

ciently long. Moderately acid and ferruginous baths, on the other hand, are better tolerated. After many experiments, Unna now resorts to "ink-baths," extemporized by means of sulphate of iron and tannin. The initial temperature is 30 degrees C., and is gradually increased by the addition of hot water. The patients stay in the water one-quarter to one hour, according to the reaction. These baths are indicated in the intervals between inunctions, during conditions of weakness, with extensive paresthesia and vasomotor disturbances, particularly of hands and feet; in complicating joint affections, and lastly with desquamative anomalies (eczema, psoriasis, pityriasis). Hot douches or local baths may, under certain conditions, be substituted for the general baths.

Another way of applying heat is by means of the smoothing iron. This is especially indicated in discrete nodes, where inunction of the entire skin is not desired. Several layers of flannel are placed upon the skin and the iron is then firmly pressed upon the desired spot, as long as the heat is tolerated. Discrete embolic foci, which only give rise to a moderate reddening and increased resistance of the skin, will not yield so readily to any other simple method. In the presence of anesthesia, a burn may result, but this will heal rapidly after the application of camphor-gynocard, guttaplast.

The most intense application of heat, such as is possible by means of the Paquelin, has only rarely been employed by Unna during recent years, since the removal of tuberosities by means of a sharp razor, down to the level of the skin, gives better scars and does not spoil the pathological material. The parts are first rendered anesthetic with ethyl chloride, and the bleeding is controlled with styptic powder and lecoplast. The dressing is removed the following day, the wound again sprayed, and then thoroughly cauterized. The frequent use of this method will shorten the disease and improve the cosmetic result; it is especially indicated in tuberosities of the face and hands. The fact that we possess an efficient application for the cure of spontaneous and artificial leprosy wounds in the gynocard-camphor guttaplast, should popularize this method.

The stoppage of the lymph-spaces and lymph-vessels by means of mucoid masses of bacteria is a serious obstacle for the penetration of our remedies. The simplest way of overcoming this condition is by means of pressure and massage. Massage by means of disinfecting oils is frequently practiced. Recent nodes will often disappear very rapidly after the application of a firm bandage, but one disadvantage of this method lies in the fact that the bacilli are often forced into the lymph-nodes and into