

For *tinia versicolor*, of which some half dozen cases have been seen since Christmas, principally on the chest, a lotion of an ounce of hyposulphite of soda to the pint of water was prescribed, to be applied night and morning. The discoloration was generally removed within a week. In one case it returned several times when the lotion was discontinued, but was eventually conquered by a persistent application of the same lotion.

Several children who came with mumps were ordered to be kept indoors and have the swollen glands rubbed twice daily with camphorated oil and laudanum, and then swathed with red flannel. Hospital patients think that there is more virtue in red flannel than in any other, and Dr. Campbell was quite willing to cater to this belief.

Dr. Campbell has frequently drawn attention to the distress which accompanies a cough without expectoration, in other words a dry cough. In such cases he invariably prescribes, as a constituent of the cough mixture, an $\frac{1}{2}$ of a grain dose of tartarised antimony. This drug would, he says, seem to have a specific action on the mucus membrane, lining the large bronchial tubes. As a rule, within a day or two a copious expectoration follows its administration. The relief to the patient is very marked.

In cases of vomiting, especially if it has resisted other remedies, he recommends tinct. of iodine and carbolic acid, equal parts, of which one drop in a teaspoonful of water should be taken every two or three hours.

PRACTICAL POINTS ABOUT SURGICAL DRESSINGS.

In a report of four months' service at the Albany Hospital (*Albany Medical Annals*) Dr. A. Vander Veer says that in all 133 operations were done. In 168 cases of surgical lesions treated, there were seven deaths: 2 due to peritonitis, 2 to uræmia, 2 to the exhaustion of the disease, and 2 to shock. The death rate was four and one-sixth per cent.

With regard to the dressings used in these cases, he says that the methods have been very simple, and the antiseptic agents used neither new nor novel. To begin with, all the gauze used was of home manufacture; that is, plain gauze medicated chiefly with bichloride of mercury. Plain absorbent gauze can be bought, he says, in two-hundred yard lots at four and a half cents per yard. This can be conveniently cut and folded in five-yard pieces and treated as follows: It is immersed in a solution consisting of one part of bichloride of mercury, fifteen of tartaric acid, 150 of glycerin, and sufficient water for 1,000 parts; enough eosin is added to give a fair tint. After remaining in this solution for twelve hours the gauze is wrung dry and packed in stone-ware jars ready for use.

The addition of tartaric acid and glycerin he regards as very advantageous, increasing both the antiseptic and absorbent power of the gauze.

The bichloride gauze was used for making "Gamgee" pads for bandages, and for iodoform gauze, by rubbing iodoform in its mesh. Iodoform and boric acid were used in dressing ulcers, both in powder and in ointment. Boric acid solutions were used in washing the bladder and urethra before and after operations. A one-half per cent. solution of hydrogen peroxide, he says was very satisfactorily used about the mouth and nose. It acts also as powerful deodorant. For flushing wounds, 1-2000 or 1-3000 bichloride of mercury solutions were used. In Dr. Vander Veer's abdominal work hot water took the place of all antiseptics, except in the dressing. The spray was used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics, except in one case in which a slight iodoform erythema appeared upon the abdomen after an abdominal section.

HINTS ON THE TREATMENT OF DYSMENORRHEA.

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I desire to call attention to two or three matters that I think of interest in connection with the treatment of some of the diseases of women.

There is a certain class of cases—that of dysmenorrhœa—which is accompanied by dragging pains in the back and limbs, that are undoubtedly relieved by vaginal distension, false dilatation of the uterine canal, and the use of a cotton pledget, possibly saturated with glycerine, which depletes the mucous membrane, diminishes the catarrh, and at the same time gives the uterus a certain support and relieves in that way the pelvic circulation. I think these cases are very often greatly improved, if we can use for a certain time a stem-pessary, which will tend to keep the canal straight and pervious, and at the same time support the uterus.

A great deal has been said against the use of stem-pessaries, and my own conviction is that, when abused, they are certainly productive of a great deal of harm; but, when used with care, they certainly can accomplish much good.

Some years ago I had made for me, by Mr. Snowden, a flexible metallic stem, which I used also for the purpose of straightening the uterine canal, by placing a plunger within the stem after it had been introduced, thus making a repositor out of it. I succeeded in using this in a number of cases with a good result; but the difficulty was that it had to be used with a