

nail. The objection to my device was that the pine too rapidly frayed out, became bulky and required frequent trimming. Finally, I hit upon the rubber eraser. A variety is made for artists and school children that is wedge-shaped. This is ready for use as it is found at the stationer's, though, if made a little sharper, it is softer and more like a mop. It is pliable, soft and an excellent carrier of soap.

For the hand, generally the old-fashioned wash-rag cannot be improved upon. It is a good carrier of soap, and with it each finger in turn can be tightly caught and wrung until it is clean. With the nail or hand-brush only the back and front of the fingers get the scrubbing.

In addition to the implements usually deemed important for the cleanliness of the under surface of the nails, a very valuable one is the nail itself. Noticing that a young lady's fingers, whom I frequently met, were always exceedingly neat. I made bold to ask her methods, and was surprised to find that she had nothing more modern than a pair of scissors to trim her nails, and that with wash-rag and the tips of her finger nails she kept her hands in most perfect order. One thing that may be said of the finger nail as a nail-cleaning instrument, is that it will not scratch the under surface of the nail, a very important factor in the process, whether one aims at beauty or cleanliness. —OSCAR H. ALLIS, M.D., in *Times and Register*.

**Some Common Mistakes in the Treatment of Syphilis.**—Dr. George H. Fox, in a recent paper published in the *Journal of Cutaneous and Genito-Urinary Diseases*, contrasts what he considers dangerous fallacies which have long been believed by the public and physician in reference to syphilis. There is no doubt but syphilis should be closely watched, and met at every development with appropriate treatment, but the general idea of the terrible and long-continued power of the virus, lurking in the system for months, and even years, breaking out with terrific force when least expected, has unquestionably led, in some cases to longer use of drugs, and in larger doses than was necessary, and to the neglect of other conditions so essential to the general health. "Many physicians," Dr. Fox said, "hold to the belief that syphilis is an incurable disease. On the contrary, the disease in every case tends to run a natural course and get

well of itself. If a person suffering from syphilis inherits a sound constitution, and takes care of himself, the prognosis is extremely favorable, even though no treatment whatever is adopted. With the methods of treatment at our command, no disease furnishes such good results.

"Another common mistake arises from the belief that mercury and potassium iodide are practically the only remedies we have at our command in the treatment of syphilis. While they are both very potent remedies, yet complete reliance on them often causes serious injury to the patient. In anæmic patients iron should be regarded as an anti-syphilitic remedy. In strumous individuals, cod liver oil is very serviceable. The alleviation of all mental anxiety and the adoption of hygienic rules are of the utmost importance in certain cases. The mistake is too frequently made that we treat the disease instead of the patient.

"Another fallacy is the belief that a certain definite period of time is required to effect a cure. Some say two years, others three, etc. The course of syphilis varies in different individuals, and the period of treatment must likewise vary, according to the severity of the case. One case of syphilis may require twice as much medicine as another, and the period over which treatment should be extended may be twice as long.

"Another common error is that many ills occurring in a syphilitic subject are treated as though they were of syphilitic origin. The fact that a patient has syphilis does not exempt him from non-specific disorders, yet the physician is very apt to jump to the conclusion that such disorders are the result of the syphilis, and to treat them accordingly. In many cases lesions on the tongue and oral mucous membrane in syphilitics remain unaffected by specific treatment, and the fact should be borne in mind that similar lesions may occur in persons who have not had syphilis, as the result of digestive disturbance. Even if they are syphilitic, such lesions may persist in spite of specific remedies, unless the digestive errors are corrected."—*N. Y. Med. Times*.

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### Personals.

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Dr. G. H. Stafford, of Toronto, has been appointed one of the assistants on the medical staff of the Toronto Insane Asylum.