

DERMATOL. (Bluhm. *Therap. Monats.*). Dr. Bluhm gives the results of his experiments as to the germicidal properties of this drug. These are not very satisfactory. He finds that it merely possesses the power of hindering the development and not of destroying micro-organisms. Therefore, if it is to be used as an antiseptic, it must be very freely and thoroughly applied. — *Medical Chronicle*.

FOREIGN BODIES IN THE CRYSTALLINE. INDICATIONS FOR OPERATIVE INTERFERENCE (Terson. *Archives d'Ophthalmologie*, March, 1892). A very small foreign body in the lens does not always necessitate an operation, but the eye should be constantly watched, in case of secondary changes following. If the foreign body is large, if it seems likely to get loose and fall into a more dangerous place, or if any infection occur, immediate operation is necessary. A large corneal incision with iridectomy should be made, and the lens and foreign body extracted together if possible. If the operation be not performed at once, the patient should be carefully watched, for the foreign body might slip away and disappear during the softening of the lens substance. The electro-magnet should only be used when the foreign body (steel) occupies the superficial layers of the crystalline. — *Medical Chronicle*.

ON GRACEFUL RETIRING.— Among the many practical lessons that are not taught in the schools is that of retiring in good order when vanquished at any point in a therapeutic contest against disease. Every young physician is, at times, humiliated almost beyond endurance by finding that his best efforts terminate in failure. Sometimes it is the obscurity of the disease which baffles him. Sometimes he has, with the ardour of a young recruit, been leading an assault upon an incurable disorder. Sometimes a slightly different therapeutic agent of the same class of drugs is the one really needed. The experienced therapist has learned by sad reflection to snatch victory from the very jaws of defeat. If retiring daily before an invincible disease, he keeps his face to the foe, replaces each vanquished agent calmly and quickly by another of well tested virtue, and leaves no rows of half empty bottles to mark, like unburied corpses, the line of his retreat. He neither, like the

lover of newly imported and untried remedies, risks annihilation by rash charges, nor does he, like the therapeutic agnostic, withdraw into the fortified camp of inaction and leave the field to the enemy, but, realizing that his duty is to fight wisely, he ever keeps the field, whether advancing cautiously, or retiring with face to the foe and seeking to learn the causes of his defeat. He will never "give up the patient's case, because nothing more can be done." Help comes sometimes from most unexpected sources. The "weather changes," bringing convalescence, or an attendant or relative suggests some local simple which meets the emergency, and takes its place forever after in the doctor's armamentarium, or, moved by unselfish impulses, the patient, if hysterical, may take pity on the doctor and get well, and if he has retreated wisely and reluctantly before her superior tactics, and gained her respect, she will almost invariably so capitulate at the last moment, and will ever afterwards choose him as her physician.

As the reputation of some of the world's greatest generals has been gained by bravery and wisdom shown in retreating before a superior enemy, so the practice of many a family physician in a community has been founded by his devoted and unflinching attention in an apparently or really hopeless case.

Sometimes a consultation with a practitioner of greater age or more special skill in some particular department of medicine will bring the desired relief, and, indeed, we hold that in obscure cases the physician is in duty bound to call for such reinforcements. Yet, in the contest of therapeutics the practitioner usually stands alone. The obstacles which so stubbornly withstand him should be the agencies by which he is led onward toward the calm reflection, the keen discrimination, the unflinching moral courage, the fertility of therapeutic resource and the pervasive hopefulness of the perfect physician. *Maryland Medical Journal*.

THERAPEUTICS OF PNEUMONIA.—Federici (*Rif. Med.*, June 2nd, 1892) gives the following hints on the treatment of pneumonia: One of the first symptoms requiring relief is pain. It may be relieved by applying a piece of cotton wool soaked in chloroform to the spot, and covering it with a piece of wool. This generally succeeds, but if it fail, an injection of morphine with a little atropine,