

Certainly; it is very probable that pus would form in connection with a decayed tooth and dead bone. It is possible, however, that you have to deal with periostitis only.

What treatment would you recommend? "Take out the tooth, and apply some counter irritant." For instance, tincture of iodine? "I do not think that is nice on the face." There being periostitis, iodide of potassium would be appropriate, and will be prescribed, for if she got nothing she would not return again for such treatment as might be called for at any time.

The decayed tooth at the site of the tumour must also come out. "Would there be bone formation there in two months?" Oh, yes. We saw such a case last winter. Bony deposit may take place and be very large in a few weeks. We see that in cephalo-haematoma and in fractures. The disappearance of the tumour may be almost as rapid as its formation. — A. JACOB, M.D., in *Archives of Pediatrics*.

The Present Status of Thoracic Surgery.

—Gaston (*Jour. of the Amer. Med. Assn.*, Vol. XXI, No. 9), after discussing the various methods proposed, draws the following inferences:

1. All penetrating wounds of the thorax may be closed hermetically by suture or otherwise, after allowing the discharges of fluid blood from the opening.

2. Foreign bodies lodged in the bronchi may be removed by incision of the trachea at the lowest available point.

3. Experiments on reaching the bronchi through the chest wall afford little encouragement in undertaking operations upon the human subject.

4. Medication as a preventative and a curative agency in pleuritic effusion is worthy of trial before having recourse to aspiration.

5. Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumo-thorax, but cannot be relied upon for the relief of purulent collections.

6. Partial resections of ribs are attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

7. The excision of a small portion of one rib with the introduction of drainage tube has been generally attended with good results.

8. Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

9. The operation of thoracotomy for abscess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage of gauze.

10. Tumours of the mediastinum may admit of interference, but further developments of technique are necessary before the method can be generally advised. — *Therapeutic Gazette*.

Erythema.—The second case was one of multiform erythema, of variety erythema annular, in a boy of nine and one-half years of age. The eruption began suddenly, the boy first noticing an itching of the scrotum while at the tea table, and when he was undressed for bed the scrotum was found to be red and irritable; in the morning the eruption spread very rapidly, covering the scrotum, penis and left groin over an area of four or five square inches. The disease consisted of erythematous patches, irregularly raised and fairly sharply defined; the patches varied much in size and shape: on the dorsum of the penis there was a distinct ring, one inch in diameter, with clear centre and raised border about one-sixteenth of an inch broad. The erythematous scrotum was thickened and red, and there were elevated patches of erythema on the upper thigh and left groin. The whole subsided very readily under a lotion of calamine and zinc, together with a rhubarb and soda mixture internally. — DR. L. DUNCAN BULKLEY, A.M., M.D., in *Archives of Pediatrics*.

Treatment of Gonorrhœal Ophthalmia.

—Burchardt (*Centralbl. f. prakt. Augenheilk.*, November, 1893) describes the treatment he has found most successful in acute purulent ophthalmia of gonorrhœal origin in children and adults. He formerly carried out the classical treatment of leeching, scarification of the conjunctiva, cauterization with nitrate of silver, and ice compresses. He has gradually omitted all these methods in consequence of some ill effect they had or because they appeared to him irrational, and he now confines himself to a very free irrigation of the conjunctival sac with a 5 per cent. solution of chlorine water, followed by a $\frac{1}{8}$ per cent. solution of nitrate