

structure. Some of these fragments, in our opinion, acted as an impediment to the circulation, hence the gangrenous condition, resulting in the subsequent amputation.

It was thought advisable to treat this case expectantly, and therefore he took daily 15 grains of quinine with 30 grains of chlorate of potash for seven or eight days.

Notes of case of Caries of the Rib. By A. ANSELL, M.D., Falmouth, Jamaica.

Result—Cured.

Zeferina Cortes, ætat. 5½ years; nativity, Mexico; family history evidenced marked syphilis; the child was of the diathesis syphilo-scrofulous; her appearance was extremely emaciated, and bore evidence of neglected care.

I was consulted for a large abscess which had formed over the anterior costal region, covering the ribs from the fourth to the seventh; there was slight fluctuation clearly discernible over the sternal end of the sixth rib, and extending back for about 1½ inches; the fluid, however, was deep. The child was fretful, and was in apparent pain; she could not bear the part touched, flinching at the slightest touch. I was told she had had severe fever for several days; the tongue was thickly coated, the pulse soft, but full, compressible, complete anorexia; bowels inclined to be too solvent; the child's condition was generally æsthenic.

My first act was to give exit to contained fluid. I therefore made a free incision, in the doing of which my bistoury came in contact with a hard substance. Not knowing what this might be, I ænesthetised the child, and examined the cavity carefully; this resulted in the extraction of the sternal end of the sixth rib, following which there was a considerable exudation of dark fetid pus, the characteristic pus of dead bone. I injected the cavity with a weak carbolic acid solution; this with the double purpose of deodorising the wound, and assisting in the exfoliation of the end of the bone.

My internal treatment of this case was by the syrup of triple phosphates, of iron, quinine and strychnia. The case progressed favorably and terminated successfully. It was under my care from the 11th of June, until the 4th of August, 1874.

DEODORIZED IODOFORM. Dissolve iodoform in ether and apply to the diseased parts. On evaporation an odorless coating of iodoform is left.—(*Druggists' Circular.*)

Progress of Medical Science.

ON THE TREATMENT OF CHRONIC THROAT-CATARRH WITH NITRATE OF SILVER.

Dr. Dawosky lays down the proposition (*Betz's Memorabilien*, vol. xxii, part 12) that in the treatment of diseases of mucous membranes, where external applications are possible, nitrate of silver is a remedy useful before all others. Brought into contact with a mucous surface, it coagulates the mucus; and if applied in excess it unites chemically with the tissue of the membrane beneath, forming a more or less thick crust. If the nitrate be applied to an actively secreting mucous membrane, it first irritates the distended blood vessels and capillaries, and also stimulates their contractility, so that they unload themselves and cause an onward flow of the blood accumulated in them. Hence it becomes necessary to the efficient use of nitrate of silver to form an accurate estimate of the quantity to be applied in each case, and also that it should be applied by the physician himself. In chronic throat catarrh, we have a congested condition of the mucous membrane, and a consequent abundant secretion, with swelling and redness occurring in unequally distributed patches. If these patches become denuded of epithelium, they appear yet more deeply reddened. In such cases, the nitrate should not be applied otherwise than in a solution of definite strength. It is convenient to have a concentrated solution, which may then be diluted with water or glycerine. After applying it with a brush to the affected parts, these should be painted over with a solution of glycerine, and the application is repeated so long as there is any swelling, unhealthy secretion, etc. At the same time, the food and drink taken should be cold, and smoking discontinued. Should the larynx be also affected, it should be brushed with the caustic solution of a strength of one to eight, repeated three or four times a day. A large number of cases of laryngeal catarrh thus treated have uniformly yielded the best results.

LIQUOR BISMUTHI FOR NASAL CATARRH.

Dr. Q. C. Smith writes to the *Pacific Med. and S. J.* recommending for nasal catarrh liquor bismuthi and water, equal parts, applied one to three times a day, to nostrils, pharynx and naso-pharyngeal cavity, freely, with a spray producer. He has found this, during an experience of several months, to produce very satisfactory results. Sulpho-carbolate of zinc, in weak solution, as before published, he regards also as a very efficient remedy; applied in the same manner.