gooseberry wine, &c., are preferable. To aid the eruption I have often given the acetate of ammonia. If the patient is constipated, a little rhubarb or castor-oil will suffice. If the nights are restless, a little bromide of potassium I have found of great benefit. The mouth must be washed often, but for the throat caustics are seldom necessary. Chlorate of potash, or alum gargles will be sufficient. If the patient is too young to gargle, one or two grammes of chlorate of potash mixed with five or six grammes of white powdered sugar may be given. Ought baths to be ordered in scarlatina? One might order a bath if the fever were very high and the eruption abundant, but in ordinary cases it would be better to dispense with it. This practice is much used in England; it is thought hazardous with us. Sometimes the itching is very great. Some German doctors conceived the idea of rubbing the children with fresh lard, but to this procedure, which is not very clean, I prefer the English method, which is a mixture of glycerine and cold cream. As regards nourishment, it is evident when the fever is high a light diet should be prescribed; when the fever abates, a stronger nourishment might be administered, but with caution.

Such is the treatment that will suffice in scarlatina; it is simple, and will not cover you with glory, but it will cure your patients and will prevent, in the majority of cases, complication. Do not neglect above all hygienic precautions, for I say, in closing, there is not a case of scarlatina that ought to be neglected.—*Dublin Medical Press.*

THE TREATMENT OF RANULA.

Dr. C. Lovegrove (*British Medical Journal*) has found the following plan most efficacious: Pass a tenaculum through the base of the tumor and draw the part somewhat forward. After withdrawing the thicker part of the tenaculum a little, pass a plain gold ring, such as is used when the ears are first pierced, by the side of the tenaculum, through both holes, then clasp it securely, and leave *in situ* for three or four weeks, then remove. A permanent exit for the mucus, etc., will then remain and all trouble cease.

J. E. G. has found the following plan very successful: Thread an ordinary curved needle with common silk suture; make a double thread; pass the needle through the cyst, tie the thread sufficiently short, so that the loop lies within the teeth and will not be bitten through when eating; move the thread to and fro every other day. If this be kept in for about a week the cyst will have evacuated itself by means of this small seton. When the patient says that it no longer discharges remove the thread (seton) and let it granulate up. The last case he treated in this way (about six months ago) is still quite free from the ranula. Since that case he had another ranula in an old woman about seventy. It involved the whole extent of her teethless lower jaw, and pushed her tongue up against the roof of her mouth. She could not speak nor swallow. The treatment adopted in this case was to make several punctures, at least half a dozen, through the cyst with a sharp-pointed bistoury. He gave a concentrated solution of chlorate of potash as a lotion to wash the mouth with, and also gave her a mixture of chlorate of potash. This case is still relieved by the above treatment,

Dr. C. D. F. Phillips recommends gradual dilatation of the salivary duct by laminaria tents. After incising and clearing out the ranula, the duct should be sought for and a piece of laminaria (which may require to be as fine as a needle and should be very smooth) be inserted as far as possible, and left in for one or two hours every morning or evening. The size of the tent should be increased, but very gradually, so as to avoid overmuch irritation. The patient himself can learn to pass it after a little instruction, and cure should result in two or three weeks. In some cases it may be necessary to leave in the tent longer, and then a perforated one should be used. Some years ago Dr. Phillips came across several cases in which the duct, as well as the ranula, had been cut away, and much suffering and serious swelling of the gland had resulted. These cases were cured by simple incision and keeping open the artificial duct by laminaria.

Mr. W. J. Tivy suggests the use of a seton composed of three or four threads of coarse ligature silk, which he has found invariably successful.

TREATMENT OF GLANDULAR SORE THROAT.

Glandular sore throat, by which I mean catarrhal congestion or inflammation in and around the glandulæ of the mucous membrane of the pharynx and larynx, is a very tedious and troublesome affection. It has been known as dysphonia clericorum; it is, in fact, the chronic sore throat to which persons are liable who use their voices extensively, especially in large rooms or in the open air. I desire to draw attention to the usefulness of the topical application of borax in its treatment. I order a saturated aqueous solution, which the patient applies to his throat by the aid of Corbyn's throat spray. The spray should be employed for several minutes, thrice, or more frequently, daily, and midway between meals. If the larynx be much implicated, the patient should inspire deeply while the spray is playing upon his throat. I have lately found this very simple method of treatment of striking service. The cure may be expedited by the application of astringent solutions to the pharynx and larynx by means of suitable brushes. When there is much secretion, extract of eucalyptus is a good local astringent, which may be used in the form of lozenge.—James Sawyer, M.D., London.