum at the base.

4. In anæmia, slight soufflé with the first and second time, always at the base, and sometimes at the apex.