of practice which should always be followed. In bone the principle is most imperative, on account of the difficulties under which natural processes act in that direction, by reason of the absence of elasticity or yielding in bone, and by reason of the anatomical arrangements of its vessels which favor blood stasis. 4. To relieve tension in the softer tissues of the body, the local application of leeches, local or general venesection, acupuncture, aspiration, punctures, and incisions may be requisite; whereas, to carry out the same practice in endostitis or periostitis, subcutaneous or open incisions down to the bone, and the drilling, trephining, or laying open of bone by a saw may be required, the choice of method having to be determined by the requirement of the individual case. 5. In the early or hyperæmic stage of inflammation of bone, before destructive changes have taken place, experience seems clearly to indicate that the relief of tension—as indicated by a dull, aching pain, etc.—by means of drilling or trephining into bone, may arrest the progress of the disease, and help toward a cure by resolution; whereas, in the exceptional cases in which this good result does not take place, suffering is saved and destructive changes are limited. 6. In articular ostitis of every kind and variety and in every stage this mode of treatment can not be too strongly advocated, as tending toward the prevention of joint disease. 7. In acute or chronic abscess of bone, diaphyseal or epiphyseal, the abscess cavity must be opened as any other of the soft parts, drained, and dressed in the most appropriate way—the principles of treatment being the same in hard or soft tissues, although they are modified by the anatomical conditions of the parts."

SKIN DISEASES.—Dr. J. Clark M'Guire, of Louisville, in a paper on cutaneous diseases (*Am. Pract. and News*), writes very highly of the use of *fixed adhesive dressings*. He uses liquor gutta-percha (traumaticine), and the plaster mulls introduced by Prof. Unna, of Hamburg. Liquor gutta-percha is best prepared by dissolving ten per cent. of the gutta-percha in chloroform. A clear liquid results, forming an artificial cuticle that will adapt itself to all the inequalities of the skin, and is easy of application. It may be rendered much less noticeable on the skin by adding a little carmine. The plaster mulls are prepared by spreading the plaster mass on muslin; the adhesive material is the oleate of aluminum, or the best India rubber, using as little as possible, not more than two to five grains to the square metre. Many medicinal substances are incorporated with the plaster, such as oxide of zinc ointment, tar, iodoform, icthyol, boric acid, salicylic acid, in fact nearly every drug we use in the topical application for the relief of cutaneous diseases. The plasters do not deteriorate from age. In making the applications, the scales and crusts should be removed if present, and the hairs cut or shaved off. It is best adapted to those cases where there is little exudation of serum, as in psoriasis, dry scaly eczema, rosacea, and certain circumscribed lesions as chloasma, the vegetable parasitic diseases, lupus vulgaris, etc.

IODOFORM IN HÆMOPTYSIS.—MM. Chauvin and Jovisenne give (*Prog. Méd. Pract.*) a short account of the action of iodoform in hæmoptysis, at first given with tannin, and later alone:—In the first six cases pills were given containing iodoform, ¾ gr., and tannin, 1½ gr. Sometimes the hæmoptysis stopped after two of these had been taken; in one severe case of advanced phthisis, as many as five were given *per diem* for three days before the bleeding ceased. In another patient, who had been in the habit of having eight or ten attacks of hæmoptysis in the year, which had been treated by large amounts of ergotine and morphine, three of the iodoform and tannin pills stopped the hæmoptysis four months ago, and there has been no recurrence since. In the three cases recorded in detail, in which the iodoform alone was used, the results were very similar. The authors came to the conclusion that gr. ij. of iodoform *per diem*, in three pills, was an appropriate dose for moderately severe cases, and that more than eight or nine pills was not required in any case they had to deal with. This action they consider quicker than ergotine, and therefore more useful. In all the cases during the past year in which they had given it there has been no relapse, and, during the treatment, no disturbance of digestion.

CIRCUMCISION.—Dr. Norman Vogan, writing to *The Lancet*, says: As there is usually a great deal of trouble in the dressing after a circumcision in a child, perhaps a description of the method I