

development of the furuncle, and when warm it can only favor such development, as heat and moisture promote the vital activity of the lower organisms; moreover, the organic substances of which the poultice is made furnish a contingent of food to the parasite. Even when the boil has gone on to suppuration, the poultice is rather injurious than otherwise, aiding the penetration of new follicles by the microbe, by spreading the pus over the skin and keeping it in contact with the glandular orifices dilated by the heat.

One of the external remedies likely to be most successful in the abortive treatment of furuncle, and which Gingeot highly recommends, is the tincture of camphor. Both the alcohol and camphor in this preparation are excellent parasitocides. The camphorated spirit is applied to the part by means of a compress, and allowed to remain in contact with the skin for a few minutes. Thus treated, boils, if taken at the commencement, are frequently made to abort. The application should be made three or four times a day.

Another good agent for fulfilling the same indication is tincture of iodine, which should be painted freely several times a day over the furuncle and a little beyond. If applied till epidermic desquamation takes place, the iodine tincture does no harm, and if it does not always prevent, it certainly moderates, suppuration, thus fulfilling the second indication and better than (perhaps) any other remedy. Gingeot believes that the iodine does good by its superlative parasiticide action; "the parasites can not escape contact with the liquid, which is introduced by capillarity into the glands, and by endosmosis into the acuminate vesicles of the top of the furuncle."

The same treatment is applicable in the early stage of carbuncle, and will often arrest its development; if, however, the progress of the carbuncle can not be stayed, a strong solution of carbolic acid (equal parts of the strong acid and glycerin) must be brought in contact with the diseased tissue, as Dr. Eade, of London, recommends.

The central cord or stem must be destroyed; this may be done by freely applying the carbolic acid through any opening which may exist in the center of the swelling, or a sufficient opening may be made with acid nitrate of mercury.

When the furuncle is opened and discharging, the usefulness of tincture of iodine is ended. Then there is nothing better than boric acid applied in the form of fine powder, which is freely dusted over the boils, or of the saturated aqueous or alcoholic solution which is kept constantly in contact with the diseased parts by means of compresses soaked in the liquid.

As for internal medication, Gingeot has nothing better to suggest than the recommendation to follow out the line of treatment several years ago indicated by Dr. Sidney Ringer, and indorsed by Dr. Duncan Bulkley. This consists "in the administration from the first of sulphide of calcium in small doses (one-sixth or one-fourth grain) every

two hours. It is worthy of note that in the excellent paper which Dr. Bulkley read at this meeting, he coincides very nearly with the line of treatment above briefly summarized.—*Cincinnati Medical News*.

## DIARRHŒA AND DYSENTERY IN CHILDREN.

Diarrhœa in children is an increase in the frequency and amount of the alvine evacuations, with a thin or watery character, and admixture of fecal lumps, undigested food, and, perhaps, mucus. In children under one year the cause is often in the state of health or habits of the mother or nurse, from a faulty method of feeding, or resulting from cold or dampness. In children over one year the cause will be either dentition or errors of diet. Impure air or the direct effect of a high temperature in summer, may be considered as causative conditions. We may distinguish several varieties—Simple: where there is only a moderate increase in the frequency, amount and fluidity of the normal dejecta. Lienteric: the discharges similar to the preceding, but containing considerable portions of undigested food; occurring mostly in children badly fed, and pointing to an imperfect digestion. Choleraic: the passages very thin and squirted from the anus as if from a syringe; these discharges do not have the normal acid odor, but are usually fetid, and have an alkaline reaction—the so-called cholera infantum. Mucous diarrhœa: the passages containing considerable mucus, some times streaks of blood, and attended with pain. These different varieties are more or less blended in most cases. Stools possessing a putrid odor indicate involvement of the mesenteric glands, and such cases usually terminate fatally. Bad methods of nursing or feeding are responsible, more than all other preventable causes combined, for the prevalence of summer diarrhœa. If a mother cannot suckle her infant, it is best to provide a wet nurse. When a wet nurse cannot be employed, milk is the only suitable food for young infants. It should be diluted with from one-half to one-fifth part of water, for infants under a year old, and add fifteen grains or half a teaspoonful of soda to each pint, which prevents the caseine from forming in such hard coagula and neutralizes any acidity which may have developed; or a tablespoonful or two of lime water may be used instead. It is well to test the milk with litmus paper as a guide to the quantity of soda or lime water to be added. In the case of children with very weak digestion, from five to ten grains of pancreatin may be added, first dissolving it in a little water, and giving the milk blood-warm. If notwithstanding this, curds are vomited, or three-quarters pass through, the milk may be digested half an hour with pepsin at a temperature of about 100°, then strained through a fine sieve, and the whey given with or without a portion of the finely divided curd. It is best to sweeten the