

THE TREATMENT OF FURUNCULOSIS.

Dr. Viel publishes in the *Monatsschrift für Pract. Dermatologie* an interesting paper on the treatment of furunculosis. He says that the first aim of such treatment should be to destroy the pyogenic coccus in the skin by anti-parasitic remedies before necrosis of the tissues has taken place. If this necrosis has already taken place, then the separation of the necrotic mass and the expulsion of the pyogenic cocci should be accelerated as much as possible. The next aim should be to prevent by injections a new formation of boils. Lastly, the system should be prepared to resist a new invasion of the cocci. The author says that it is rarely possible to fulfil the first condition, and when once the invasion of the pyogenic cocci has produced visible alterations, such as swellings, nodes, or vesicles, necrosis has occurred, and the glandular secretory tract is occluded by pus. This prevents any antiseptics which have been applied to the skin from penetrating the pyogenic cocci at the fundus of the gland. It is therefore impossible for the carbolyzed mercurial plaster of Unna, the concentrated spirituous solutions of boracic acid recommended by Lowenberg, and many other applications, to do any good. The injection of a three-per-cent carbolic acid solution and the introduction of a wire armed with nitrate of silver are most painful and, after all, uncertain. In speaking of the next condition of treatment the author decidedly recommends the old method of hot poultices. He considers that no remedy leads so quickly and certainly to the desired result. To prevent infection of the neighboring tissues he recommends washing the skin with cotton-wool dipped in a one-per-cent solution of corrosive sublimate, or, when the skin is very sensitive, of a four-per-cent aqueous solution of boracic acid, before the application of each poultice. At night the boil is covered with a paste of equal parts of zinc and vaseline with four-per-cent of boracic acid on lint. He also recommends that very indolent boils should be opened, and thinks that it is wrong to squeeze them too soon. The paste also serves to guard the neighboring glands from infection. When a bath can be borne, the author prescribes sublimate baths. He gives his patients highly nourishing food, and when they are anemic preparations of iron.—*London Lancet*.

TARTAR EMETIC FOR CONSTIPATION.

In constipation occurring in the thin and anæmic, the efficacy of sulphate of magnesium can be much increased by the addition of gr. j-ij of sulphate of iron, taken before breakfast each morning. However, if the patient be of full health, robust and plethoric, you can add to the Epsom salt with much advantage gr. 1-16-1-12 of tartar emetic.—*Western Med Reporter*.

RULES FOR GUIDANCE IN CATARACT OPERATIONS,

H. Knapp, M. D., *Am. Lancet*;

1. Keep out bacteria, or wash them off by germless, unirritating liquids; boiled water, boric acid and other indifferent substances dissolved in boiled water.
2. Prevent the multiplication of germs by antiseptics; watery mercuric bichloride, or alcoholic bichloride, chlorine water, nitrate of silver, and other substances in very weak solutions.
3. Perform the operation with the utmost degree of neatness and accuracy, and with a minimum of traumatism, avoiding bruising, scratching, and tearing of any kind, so as to reduce septic conditions to a minimum.
4. Endeavor to obtain primary union by freeing the wound from all foreign substances, by perfect coaptation of its edges, and by maintaining the greatest possible immobility of the organ until the closure of the section is firm.
5. Avoid constitutional infection of the wound. It is dangerous to operate for cataract as long as the constitution of a patient is under the active influence of a specific disease; for instance, articular rheumatism, acute or chronic suppuration, syphilis and the like. In some incurable diseases—for instance, diabetes—we must select a time when the vitality of the patient is least reduced.—*W. Med Reporter*.

DESQUAMATION AFTER SCARLET FEVER.

Dr. Louis Starr advises the following treatment during the stage of desquamation: Anoint the entire surface of the body, including the scalp, daily, with an ointment of:

R. Acid carbolic	grs. xx
Thymol	grs. x
Vaseline vel ung. simp	3 j

Then put in a warm bath for five minutes, protecting from cold, and put to bed, wiping the body dry beneath the bed clothes. This has the effect of hastening desquamation and of disinfecting and preventing the dispersion of the scales, which are active vehicles of the contagion.—*Archives of Pediatrics*.

FOR HEMOPTYSIS.

R. Fl. ext ergot.	gtt. 160
Acid sulph. dil.	gtt. 320
Tr. aconite rad.	gtt. viij
Syrup limonis, of q. s., ad	f 3 ij

M. et Sig.—A teaspoonful every half hour, or less, as required.

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Philadelphia.—*Medical Summary*.