

over a long time, or made in a large enough number of cases, to warrant conclusions. If they should prove satisfactory, the results will probably be published.

In Hebra's clinic, a patient with eczema of some duration, affecting all the limbs equally, was treated as follows: One arm was wrapped in rubber cloth, and the other was treated with corrosive sublimate, one grain to the ounce of water. One leg was treated with diachylon ointment, and the other with tar. These methods of treatment have been continued some time, and the leg treated with diachylon ointment is recovering most rapidly, while the arm treated with mercury is the slowest in its progress.—E. M. B.—*Boston Medical and Surgical Journal*.

OLEATE OF MERCURY.

Much difficulty has been experienced in the preparation of this really valuable mercurial compound. The mistake generally made arises from erroneous idea that heat is required to effect the union of the constituents. The fact is that the effect of even a gentle heat is detrimental to the preparation, generally causing a reduction of the metal, with the formation of an unsightly grayish-black deposit. Most authorities recommend the use of the yellow oxide of mercury, representing that it is more readily dissolved by the oleic acid, than the red oxide. Undoubtedly this is in some sense true, but unless the yellow oxide is sifted into the oleic acid, and well mixed with it by careful stirring, it is apt to aggregate in solid lumps which resist the action of the solvent a long time. On the other hand the oxide, if reduced to a fine powder, dissolves with sufficient rapidity, and requires no special precaution to prevent the formation of lumps.

The following formula in our hands has always yielded a satisfactory product:

R.—Red oxide of Mercury in fine powder 3vi.
Oleic Acid, purified, Oi.

Mix the oxide with the acid in the cold, and occasionally until a transparent solution is obtained. Keep the product in well stopped bottles, protected from the light.—*Detroit Review of Medicine*.

Max Muller says that the value of association settings is twofold: (1) "They enable us to take stock, compare notes, to see where we are, and to find out where we ought to be going. (2) They give us an opportunity, from time to time, to tell the world where we are, what we have been doing in the world, and what in return we expect the world to do for us."

CLINIC ON DIAGNOSIS OF TUMOURS OF THE BREAST.

BY THOMAS BRYANT, F. R. C. S., GUY'S HOSPITAL.

GENTLEMEN,—Six months ago I removed from a woman thirty-three years of age a cancerous tumour connected with the breast, which I mistook for an adenocoele, or simple chronic mammary glandular tumour; and I then made up my mind to keep the case before me, and to make it the text for one of my future clinical lectures. Indeed, my intention had gone a little further than this, for I had designed to devote every clinical season one or more lectures to the consideration of my mistakes during the past year.

It is true that to dwell upon past errors is not so pleasant as to talk about our successes, but it is far more profitable; and as I may honestly admit that it has been from the errors I have committed and seen committed that some of my most useful lessons have been learnt, I would fain hope that the consideration of my mistakes will form no exception to this experience, and that good will come of it to you as well as to myself.

The mistake you saw me commit on Tuesday last (January 26) has led me, at once, to adopt the practice I had arranged to follow. I propose, therefore, to-day to consider with you the different points of the two cases in which I have fallen into error, at the same time drawing such useful lessons from their consideration as may present themselves.

You all remember the case on which I operated last week.* The patient was a woman forty-seven years of age, married, but had had no children. An aunt on her mother's side died of cancer of the breast. Her health was good up to six months ago, when she observed a tumour of the right breast, about the size of a pigeon's egg. It caused very little inconvenience until about two months ago, when the breast became painful, and she consulted a surgeon, who prescribed an embrocation, which produced a rash, but failed to give relief. He therefore recommended her to consult a hospital surgeon. On admission we found a hard roundish tumour of the right breast, about the size of a small tennis-ball, freely moveable over the pectoral muscle. The skin over the tumour was not adherent, the nipple was not retracted, neither were the axillary glands affected. The tumour could not be separated from the gland. When the tumour was moved the whole breast moved with it, indicating that the growth was in the substance of the gland-tissue. It thus appeared to be a chronic cancerous infiltration of the gland in an early stage. I therefore advised immediate removal of the breast, for all experience points to

*Reported in the *Medical Times and Gazette* of Jan. 30.