troduced into the rectum, when it is withdrawn and rests upon the anus. The bridge of tissue is then divided, the sinus thoroughly curetted; if tubercular, cauterized; then packed. It is important to find and treat similarly all branch sinuses.

Excision consists in dissecting out the whole sinus, suturing and healing by primary intention.

The conclusions the author wishes to impress are:

1. Tubercular fistula is secondary to tuberculosis of the lungs.

2. Pulmonary tuberculosis is rarely, if ever, secondary to fistula in ano, either before or after the operation.

3. Tuberculosis of the anal region requires the same radical treatment that is recommended for tuberculosis of other parts of the body.

4. When general conditions are favourable, operate on all fistulas irrespective of the kind.

5. No evidence that the cure of fistula will induce phthisis.—Dr. G. S. Gant, in *Med. Rec.*

CORNS.

Dr. E. L. Wood, of Danville, N.Y., writes: "A radical cure for corns consists in paring the callosity as closely as possible without causing any hemorrhage, then placing in the center of the corn a very small drop of croton oil, and bandaging for twelve hours. Then remove the bandage and paint the corn with reliable cantharidal collodion; a pustular bleb will result, in the formation of which the entire callosity, nucleus and all, will be raised without very much pain from the tissues beneath, and can be easily removed. The process should be conducted under the care of a surgeon to insure prompt sterilization of the part after the callus is removed. Healing has always been rapid, not requiring more than three or four days, with no liability to recurrenc unless the foot is afterward abused. I have treated activ working patients without a loss to them of more than half-day's time."—*Courier Record of Medicine.*