

nitric acid. A play of colours, green, blue, purple, and red, indicates BILE PIGMENT.

(2.) Boil a portion of the urine with acetic acid, and filter to remove albumen, then add a few crystals of cane sugar, and a few drops of concentrated acid; a purple tint indicates the ACIDS OF BILE.

A red colour may be due to blood; in this case heat will have destroyed the colour, and coagulated the albumen of BLOOD. Examine.

(1.) by the microscope for BLOOD GLOBULES, and

(2.) by the spectroscope for HÆMATINE.

A high colour may also be due to purpurine. In this case it is unaltered by heat and by nitric acid. Boil a portion with hydrochloric acid. A dark red or purple colour indicates excess of PURPURINE, of which a small quantity is present in normal urine. Allow to stand for a day; the crystals which slowly form are URIC ACID an excess of which frequently accompanies purpurine. — *Liverpool Medical and Surgical Reports.*

POISONED BY MERCURY FROM A TOOTH FILLING.

The following, from a Nebraska paper, shows that the "amalgam question" received some attention in the West: "Last Wednesday evening the intelligence was noised about that Mr. John C. Smith, a middle-aged man, unmarried, who lived in a small house next west of the residence of S. W. Allen, was dead. It was known in town that he had been suffering for some days with a swelled face and neck, coming from a tooth, which Dr. Keef, of Marysville, had lately filled, but his death was not thought possible. Dr. Sprague attended the deceased at first, but afterwards called Drs. Davis and Buffon: all of whom agreed that he was suffering from the effects of mercury, present in the amalgam used in filling one of his teeth. The filling had salivated the unfortunate man, and as the inside of his mouth, throat and windpipe swelled, respiration was hindered, and it finally ceased altogether.

"Poultices were applied, and other means used to reduce the swelling, but all to no purpose. Mr. Smith died about 7 o'clock Wednesday evening.

"By request of a number of the citizens, Coroner Buchanan next day ordered a *post mortem* examination to be made of the remains and an inquest to be held. Dr. Davis made the examination, opening the chest and taking out the lungs, and also extracting the filled tooth. No signs of any other disease were found except that caused by the mercury, and it was made clear to the jury by the Doctor that this caused the death. — *Dental Magazine.*

TREATMENT OF RINGWORM.

Dr. Tilbury Fox, in the course of some observations on the mode of preventing the extension of ringworm in schools, remarks that isolation at all hazards is the first thing to do. When a number of cases occur, it is better to separate instances of very bad and extensive disease again from slight new cases and convalescents, for the simple reason that active treatment may at once annihilate the disease

in the former, and in new cases and convalescents fresh implantations over the, in the main, healthy area of the scalp may be taken place from contact with bad cases of tinea. Dr. Fox would, of course, only adopt this plan where the cases of disease are very numerous—say thirty, forty, and fifty or more.

There are, next, certain general considerations to be taken account of. Attention to the dietary is one; for the under-fed, and ill nourished, and ill kept furnish the most appropriate nidus for ringworm. All deficiency in meat should be rectified, and in case the attacked or the non-infected look sickly or pallid, the allowance of meat and fresh vegetables should be increased, and supplemented by iron and cod-liver oil. So again, the cubic space allotted to each child should be ample, ventilation free, and cleanliness enforced with exceptional strictness. One word more as regards the general health of children. If with a vigorous system of inspection in constant operation many cases rapidly appear, and, in spite of hygienic measures, spread, the children furnish clearly a very suitable soil, and the dietary of the establishment should be looked to. If ringworm becomes epidemic, with a *bad system of inspection*, it implies simply neglect, of course. Here isolation is the main thing needed to protect the healthy, and not feeding up.

In all cases in schools the hair should be cut short, close to the scalp. Recent cases are at once checked and often cured by simple blistering. The disease, not having reached the bottom of the hair follicles, is at once accessible to remedies. The use of strong acetic acid is perhaps as good as the blistering fluid. If the case is not very recent, epilation of diseased hairs, after the Paris fashion, should be practiced. It is generally "too much trouble to do this." Dr. Tilbury Fox next enforces the use, every few days, of Coster's paste to the extent of some five or six applications, and the subsequent use, night and morning, of some parasiticide ointment, diluted citrine ointment, or sulphur, creasote, and ammonio-chloride of mercury. The head should be washed each day and well greased. The latter prevents the escape and dissemination of fungus germs. If preferred, the head may be kept soaked in diluted sulphurous acid: of course a proper cap of silk should be worn.

It is scarcely necessary to do more than refer to the necessity of thoroughly cleansing the brushes, combs and towels of the diseased, and seeing that these are not used in common by the healthy and the infected. Towels should be well boiled. To one novel point Dr. Fox directs special attention: it is the disinfection of the air of the wards in which a large number of cases of ringworm have been. His recent observations show that the fungus germs are floating in the air; and though Dr. Fox had until lately no experience to go upon, because the observation is as yet a novel one, yet he has no hesitation in saying that the air of the wards should be disinfected by burning sulphur, if, after complete isolation has been practised where many cases of ringworm have occurred, other instances of disease still continue to appear amongst the previously healthy. (*Lancet*, Jan. 6, 1872.)