

dermatitis, which prepares the skin for a fresh invasion of bacteria, and for this reason it is better to use a paste composed of

Oxide of Zinc

Vaseline

Boracic Acid

ââ. ʒss.

gr. xx—M

S.—To be spread thickly on lint and held in place with American sticking plaster.

Indolent furuncles had better be opened with the knife. Pressing out the furuncles at too early a stage is very detrimental, for it does not shorten the healing process, and it only presses the infective material out into the surrounding tissues, and causes the patient a great deal of unnecessary pain. In order to disinfect the skin the foregoing paste may be rubbed in over the entire body, or the patient may receive sublimate baths. Beside these therapeutic measures, the greatest cleanliness must be observed. If the skin itches, the nails must be cut short. Undergarments and bed linen must be frequently changed, and the clothes thoroughly disinfected. The fourth indication is met by a good diet. If anemic, the patient may be given iron. Diabetics must receive appropriate treatment. No other internal treatment has given any satisfaction, neither arsenic nor the much praised sulphide of calcium have given good results, either in furunculosis, impetigo, acne or sycois. Purgatives are decidedly detrimental.—*Monatshefte f. Prakt. Dermatologie, Occidental Med. Times.*

## WHAT I HAVE LEARNED TO UNLEARN IN GYNECOLOGY.

Under this caption Dr. Wm. Goodell gives his experiences. He had learned that the climacteric is not responsible for most of the ills of motherhood, and especially, for menorrhagia, as popularly taught; that uterine hemorrhages, indeed, and other uterine discharges, can rarely be traced to the climacteric as a cause in itself; that the so-called "critical discharges" and "change of life" are misnomers which, too often, lead to indolent diagnosis and slovenly therapeutics. He has learned that operations, if time be precious, need not be deferred on account of menstruation. The menstrual period is the best time, in fact, to curette for fungous vegetations. The only operations which offer serious objection at this period are those upon the uterus itself, and because of its increased vascularity and danger of hemorrhage. He has learned that ante flexion and anteversion in themselves—without narrowing of the canal—are not necessarily pathological; that pessaries for these conditions, except occasionally a stem pessary for stenosis, are rarely useful; that irritable bladder is generally the result of nerve exhaustion, a lack of brain control, and not of pressure of an ante flexed fundus. He has long abandoned the idea that

the parturient woman must be swathed like a mummy and be kept as immovable. He finds no objection to her turning from side to side, sitting up, and even getting up to use the commode, if she feels like it. He does not believe that mammary abscess comes from "caked" or over-distended breast, but from cracked nipples; that uterine catarrhal secretions are any greater drain than those from the nose, or that they require heroic treatment; that cellulitis is at the bottom of most female ailments, and that the hot water douche is its cure-all. He believes that the latter has even caused ovaritis, salpingitis and periuterine inflammation, and that the supposed cellulitis and exudations are usually tubal and ovarian lesions. The hardest task of all was to learn that uterine symptoms are not always present in uterine disease, or that when present, they necessarily come from uterine disease. They are nerve symptoms. Nerve-strain or nerve-exhaustion comes largely from the frets, the griefs, the worries, the cares and cares of life, and their symptoms simulate uterine disorders, and are almost uniformly attributed to them. The tricky nerves, when underfed or overworked, or out of discipline, billet themselves upon some maimed organ, and hold high revel there. Thus, a woman hitherto in perfect health, though having an adherent or dislocated ovary, a torn cervix, a narrow cervical canal, a slight displacement, has her nervous system unstrung and at once there are set up vesical, uterine and ovarian symptoms. Dr. Goodell sums up his gynecological creed: "I believe that the physician who recognizes the complexity of woman's nervous organization and appreciates its tyranny will touch her well-being at more points, and with a keener perception of its wants, than the one who holds the opinion that woman is woman because she has a womb."—*Medical News.*

## HOW TO PREVENT SCARLATINA.

Dr. J. Lewis Smith refers to the important facts regarding the propagation of this disease. It is contagious from the first day of its occurrence, continues so during desquamation, is probably propagated by ear discharge if disinfectants be not used. Its area of contagion is limited—but a few feet; on the other hand the tenacity of its poison is remarkable, adhering to persons and things, and thus being carried by physicians, nurses, visitors, clothing that has been stowed away a length of time, letters, library books, and also, being retained in the hangings, furniture, and wall paper of rooms, etc. The gases generated by burning sulphur are proved to be not efficient, although Dr. Squibb suggests that it is because they are used in too dry a state. The sulphur should be burned in a room with boiling water. Chlorine generated by the action of sul-