

a small knife, so that a drop or two of blood may be pressed through the epidermis, no furunculus will be developed. This result would seem to show that the affection originates in the uppermost layer of the corium, and perhaps in the capillaries of the papillæ, and not, as hitherto received, in the subcutaneous connective tissue, with succeeding necrosis of the corium and epidermis. Disturbance of the digestive organs (frequently diarrhoea) always precedes or accompanies furunculus; but a plethoric or decrepit constitution is no necessary condition, as it may occur in one that is quite normal.—*Med. Times and Gazette.*

**Sulphate of Quinine.**—A property of Sulphate of Quinine not well known.—This property consists in the modification it causes on suppurating surfaces when it is applied locally. The injection of a solution of 60 centigrammes of sulphate of quinine in 60 to 100 grammes of distilled water is very advantageous in the treatment of empyema. The same injection is efficacious in gonorrhoea, and an ointment of sulphate of quinine exercises a cicatrizing action on wounds and chronic ulcers. The injections of quinine have the same action on suppurating cavities and fistulous tracts.—*Gazetta Medica Italiana.*

**Uterine Hemorrhage.**—In a recent discussion at the Obstetrical Society of London on the value of injection of chloride of iron in uterine hemorrhage, Dr. Robert Barnes said the point of the syringe should be carried to the fundus. This could only be insured by introducing the hand into the uterus. Clots should be removed before injection. One to four is a good strength, but a stronger solution might be used if necessary, but it should not be escharotic. This means of arresting hemorrhage had stood the test of experience, and had saved many lives. The test for its use is the possibility of exciting reflex action. Where this cannot be done, use perchloride of iron.—*Med. Times and Gazette.*