

ways the potency sufficient to destroy the bacilli. He recommended, as a prophylactic measure to the spread of tuberculosis, the most careful inspection of meat and milk. He considered the future of this subject a bright one.—*Med. Rec.*

**CREASOTE: FORMULÆ FOR THE ADMINISTRATION OF.**—Dr. Keferstein (*Therap. Monatsch.*) gives some very good formulas for the administration of creasote. The one at first recommended by Dr. Bouchardat, and later on by Dr. Frantzel, has been modified by the author as follows:

R—Creasote, . . . . . gr. xx.  
Alcohol, . . . . . 3 vj.  
Cinnamon water, . . . . . 3 iij.  
Cinnamon syrup, . . . . . 3 vj.—M.

Sig.—One teaspoonful three times daily.

For the pill form the following is recommended:

R—Creasote, . . . . . gr. lx.  
Powdered marshmallow root,  
Purified liquorice, . . . . . āā 3 jss.  
Mucilage of gum arabic, . . . . . q.s.—M.

Div. pill. No. cxx. Coat with gelatin. Sig.—One pill three times daily.

In irritative cough and diarrhœa the following is administered:

R—Creasote, . . . . . gr. xxx.  
Acetate of lead,  
Opium (pure), . . . . . āā gr. v.  
Extract of liquorice, . . . . . 3 jss.  
Mucilage of gum arabic, . . . . . q.s.—M.

Div. pill. No. 50. Sig.—One pill three times daily.

For children, creasote in the form of the following emulsion seems best adapted:

R—Creasote, . . . . . gr. xx.  
Dissolve in almond oil, . . . . . 3 j.  
Gum arabic, . . . . . 3 v.  
Water, . . . . . 3 iij.—M.

Make an emulsion and add

Comp. tinct. of orange peel, gtt. xv.  
Oil sugar of peppermint, . . . . . 3 j.—M.

Sig.—One teaspoonful two to five times daily.

For drop doses the author uses the following:

R—Creasote, . . . . . gr. xlv.  
Tincture of cinnamon, . . . . . 3 j.—M.

Sig.—Fifty drops three times daily in a half a cup of warmed milk or warmed sweetened water, or Malaga wine, etc.—*Deutsche Med. Wochen.*

**DIAGNOSIS AND TREATMENT OF SCROFULOUS GLANDS.**—I cannot help thinking that excision of scrofulous glands is an operation which rests on sound surgical principles. We have a diseased condition in organs which the body can well spare—a condition which tends constantly to cause

infection by continuity of adjoining glands, and even by means of the blood, to develop tuberculous disease in distant parts. Why should this diseased product be allowed to remain to work its own sweet will unmolested and undisturbed? Tuberculous disease is removed from all other accessible parts or organs: why should glands be privileged? I submit there is every reason why they should be removed, and removed thoroughly. Take the case of a family of scrofulous tendencies. One member only may actually develop the disease, say, in the form of scrofulous glands; if this child's diseased glands are thoroughly removed, if all sources of irritation are removed and the child's health established by being sent to the seaside, that child is put back in the position of his brothers and sisters who have never had the disease. He is not more likely to have a return of the scrofulous gland than his brothers and sisters are to develop them—in fact, he is cured. The only valid argument that could be used against the excision of scrofulous glands is the possibility of undue risk. Scrofulous glands are situated usually in the midst of important vessels and structures, and their removal might be considered dangerous. I can only state that I have excised scrofulous glands for many years, and that I have never lost a case. I attribute this success partly to good fortune, but mainly to the fact that I never incur, by premature closing of the wound, the slightest risk of retention of discharges or bagging. I have operated on many cases of great enlargement. I have removed more than a pound's weight in glands from one patient, and more than one hundred in number from another. I have excised glands in a case where the mass was sufficiently large to threaten suffocation. My colleagues are doing the same, and we can prove, by a great number of cases, that the operation is not attended with undue risk, and that the results are good.—W. K. Treves in *Lancet*.

**A CASE OF DIABETES MELLITUS.**—Dr. Ivan Michael relates the following case in *Deutsch. Arch. f. Kl. Med.*: A robust man, æt. 20 years, began to present the symptoms of a moderately severe diabetes, without any apparent cause. After three months his increasing weakness and extreme thirst forced him to seek the hospital. While there he had passed through an otitis media suppurative, left, but his general condition improved so much that he was discharged at the end of three months at his own request. Shortly after leaving the hospital his ear trouble returned, and his strength rapidly failed at the same time; he was readmitted to the hospital and died two days afterward in a state of coma, and about six months after the first sign of diabetes.

At his first admission to hospital, an examination of the urine gave a plain acetone reaction and 2½ per cent. of sugar.