

of punctured wound in the neighbourhood of the tonsil in which the internal carotid was thought to have been invaded, and ligature of the common carotid was had recourse to. If in such cases it were certain that the wounded vessel was not the internal carotid, but a tonsillar branch of the external carotid, then clearly it was right to tie the latter vessel by preference. Mr. Cripps' argument was forcible, that the same incision made to expose the external carotid would serve also to secure the common trunk, supposing the first ligature failed to arrest the bleeding.—Mr. Baker had tied the common carotid in a case of hæmorrhage in the neighbourhood of the tonsil, from an injury by a tobacco-pipe. The patient died from loss of blood rather than the operation, and the ascending pharyngeal was found to have been the vessel wounded, showing that in such a case ligature of the external carotid would not have succeeded. Still, for the majority of cases the suggestions of Mr. Cripps were of value.—Mr. H. Cripps, in reply, said that in his collected cases only seven or eight were of wounds within the mouth, the majority being wounds behind the jaw. Wounds of the internal carotid were very rare, even in injuries in the neighbourhood of the tonsil, the tonsillar branch of the facial artery lying more superficially than the internal carotid, which out of five cases had been found post mortem to be wounded only in one.—*London Lancet.*

A SUBSTITUTE FOR COD-LIVER OIL IN CASES OF SKIN DISEASE, ATTENDED WITH MARASMUS.—After relating the circumstances which led him to employ oil of linseed instead of cod-liver oil, the doctor stated that latterly he was accustomed to use, in the place of the emulsified oil, simply the flaxseed itself. His patients were directed to carry it around with them, and take from a teaspoonful to a tablespoonful at a time. In this way they used sometimes half a cupful in the day. It was palatable and agreeable, and seemed to be readily assimilable. Its use was unattended with diarrhoea, and produced no eructations, or other disagreeable symptoms. He had used it in pemphigus foliaceus, lichen planus, lichen ruber exudativus, psoriasis, and in many phthisical and diathetic disorders, with the happiest results.—*Dr. Sherwell in Archives of Dermatology.*

## LOCAL TREATMENT OF THE VARIOUS FORMS OF SYPHILIS.

Sigmund (*Vierteljahrsschrift f. Derm. u. Syph.*, 1877, p. 436; from *Wiener Med. Wochens.*) prefers water, alcohol, ether, collodium, and glycerin as excipients before the various ointments, the former being neater and cleaner, simpler, more easily prepared and kept, and more conveniently used. Chlorate of potassium and acetate of lead may be used with advantage in aqueous solution (1:30) as protectives in excoriations of the skin of uncertain character. Even in extensive injuries, when these are superficial, they act well by coagulating the secretion and thus preventing further infection. They do not irritate the wound or the neighboring healthy integument, and they cause no pain. The lead is to be used preferably in excoriated, moist papular infiltrations, mucous patches, etc., in order to prepare these for the later use of other local means. Alcoholic solution of corrosive chloride of mercury (1:400), when applied carefully, covers excoriated and eroded patches of skin with a thin adherent layer under which the formation of epithelium goes on rapidly. The application can easily be confined to the spot required, and its action may sometimes be hastened by quickly brushing the affected region with alcohol beforehand. Stronger solutions (2-10:400) are caustic, and are best made in collodium. Sulphate of copper solution (1:200-400) makes a good wash or injection for use between the prepuce and glans. Stronger solutions (1:50-100) used for 5 to 15 minutes are caustic, and concentrated solutions (1:3) are useful in deeply destructive processes in the soft parts: they give rise to a sharply-defined adherent crust, which comes away after some days, leaving a healthy sore. This salt may be employed to advantage in other forms (as ointment, crystal, powder, plaster) instead of nitrate of silver. The latter is particularly useful in lesions about the mouth. Empl. hydrarg. is a variously useful ointment, but is too stiff for ordinary use, and should be mixed with empl. saponis. From this mixture may be formed little plates, balls, rods bougies, etc., at pleasure. Syphilitic infiltrations become more rapidly absorbed under the local use of empl. hydrarg.