

fascination which surgery no doubt possesses to many, appeals more strongly to men of courage and determination than to those persons of more weakly constituted minds, or those who are less vertebrate altogether.

TREATMENT OF ALOPECIA AREATA.

—Ferraton some time ago showed before the Lyons Societe des Sciences Medicales (*Lyon Med.*, No. 15, 1893,) a soldier who had been treated for parasitic alopecia with iodized collodion, with the result that he was completely cured in three months. The method consists in applying the substance to the patches, after the hair has been cut very close. After three or four applications, made at intervals of four or five days, it is observed that when the collodion is stripped off, some lanugo hairs are brought away with it. The patient need be seen only once in four or five days. According to the author the collodion imprisons the parasite, and prevents the contamination of neighbouring parts, and the transmission of the disease to other persons. It excludes the air, and possibly the iodine acts as a parasiticide and as a stimulant of the scalp. Moreover, the collodion acts as an epilatory.—*B. M. Journal.*

MODERN TREATMENT OF SIMPLE FRACTURES.—It cannot be said, during the past decade or two, that there has been any radical change in the mechanical treatment of fractures.

It yet remains an open question, whether the current American practice of fixed extension is an improvement over postural treatment or muscular retraction, the practice so strongly advocated by Percival Pott and others.

We all know that in fractures of the forearm the semi-flexed position is that which gives the greatest comfort, and produces the best results. And, no doubt, if the same principle were ap-

plied more frequently to the leg, the general results would be more satisfactory and we would meet with fewer cases of deformity or shortening.

Much has been written on the question, as to what material is the most suitable for splints at the primary dressing.

As the usual custom is to immediately apply some sort of solid materials immediately after a bone is fractured, to neglect this and not promptly "set" the limb, might seem to a layman nothing less than gross negligence; but the experienced surgeon well knows that many a useful limb has been needlessly sacrificed by a strict adherence to this custom; and, that in not a few cases, the best splint is none at all: of any description whatever.

When our patient is not to be transported a considerable distance, and when there is little or no deformity, the safest practice is to delay any sort of solid fixture until reaction is set in. T. H. MANLEY,—*Med. Times and Reg.*

THE TREATMENT OF WARTS.—Prof. Kaposi (*La Semaine Medicale*, No. 52, 1893), recommends, when the wart is solitary, removal by the knife; but when multiple, and especially on the face, he employs the application of thuya occidentalis or fuming nitric acid. Vegetations are best treated by dusting with resorcin or salicylic acid or a plaster of ten to twenty per cent. Resorcin, if applied for a long time, acts as a caustic, and may irritate the surrounding normal skin. These same topical applications are also excellent in keratosis palmaris and plantaris, even when they are not wartlike. In multiple warts of the face he employs the following:

R. Flowers of sulphur, gram 20

[3 v]

Glycerine, gram 50

[3 jss]

Pure con. acetic acid, gram 10

[3 ijss]

Apply locally to each wart.