

aid of a post-cervical incision) should be made. In cases presenting evidence of infection the uterus should be emptied as soon as possible whether the cervix is dilated or contracted. A branched steel dilator may be used for dilating the cervix and then a broad dull curette. The author is opposed to intra-uterine tamponade. Bad cases of sepsis may justify panhysterectomy. (4) Complete abortion requires only rest in bed.

In patients in whom the uterus was not markedly enlarged and the cervix firmly contracted, the author saw the most marked benefit from the administration of stypticin in 3 grn. doses, given in capsules at intervals of three hours. The powder should be ordered to be put in a dry form into the capsules. Should the bleeding not cease from the administration of one of the remedies mentioned, curetting is indicated, with subsequent irrigation with a 1 per cent. carbolic acid solution.—*Jour. A. M. A.*

Treatment of Erysipelas.

There being two forms of erysipelas, states I. H. Hunter, of Sopchoppy, Fla., the treatment must be varied to suit the case. This disease, when neglected, and when affecting surfaces over important organs, is a very serious matter. In the cutaneous form, the author bathes the parts in a hot bichloride solution, and then applies the following:—

Ichthyol.	3 ij
Petrolati.	3 i

Apply locally.

If the patient is weak and old, he gives strychnine, 1-60 grn. doses, three or four times daily, keeping the bowels open thoroughly. In the phlegmonous form he uses the following:—

Ichthyol.	3 ii
Salol.	3 i
Camphoræ.	3 i
Menthol.	gr. xx
Petrolati, qs. ad.	3 ij

Apply on surface hot as can be borne.

Internally the author uses the syrup of iodide of iron in big doses, with plenty of stimulants, such as good rye whisky, and sees to it that the bowels and kidneys are acting freely.—*Med. Mirror.*

Suppression of urine in infants is extremely rare, and in any case in which the child is unable to pass its urine it is far more likely that there is some congenital source of obstruction. The existence of this should be determined by the prompt introduction of a soft rubber catheter.—*International Journal of Surgery.*