Tetanus is not common in Southern China. In eight years of hospital practice, I had previously met with but one case. Our present hospital was built a year ago, is thoroughly ventilated, and occupies a healthy site. The room which the two patients occupied is 10 ft. by 8 ft. and has a wooden floor raised 2 ft. above the level of the ground. Though it appeared clean, the room had neither been swept nor washed since the first patient had died therein. Is it possible that our second patient was inoculated through the anal wound by dust containing specific micro-organisms generated by our first patient, and tetanus produced? The necessity for the thorough cleansing of a ward in which a case of tetanus has occurred is clearly indicated.—Dr. Adams, *Lancet.*

CHLORATE OF POTASH IN EPITHELIOMA.—M. Reclus has recently revived an old plan, somewhat in vogue forty years ago, of treating epithelioma of the skin by means of chlorate of potash, and is disposed to think that while this plan cannot be recommended wholesale as a substitute for excision, there are cases which, operative measures being, for one reason or another, inadvisable or impossible, may be satisfactorily treated in this way. One main point to be taken into consideration is the rapidity of growth. In order that chlorate of potash may have any chance of success, it must be employed for a considerable time. It is therefore only suitable in cases where the growth of the tumor is slow. Dr. Lemoine, of Lille, also has reported two cases of epithelioma, or cancroid as he calls it, where chlorate of potash was employed with eminent success. In one case the the tumor occurred in an old woman, occupying a large part of the left cheek, there being three enlarged glands at the angle of the jaw, and the skin around the ulcerated growth being tense, shining, and of a purple color. Half a drachm of chlorate of potash was given daily, compresses soaked in a solution being also applied to the cheek, and a large pinch of the powdered salt being sprinkled over the surface of the tumor twice daily. The discharge of ichor, which had been abundant, soon began to diminish, and in about three weeks signs of improvement began to show themselves round the edges of the ulcer; in six weeks time the diameter of the ulcer had diminished from 8 centim. to 4 centim., the surface having become hard and dry, like that of a scirrhus, and the epidermis spreading over it a little more each day. The glands had become smaller; in eight weeks the surface had completely healed over. The internal administration was continued for a fortnight longer; since that time—some nine months before the report was made—no return of the signs of the disease had occurred. The second case was an epithelioma of the great toe, which had lasted about two years. This was treated by the internal administration of chlorate of potash and by its local application for about ten weeks, at the end of which time complete recovery is stated to have taken place. Unlike Dr. Lemoine, M. Reclus confines himself to the external application of the chlorate of potash. He finds that this is not suitable for cases where the growth affects the mucous membrane, because of the greater depth to which it generally penetrates under these circumstances. It acts best where the tumor is confined to the skin; but it may be employed where the junction of the mucous membrane with the skin is affected.—*Lancet.*

THE DOCTOR AT HOME.—The doctor's wife, says the *Boston Med. and Surg. Jour.*, was not long since overheard telling her husband that he was pleasant everwhere save in his own family; and the doctor admitted that his good-nature was so exhausted in his daily visits to his patients that he was irritable when he reached his home. "Exactly how true the doctor's admission was in that particular instance," our contemporary continues, "it is impossible to say, but it seems as though in the ordinary course of a doctor's existence such a condition might often occur. Physicians certainly meet with many things in their daily rounds that try their tempers. Life is, for most of them, a constant study how to coax or to compel obstinate or ignorant, perhaps silly or even insane, patients to follow the course thought to be for their good. All these troublesome individuals must be reasoned with or influenced by some means to do as they ought. To carry his point the doctor must keep his temper. He usually preserves and outward calm, but if he is naturally quick tempered it is often at the cost of an effort which is exhausting. After such a struggle he reaches home in a state of irritability combined with mental and physical weariness, and under such circumstances it is not easy to meet little home trials with patience." We regret to notice in our esteemed contemporary a vein of apology for the irritable doctor which is hardly justifiable. The physician has no right to exhaust his good humor abroad and bring only an irritable mind to the domestic hearth. The doctor is expected to be a Christian or a philosopher, or both; and, if he is either, he can find no justification for being cross to his wife, and good-natured to his patients. We have known this evening irritability, which is not a characteristic of doctors by any means, to be relieved by a cup of bouillon, a five o'clock tea, or even a buffet-indulgence of a stronger character. Some physicians claim that effervescing caffein, or a good draught containing some mineral acid, relieves the tired and overstrung nerves. At any rate, the resources of religion, philosophy, the lunch-counter, and the drug-store, are open for the relief of this