

fered with this exceedingly painful affection, else pages would have been devoted to its consideration. Is the loss of a finger, the dreadful suffering, the deformity of a hand, of such little moment that the reputation of the surgeon can not suffer thereby?

The venerated Dr. Gross, in an admirable article in his "System of Surgery," recommends an early operation, but does not designate the day or mention the *initial symptom* of the disease—a symptom which is the indicator of the day when the lancet should be used. The sensation of a splinter, briar, or foreign body being in the part where the disease is locating, is the *initial symptom*, and the subject has almost invariably endeavored to pick it before applying for advice.

The time for the free use of the lancet is the fifth or sixth day following the initial symptom. I never, if opportunity affords, defer its use beyond the seventh day. Almost all cases who have applied to me after the eighth day had passed have made a tedious recovery—many with the loss of a phalanx or an entire finger, the bone having been destroyed before the remedy was brought to bear.

The above remarks, of course, apply to whitlow when deep-seated. The superficial variety is an easily managed and comparatively a trivial affair. As we do not meet with whitlow in subjects free from systemic derangement, I always resort to appropriate treatment. I address the liver, administer quinine or other remedies, until the evil is overcome.

I will now consider the plan to abort. When consulted during the initial symptom, I seldom fail to abort by inducing *absorption* from continued pressure of the part. I force absorption by wrapping or binding the finger with a cord or very narrow tape—but prefer a cord of one-eighth of an inch diameter—commencing at the extreme distal end of the finger, and carrying it up to the proximal joint above the local error, and let it remain until pain and throbbing become unendurable, then quickly release the finger, and after resting it a few minutes, again rebind still more firmly in the same manner, thus binding and re-binding for half to three-quarters of an hour, until the finger is reduced to two-thirds its normal size.

By this procedure I have never failed, when the subject presented in time, to abort paronychia, or to convert it into a superficial abscess. If the patient neglects the initial stage, and a particle of pus is formed, the lancet is the only resort.

Thirty-nine years ago, the writer, then a distinguished medical student, came near being extinguished by a felonious felon; and then and there determined never again to suffer torments worse than those of Ixion's wheel, and by this method he has preserved not only himself and others, but members of his own family, time and again, from those infernal tortures.—*Ind. Med. Jour.*

TASTELESS QUININE.

In these degenerate days of malaria and "biliousness," quinine plays a most important part in every physician's treatment. Quinine has for years had a bitter taste, in fact "quinine by another name would be as bitter." Chemists and pharmacists of all degrees of scientific acquirements have tried their hands to make quinine tasteless, but after all there was left behind a bitter twang that was a reminder that quinine is, was, and always will be bitter. At last, when we are least expecting it, chemistry furnishes us a compound that will readily and easily disguise the intensely bitter and disagreeable taste of quinine. This chemical compound is none other than *saccharine*, a white powder that has an intensely sweet taste. Prof. H. C. Wood says that saccharine is 250 times sweeter than sugar, one grain in a pint of water gives a distinctly sweet taste. Saccharine is only slightly soluble in water, but will more readily dissolve in alcohol. Saccharine, like benzoic and salicylic acids, possesses antiseptic properties, and retards and prevents fermentation. Physiologically, it is perfectly harmless, generally passing quickly out of the body unchanged through the urine.

The following prescriptions have been used by myself in twenty-eight cases, with the result of producing the characteristic effects of quinine:

R Saccharine 3 ss.

Quinine sulph. 3 ss.

Acidi sulphurici dil. gtt xxx

Vini portensi 3 i.

M. Sig: Teaspoonful every two or three hours, This mixture was very slightly better and only momentary at that:

R Saccharine gr. xvi.

Quinine sulph. gr. viii.

M. Ft. Chart. No. viii. Sig: One every two hours for a child two years old.

This was perfectly tasteless.

R Saccharine.

Quiniae sulph. aa 3 i.

M. et Ft. Chart. No. x. Sig: One every 2 hours.

This was only very slightly bitter:

R Saccharine 3 i.

Quiniae sulph. 3 ii.

M. et Ft. Chart No. x. Sig: One every two hours.

This was slightly bitter, but the taste passed away in less than a minute's time.

My experience from the use of saccharine, as in the above formulae in the twenty-eight cases, justify the following deductions:

Saccharine, two or three parts to one of quinine, gives a palatable and tasteless mixture. Equal parts of quinine and saccharine give only a very slight bitter taste, and one that is only momentary. Saccharine one part, and quinine two or three parts, gives a slightly bitter taste that is not lasting.—*Medical Waif*, Lafayette, Ind.