

small doses, arrests the progress of the affection most effectually, and with it may be combined the early use of local stimulants, a combination which may be continued, if necessary, for a lengthened period without injury to the general health; in fact, the patients who have taken tartarised antimony under my care, both at the Eye Hospital and in private practice (and I have prescribed it very extensively), have almost invariably told me how much stronger and more energetic they felt during the time they were taking the remedy. I am aware it has long been the practice of ophthalmologists to administer a single emetic dose of tartarised antimony, as a beginning to the treatment of strumous ophthalmia; and that it has occasionally been given in combination with bark and quinine; but it does not appear to have been resorted to as a remedy, *per se*, for the cure of strumous affections of the eye. It is quite true, in the case of the little strumous patients, while under treatment, that they were usually placed on milk diet; and when the photophobia was severe, attention was paid to the exclusion of light, which would probably assist in promoting a favorable result; but the same diet was generally resorted to, and the same care to exclude light was taken, when the treatment had consisted of cod-liver oil, quinine, etc., and yet often with an unsatisfactory result.—*British Medical Journal*.

CAUTERISATION OF MALIGNANT PUSTULE.

The Drs. Maurezin have published in the *Archives de Médecine* for March, 1864, a memoir on the treatment of malignant pustule, in which they relate fourteen cases shewing the efficiency of the actual cautery. The success of this application was complete, even in one case where the disease was of six days' duration. In a case of pustule seated in the fold of the elbow, in front of the tracheal artery, the application of the cautery was unattended by any dangerous result, and was followed by success. This mode of treatment is suitable in the first and second stages of the disease, while only an inflamed areola and vesicles are present. The whole disease may be removed without leaving a large wound; but a cicatrix is left, which on the face is more or less unsightly. This treatment is not new. Malignant pustule, when it was seen by Duhamel in 1737 and described by Morand in 1766, was treated in the provinces by extirpation, Maret of Dijon and Fournier extirpated malignant pustule and applied red-hot iron. There is reason to believe that this practice, which Thomassin opposed, had then become common; since Enaux and Chaussier have described in several pages the inconveniences of the proceeding, preferring to it a combination of scarification