

PROF. KEEN gave this table to the Jefferson Medical College class, as of use in making the differential diagnosis of the following varieties of tumors:

ENCEPHALOID.	SCIRRHUS.
<ol style="list-style-type: none"> 1. Soft, elastic, not uniform. 2. Rapid growth, large size, adhesions early. 3. Pain slight and wandering; after ulceration severe and fixed. 4. Veins enlarged. 5. Ulcerations deep, foul, undermined and bleeding. 6. Glands involved early. 7. Occurs at any age, usually before 45th year. 8. Occurs most frequently in the breast, testicle and uterus. 9. Death occurs in from 9 to 12 months. 10. If in breast there is no retraction of nipple. 11. Family history is bad. 	<ol style="list-style-type: none"> 1. Hard and inelastic. 2. Slow growth, small size, late adhesions. 3. Pain early, sharp fixed and lancinating. 4. Veins slightly enlarged. 5. Ulceration deep, edges hard and abrupt. 6. Glands involved late. 7. Usually occurs after 40th year. 8. Breast, uterus, stomach 9. Death in from 9, to 18, to 36 months. 10. There is retraction of nipple. 11. Family history is bad.
SARCOMA.	ADENOMA.
<ol style="list-style-type: none"> 1. May be soft and fluctuating, or hard. 2. Growth irregular, adhesions early. 3. Very little pain until ulceration takes place. 4. Veins slightly enlarged. 5. Ulceration sooner or later quite deep. 6. Rarely, if at all, involved 7. Occurs in adult middle life, 20th to 40th year. 8. Connective tissue anywhere. 9. Death occurs early or late simply a matter of time. 10. No retraction of the nipple. 11. Family history good. 	<ol style="list-style-type: none"> 1. Soft and elastic. 2. Slow growth, no adhesions. 3. Pain very slight and neuralgic; menstrual if tumor affects the breast. 4. Veins normal. 5. No ulceration. 6. Glands never involved. 7. Occurs from 20th to 30th year, usually. 8. In breast or other glands. 9. Never kills. 10. No retraction of nipple. 11. Family history good.

—Coll. and Clin. Record.

CANCER AND SMOKING.—Since the death of President Grant, a constant smoker, cancer of the tongue and cigar smoking have been closely associated in the public mind. A "prominent American physician," whose name has not transpired, is reported to have said lately: "The only cases of cancer of the tongue that I ever saw were of persons who never smoked. The majority of them were women and, the half-dozen men who were afflicted were not confirmed smokers at all." This apocryph-

al utterance is contrary to current opinion. There are no statistics that show clearly the relative liability of smokers and non-smokers to cancer of the tongue, for there are no data showing the relative numbers of smokers and non-smokers in any country. Surgeons of experience, however, find that the disease is far more frequent in persons who have been in the habit of smoking. The disease appears to be about six times more common in males than in females. The effection known as "smokers patch" is common; a good description will be found in Mr. Butlin's *Disease of the tongue*. It is slightly-raised oval area on the forepart of the tongue, a little to one side of the middle line, just where the end of the pipe rests or where the stream of smoke from the pipe or cigar impinges on the surface of the tongue. The patch is usually red but it may be bluish or pearly-white. It lasts for years, but tends to spread over the surface of the tongue if the irritation be continued. When diffused in this fashion, it constitutes leucoma of the tongue. Leucoma is certainly a predisposing cause of cancer. There is, however, no evidence to prove that smoking is the sole cause of leucoma, nor do the majority of cases of leucoma become cancerous. Hence if smoking predisposes to cancer, it is only in an indirect manner. The smoker should never leave a "patch" untreated and should avoid rough mouthpieces and brands of tobacco which cause irritation of the tongue.—*N. Y. Med. Jour.*

MR. HUTCHINSON'S TREATMENT OF RINGWORM.—Mr. Jonathan Hutchinson gives, in his *Archives of Surgery*, the prescription upon which he has "settled down in tolerable content" for the treatment of ringworm, after having tried a great variety of remedies without equal satisfaction. He relies chiefly on chrysopanic acid. He orders as a wash for the scalp one drachm of Wright's liquor carbonis detergens to the pint of hot water. Twice a week the scalp should be well washed with this, and all scales and crusts should be removed. The hair is cut close or shaved. The chrysophanic-acid ointment contains a drachm of chrysophanic acid, twenty grains of ammoniated mercury, a drachm of lanoline, six drachms of benzoated lard, and ten minims of liquor carbonis detergens. This ointment is to be rubbed in more or less freely, according to its effects, night and morning, or latterly every night only. The cure will be slow probably, and the secret of success consists in the patient continuance of the same remedy. To those who persevere he promises recovery; it is only the impatient who are disappointed. He has no faith in the rapid cure of ringworm.—*N. Y. Med. Jour.*

REMEDIES FOR NEURALGIA.—Writing to the *Prov. Med. Jour.* regarding the use of new syn-