

Treatment of Fissured and Ulcerated Nipples.—In the *Annales de Gynecologie*, Dr. Legroux advises the following treatment. Spread with a camel-hair brush a layer of elastic collodion around the nipple, in the radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold-beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as more pain might thereby be occasioned. By the rapid evaporation of the ether, the collodion dries up and the gold-beater's skin adheres. The nipple is thus more or less pressed down by the latter, which, in drying, becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The covering of gold-beater's skin becomes soft and supple, and allows the child to suck without distressing the mother.

The operative treatment of Pleuritic Exudations.—Ewald in reviewing the experience of 15 years (1860–1875) in *Frerich's Clinic* in Berlin, has arrived at the following conclusions: (1.) Serous exudations should not be punctured before the third week, unless an *indicatio vitalis* arise. (2.) No serous exudation will become purulent if the tapping be performed with exclusion of the air, and previous disinfection of the instrument. (3.) In each case it can only be determined by an exploratory puncture whether the exudation is serous or purulent. (4.) Purulent exudations must be incised as early as possible, not tapped. (5.) By the present method of treatment, namely, incision in the 6th intercostal space, and washing out with disinfectants once or twice daily, for which purpose the wound is kept open with a catheter, or if contraction ensues, resection of one or more ribs, purulent exudations have a mortality of from 50 to 60 per cent. (6.) Hæmorrhage exudations are always dependent upon malignant growths of the pleuræ. (7.) Serous exudations do not exclude the existence of tubercle or cancer of the pleuræ.—*Centralblatt f. d. Med. Wissen*, No. 22, 1876.