

little to the results attainable by chemical analysis. Micro-biology must undergo further development before gerin-cultivation methods can be expected to throw much light on water-pollutions. Lastly, the sanitary survey of the source of the water, or its mode of storage, should always be carried out whenever any doubt exists as to the freedom of the water from all possible sources of contamination.—*Practitioner*.

ON THE TREATMENT OF FELON WITHOUT INCISION.—Unless it is contra-indicated I generally begin the treatment with a mild cathartic, the following being that commonly employed :

R Ex. colocynth. comp.
Mass. hydrarg. āā gr. x
Pulv. ipecacuan. gr. ii

℞ Div. in pil. No. iv. Sig.—Take two at night and two on the second night after.

A tonic is administered from the first, one containing iron being preferred. The formula of this is as follows, the proportions being somewhat altered to suit individual cases :

R Magnesii sulphatis ̄ i
Ferri sulphatis ̄ i
Acidi sulphurici dil. ̄ iv
Syr. zingiberis ̄ i
Aquæ ad ̄ iv. M.

Sig.—Teaspoonful in water, through a tube, after eating.

In addition to this it is my custom to administer the sulphide of calcium from the beginning to the end of the treatment. I usually give it in the form of $\frac{1}{4}$ grain gelatin coated pills, one being given every two hours irrespective of food or other medicine. In order to have any good effect from this latter drug, it is essential that it should be fresh and pure. It is well to test the pills by biting them, when the characteristic odor of sulphuretted hydrogen becomes at once noticeable if the article is good.

Alcohol in all forms should be absolutely interdicted, and the malted liquors appear to be almost very harmful. The diet should be full and nourishing, but not stimulating. Milk is often given, sometimes in the form of punch and egg-nog between meals. Tea and coffee may be taken in moderation, but unnecessary and indigestible articles should be avoided.

The local treatment of felon consists simply in the constant and very thorough envelopment of the affected part in the diachylon ointment of Hebra, which, when properly prepared, forms a most agreeable and soothing dressing.

The author does not pretend to abort all cases, as he confesses that in many he gets suppuration and in some necrosis.—Dr. Buckley in *Jour. Am. Med. Ass'n*.

THE TREATMENT OF CHRONIC LEG ULCERS WITHOUT REST.—Baum, in the *Deutsche Medicinische Wochenschrift*, affirms that by adopting the following mode of treatment, ulcers of the leg may be cured while the patient follows his usual employment. First, the whole leg is most carefully washed with soap, shaved, and brushed with sulphuric ether. Then the ulcer is carefully disinfected with a three per cent. carbolic solution, applied by cloths dipped in it, which are kept on for half a day. The leg is then carefully dried and strapped, the strips crossing in front and overlapping at the edges. The plaster must be spread thickly on the linen; breadth of each strip, four to five centimetres ($1\frac{1}{2}$ to 2 inches). Above this strapping eight layers of carbolic gauze are laid, and fastened with a carbolic bandage.

Every second day the bandage is taken off, and the carbolic gauze, especially over the situation of the ulcer, is thoroughly sprayed with a twenty per cent. carbolic spirit, then a fresh bandage is applied.

This treatment is continued for four weeks. On removing the whole dressing, the ulcer is found, in most cases, completely healed up. If a small spot should still be open, a small similar dressing is put on for a fortnight.

PROFESSOR RUBEK some time ago advanced the view that pernicious anemia may be dependent on the presence of intestinal tape-worm (*Bothriocephalus latus*). His views were supported by some, and combated by others. A case which tends to support Rubeberg's view is recorded by Schapiro in the *London Lancet*. A lad thirteen years of age came under treatment for intense anemia of a progressive type, characterized by diminution of red corpuscles and of hemoglobin, with liability to cutaneous hemorrhage, epistaxis, etc., marked cardio-vascular bruits, pyrexia, and without any emaciation. It was not until the administration of anthelmintics had resulted in the evacuation of a large quantity of segments of bothriocephalus, that he began to regain strength and color. His recovery from that date was rapid. The writer attributed the anemia to the disintegrating action, on blood-corpuscles, of some chemical product of the parasite which was absorbed into the blood.

DURING the last year Dr. Hartmann (*British Medical Journal*) has treated otitis with instillations of several drops of a solution (one in ten) of carbolyzed glycerine with excellent results. Pain instantly disappeared, and the progress of the affection was checked. In cases where effusion existed, the relief obtained was equally great. M. Rohrer, who confirms M. Hartmann's statements, recommends a solution of twenty per cent.