

cilling scarcely produced a sensation of pain. After three applications of the solution, *i.e.* in an hour and a half, large pieces of the membrane were removed with the pencil, without difficulty. The surface thus exposed was reddened; in the deep portions the finest granular formations were visible. In the two other cases the diphtheritic layer was removed after two days; the surface of the wound had granulated. In the first case the entire process had disappeared after four days. As soon as it was remarked that the normal tissue appeared the solution was gradually weakened, until, after eight days all the treatment could be stopped, since the cure was complete.—*Med. Newigh.*, No. 2. 1879.—*Lancet and Clinic.*

MR. BRYANT, at the Meeting of the Medical Society of London, read a paper on "Operative Interference in the Treatment of Inflammation of Bone." The following conclusions were drawn:—That in acute periostitis or endostitis a free incision down to the bone, by relieving tension and giving exit to inflammatory effusion, does nothing but good, and that it should be made as early in the progress of the case as the diagnosis will justify, and, if possible, before pus has formed. The very commonly fatal termination of these cases by blood-poisoning, when left to run their course unchecked, rendered the measure imperative. That in all forms of endostitis or osteo-myelitis of long bones, in which more or less intense and persistent pain is a prominent symptom, the operation of drilling, trephining, or making a free opening into the bone, should be entertained, as any one of these measures tends to check the progress of the disease, and in most cases relieves pain. In flat bones, such as those of the head, and in cases in which the preceding measures seem too severe, the simpler operation of cutting down upon the bone and separating the periosteum from it should be performed. That in all cases of suspected abscess in bone the same operative proceedings should be carried out, the operation of trephining inflamed bone suspected to be the seat of suppuration being generally as successful in relieving pain and effecting a cure as it is well known to be when a local abscess in bone is found to exist.—*London Lancet.*

TURPENTINE IN WHOOPING COUGH.—(*Wiener Allegem. Med. Zeit.*)—Dr. Gerth cured a case of laryngeal catarrh by placing twenty drops of turpentine on a handkerchief, held before the face and causing about forty deep inspirations to be taken. Repeating this thrice daily, the cure was quite rapid. In the same family he found an infant fifteen months old in the convulsive stage of whooping cough, quite exhausted, and vomiting all ingesta. There was at the same time slight bronchial catarrh with slight evening rise of temperature. Gerth decided to experiment here also with turpentine. He directed the mother to hold the moistened cloth as above, before it when awake, and to drop the oil upon its pillow when asleep. The result was most happy. Within the twenty-four hours the frequency and severity of the attacks notably diminished. The child's strength was sustained by stimulants, and improvement was very rapid. Within a year pertussis became epidemic in his vicinity, and he repeatedly tested the drug in this way. He gave it to children of all ages, and in any stage of fever. The initial catarrh, the convulsive, and the final catarrhal stages were all decidedly benefited, the spasmodic attacks being in many cases aborted.—*Chicago Med. and Sur. Jour.*

ELASTIC ADHESIVE PLASTER.—W. P. MORGAN, M.D., writes to the *Boston Med. and Surg. Jour.*: I have been trying to find an elastic covering that, being attached to the skin, would yield to the movements of that membrane and the parts beneath it without causing an unbearable sensation of stiffness or an uncomfortable wrinkling. As there was nothing in our market to suit me, I procured some india-rubber, and giving it a coat of plaster, such as is recommended in Griffiths' Formulary under the name of Boynton's adhesive plaster (lead plaster one pound, rosin six drachms), I found the material I wished. After using it as a simple covering for cases of psoriasis, intertrigo, etc., I extended its use to incised wounds, abscesses, etc., and found it invaluable. Placing one end of a strip of the plaster upon one lip of the wound, and then stretching the rubber, and fastening the other end to the opposite lip of the wound, I had perfect apposition of the severed parts, the elastic rubber acting continually to draw and keep the parts together. When I have been unable to get the sheets of rubber, I have used the broad letter bands (sold by all stationers) by giving them a coat of the plaster.—*New Remedies.*