His article is to be found in the *British American Journal of Medical Science* for 1862, vol. iii., p. 92.

IODINE IN ERYSIPELAS AND SMALLPOX.

The *British Medical Journal* has published lately, amongst its therapeutic memoranda, statements commendatory of the action of iodine as a paint in erysipelas. Strangely enough, this old practice was given as if it were something new. After a month or so the writer discovered that he was in error in supposing he was the originator. My earliest recollection of erysipelas was seeing a friend's face painted in this manner. All the medical writers whose works are at hand mention iodine in this connection. Fourneaux Jordan, quoted by Ringer, recommends blisters or iodine. Tanner ("Practice of Medicine") states that "boundary lines may be drawn on the sound skin with tincture of iodine or nitrate of silver." Smith ("On Diseases of Children") thinks it a better remedy for arresting the extension of erysipelas than nitrate of silver. It should be applied to the margin of the sound skin to the distance of two inches. In the 1848 edition of "Dunglison's Practice of Medicne," Dr. Davies, of Hertford, England, is quoted to the effect that the tincture of iodine, diluted with two parts of alcohol, and applied by means of a camel's hair brush, is an excellent application.

In the issue of the same journal, of the 30th Sept., 1882, Dr. Henry Tomkins writes that it is useful in the above mentioned modes of application, more particularly the one quoted by Dunglison in 1848. In smallpox too, he advocates its use. Now, long ago, at least thirty years ago, Dr. Crawford, one of the physicians of the Montreal General Hospital, and a lecturer in McGill College, published an article containing the results of his treatment of smallpox cases by iodine paint, and claiming that it prevented the subsequent pitting.

PARASITIC INFLAMMATION OF THE EAR.

(Read before the Canada Medical Association.)

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The knowledge of this peculiar, limited form of inflammation in the external ear, caused by the presence of a fungus growth, dates a new era in otology. For, although several examples had been observed by Mayer, Paccini, and Karl Cramer, also a short contribution on the subject by Schwartze, yet it was not till the comprehensive work of Wreden on the diseases of the ear appeared that it became really known. In late years the pathology of otomycosis has been greatly enriched by the worthy efforts of Burnett, Blake, Cassels, Hagen, Bezold, Lowenberg, and Hassenstein.

The fungus growth, occurring most frequently in the ear, belongs, according to the statement of Wreden, to the species aspergillus nigricans and flavescens; according to Bezold, to the aspergillus fumigatus. The less frequently occurring fungus formations in the ear are the trichothecium roseum observed by Steudener, the fungus with grass green conidia described by Hagen, the otomyces purpureus of Wreden and Burnett, and the ascophora elegans of Tröltsch.

The examination of the fungus mass removed from the ear yields a somewhat flattened epithelium, breaking down; and a manifold interlaced mycelium texture, from which arise, perpendicularly, cylindrical strong walled, often divided stems, which carry the head of the fungus or sporangium. This sends out from the central bladder-like widening or receptaculum the radius upon which are placed lengthened cells. On the free ends of these latter are seen the round conidia or spores.

The colour of the various varieties of the fungi depends for the most part on the colour of the conidia. This statement is particularly true of those found in Britain and Germany, and almost entirely in regard