

the affection has been some time in progress. In such cases it is his practice to adopt the radical cure advocated by Dupuytren, which is to divide the nail lengthways, and turn out the in-growing half of the nail. In all but the hardest patients he employs the ether spray to numb the toe. He prefers to cut down the centre of the nail with a strong short scalpel, and then to raise the half-nail to be removed, by forceps (using the latter as a wedge), before plucking it from the matrix. In other cases he splits up the nail with scissors. He prefers this radical plan of treatment in advanced cases, because it saves the time of both the patient and surgeon, and because other plans include, besides time, frequent skilled dressings, of which poor people are rarely capable. In an early stage, Mr. Croft cuts out the ingrowing corner of the nail, cauterises the granulations deeply with nitrate of silver, places a small pad of lint on the cauterised spot, and then by means of a long narrow strip of plaster winding round the toe from the unaffected side, fixes the pad firmly in its place, at the same time directing its pressure from the nail. Under this treatment, well carried out, he finds cicatrization soon takes place. Absolute rest is enjoyed. The nail requires to be kept carefully trimmed.

Mr. Croft has just cured, by the radical plan, the brother of a girl who had suffered from in-growing nail in both great toes. The second toe became affected some months after the first had been cured.

UNIVERSITY COLLEGE HOSPITAL.

Mr. Christopher Heath has never seen any good result from paring the centre of the nail, or applying caustic to the exuberant granulations overlying its margins. He has always found the simplest and most satisfactory method of treatment to be, to take a narrow slip of the nail away with the scissors and forceps, taking care to extract the whole depth of the nail, which is not always easy owing to the sodden condition in which the tissue has been kept for a length of time, by which it is rendered very friable. When the edge of nail thus extracted is examined, it almost always presents a rough serrated margin, and it is this which causes the irritation. After the removal of the source of irritation the use of careful dressing, with lint gently pressed down by the side of the nail, is necessary to repress the granulations, and the use of a lotion of nitrate of silver or sulphate of copper (two grains to the ounce) has been found very advantageous. Mr. Heath finds it necessary to warn patients who have suffered from in-growing nail to wear wide-toed boots, and to keep the sulcus between the nail and the flesh clear of epithelium. They should be careful also to apply for relief the moment they feel uneasiness from the nail, when a perfectly painless removal of a small portion of the nail prevents further mischief.

In inveterate cases, where the nail and toe are deformed, the former being very much in-curved, Mr. Heath recommends the removal of a slip of nail on each side, and the destruction of the corresponding portions of matrix, under chloroform, either by removal with the scalpel, or the application of the actual cautery. This lays the patient up for a few days, but effects a permanent cure. Mr. Heath believes that it is never necessary to remove the entire nail by splitting and avulsion, as is often recommended.

WESTMINSTER HOSPITAL.

Mr. Francis Mason has had under his observation at this hospital during the last few months, an unusually severe case of in-growing toe-nail. Mr. Mason believes that the plan ordinarily recommended of cutting the toe-nails as we do the finger-nails—that is of rounding their corners—often induces the condition it is intended to obviate. He has generally found that the so-called in-growing toe-nail has been primarily caused by injury in trimming the nail. Too much of the corners is removed, and a sensitive and occasionally a bleeding surface is left. The patient will soon after perhaps wear a tight boot, or possibly may take a long walk. In the act of walking the tender surface is pressed up against the slowly-growing nail, causing increased irritation, and giving rise to those painful granulations invariably seen, in different degrees, in such cases Mr. Mason therefore advises that the free edge of the toe-nail should be cut square. Respecting the treatment of in-growing toe-nail, the plan which Mr. Mason has most confidence in is this: A sharp-pointed stick of solid nitrate of silver is applied with some vigor to the base or under-surface of the painful granulations, and a small piece of dry lint, or lint dipped in black mercury lotion, is then carefully inserted, and the whole toe surrounded with water dressing. An astringent or other lotion, according to circumstances, may be subsequently employed. The highly sensitive surface is thus destroyed, and the patient is enabled to attend to his business in comparative comfort. Such a plan of treatment has been found uniformly successful in Mr. Mason's hands, and he believes that occasional apparent failures are due to the method not being thoroughly carried out. It should be remembered that it is useless merely to touch the surface of the granulations with the caustic; the base is the part to be attacked. If the operation be efficiently performed, it is doubtless attended with considerable pain for the moment; but the pain is reduced to a minimum by the use of the ether spray, and especially if the caustic be well pointed, instead of being, as so often happens, broad or angular at the extremity. Evulsion of the nail is seldom required for this condition, being more suitable—indeed necessary, combined sometimes with the free application of the strong nitric acid—in cases of disease of the matrix, questionably entitled “*onychitis maligna*,” which is not unfrequently met with on the fingers of unhealthy and ill-fed children.

The Pathology and Treatment of Sunstroke.

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The formidable disease known by the name of *sunstroke*, or *heat-apoplexy*, might (Dr. Johnson writes) be more correctly designated *heat-apnoea*. Although this affection frequently occurs from direct exposure to the sun's rays, it is also of common occurrence without such exposure. The one essential and constant condition is a very high temperature of the air. The most powerful concurring