

strict cleanliness, all are agreed; if antiseptics of chemical character are valueless, they, at least, in all probability, do no harm; give the patient the benefit of the doubt, and employ them.

2d. Always employ an anæsthetic, lest the complaints of the patient should frustrate the investigation, or at least render it superficial and uncertain.

3d. Always make an incision which will admit the whole hand, one which will admit two fingers only is hardly warrantable. If possible, let but one man's hand be passed into the abdominal cavity; in a multitude of counsel there is, in these cases, danger. The brain which guides the hand should be competent for deciding the question at issue.

4th. Never hurry an exploratory incision, but never prolong one unnecessarily; let discussion as to diagnosis occur after the peritoneum is closed, not while it is open; and let the fact be appreciated that the clinical lecture, which is so common at this moment, is always a source of danger.

A DOMESTIC DEVICE FOR NIPPLE SHIELDS.

The old adage that "there is no new thing under the sun," was prettily contradicted by one of my patients who, suffering with fissured nipples—so sensitive and painful that their contact with any fabric or dressing caused intense distress—invented for herself almost perfect nipple shields, by suspending from a ribbon about the neck two deep, wire tea strainers.

They were held in place by a properly fitting waist, and the nipples, thus covered, were entirely free from any irritation.

She had, moreover, such a copious supply of milk that it was otherwise quite impossible to keep the nipples dry. This was remedied by the ready passage of the milk through the wire gauze to a layer of absorbent cotton covering the tea strainer.

Not until she began to employ this method of protecting the nipples did the process of healing go on satisfactorily.

This young mother's clever device has been a source of great comfort in a number of similar cases which have since then come under my care.

I believe that this use of the tea strainer is quite novel, and trust that its value may be tested by some of your readers.—Frank Holyoke, M.D., in *Boston Med. and Surg Journal*.

LOCAL REMEDY FOR NEURALGIA.

A mixture of one part of iodoform, to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of

value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review*.

BOUGIE TREATMENT OF CHRONIC GONORRHEA.

Dr. J. Appel, *Monatshefte fuer praktische Dermatologie*, 7, 1886, reports on the use of sounds, covered by a medicament in chronic blenorrrhea of the urethra. The method was first employed by Unna. It appears to be of importance to pay attention to the chemical changes that may occur in the influence of medicament upon the material of the bougie and *vice-versa*. In cases, failures appear due to this possibility. Appel has found an unalterable preparation to be a mixture of 90 parts of vaseline, ten parts of paraffine, two of balsam of copaiva and one of nitrate of silver, applied upon block-tin sounds.

This modification is said to heal many a case that has resisted all treatment.

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