

erated by the saprophytes of the contents of the stomach.

These diseases are most destructive at the time when high temperature, through the action of micro-organisms, works destructive changes in food substances, and almost disappear when the weather becomes cool. There are also cases which have the character and etiology of general infectious diseases.—*Jahrbuch of Kinderskeilk.*

TREATMENT OF ERYSIPELAS BY ICHTHYOL.—In connection with the leading article upon this subject in this number of the *Therapeutic Gazette*, the following conclusions, reached by Klein, of Warsaw, are of interest :

1. Ichthyol undoubtedly checks the progress of the disease, either by its reducing action on the tissues, or by its direct action on the micro-organism, or by both actions simultaneously.

2. Ichthyol shortens the mean course of the disease by about one-half.

3. The period of treatment is from three to four days.

4. The course of the disease is considerably milder when ichthyol treatment is employed.

As regards this mode of employment in the clinic, equal parts of the ordinary ichthyol and vaseline made into an ointment were made use of. If the erysipelas covers an extensive surface, a weaker preparation will suffice,—equal parts of ichthyol, lanolin, and water. If the dilution is still greater in hairy parts, it can be gently rubbed. Before using the ichthyol, any wound present should be thoroughly cleansed and disinfected, and parts affected with erysipelas should be well washed with warm water and soap. Ichthyol is best rubbed in with the hand, commencing over the healthy skin, about a hand's breadth from the affected part, and gradually passing over it. The inunction should be as vigorous as the tenderness of the parts will allow, and as much ointment should be used as will leave the whole skin of a uniform dark-brown color. After the inunction, the parts are to be wrapped in a thin layer of hydrophile gauze moistened in salicylic water, and over this a thicker layer of non-absorbent cotton must be lightly fixed with a bandage. This procedure is to be repeated three or four times a day, and for three or four days, until the temperature has become normal. If the treatment be interrupted too early the disease will recommence.—*Medical Press and Circular.*

ON THE ELECTRIC LIGHT AND ITS EFFECTS UPON THE EYES.—There are two principal forms of electric light used: the arc light, chiefly employed outdoors and in large stations and workshops; and the incandescent, employed for general interior illuminations. The arc light is produced by passing the electric fluid between two carbon points,

the light being most intense when the interval between these points is shortest. Some of the intensity is no doubt due to the combustion of the carbon as it passes in minute particles from the positive to the negative pole. The light is of a bluish, dazzling brilliancy, unsuitable for illumination, except when at a considerable distance from the eyes. Another great disadvantage it has is its intermittency and unsteadiness. The incandescent light is obtained by passing the current through a non-conducting medium *in vacuo*. As there is no combustion of the carbon if the vacuum is complete, the light is not as intense as the arc, and is very suitable for general illuminating purposes.

Comparing the different forms of light with sunlight their spectra show the following proportions :—

	Red.	Green.	Blue.	Violet
Sunlight.....	1.4	1.6	0.5	0.1
Electric.....	2.0	1.0	0.8	1.0
Paraffin.....	3.0	0.06	0.2	0.1
Gas.....	4.0	0.04	0.2	0.1

As it has been proved that the rays of greatest wave length—that is, from the red end of the spectrum—are most irritating to the retina, electric light irritates less than other forms of artificial light. The electric light gives off but very little heat, and no products of combustion, while paraffin occupies a position between it and gas in this respect. Many eyes suffer discomfort when used for a length of time with any artificial light. This is most likely to occur in eyes that are being used at near work during the day, and is simply fatigue of the ciliary muscle and the accommodation. This liability is increased where there is ametropia. This irritability to artificial light occurs where persons, previously robust, and using the eyes without complaint in unfavorable circumstances, become debilitated, and then, though the general health is re-established, the irritation to artificial light remains. Many instances are recorded of the eyes being injured from exposure to excessive light. All cases so far recorded as due to the electric light have been produced by the arc, and then by gazing unprotected at it at short range. The patients are generally electricians or those working about the arc lamps. No well-authenticated case of injury to the eye from incandescent light has yet been recorded. The conjunctival symptoms are great congestion of the vessels, sharp pains through the globe, photophobia, lachrymation, swelling of the lids, frequently extreme chemosis of the conjunctiva, accompanied in some cases with great contraction of the pupils. These symptoms usually subside in a few days, and are probably the result of over-stimulation of the retina. In other cases actual inflammation of the retina takes place, and formation of a permanent scotoma. Another drawback of the arc light as