corium. This cannot be caused by the pressure from the parasite growing in the epidermis, because the affected strata soften successively and do not form a crust, as in favus, where the pressure of the crust is sufficient to produce an atrophy of the corium.

The obstinacy with which sycosis resists local treatment, which in the other parasitic skin-diseases is so effective, is also a proof of the deeper seat of the parasite in this disease.

Sycosis consequently differs from other skin-diseases due to vegetable parasites, in that the parasite in this disease not only keeps to the epidermoidal or epithelial tissues, but even involves the corium.

In the above-described case of a secondary nodular eruption, the circular distribution of the nodule round a central focus shows an analogy to tinea herpes, which may be of interest to those who believe in the unity of all skin-diseases due to vegetable parasites. I have not, however, seen any thing that could prove a transformation of this disease into herpes or favus, or the reverse, as has been lately mentioned in a treatise on skin-diseases by Dr. Purdon, of Belfast. Even in a case I have seen of sycosis scattered over the half of *par capillata capitis*, the local phenomena were too distinct to allow a mistake.

Treatment.—It has been advised to pull out the hairs on the affected spot and employ strong caustics, and even excision of the affected spot has been practised; but these methods are too much like Alexander's manner of loosing the Gordian knot to be of any practical value. One feels tempted to apply weaker caustics on the torpid ulcers, but the effect is generally very bad: especially is cauterization not advisable where the ulcer has thickened borders, or is surrounded by a specific patch; for, in such cases, it is liable to be followed by a rapid destruction of all the infiltrated parts, while otherwise, where no irritating treatment has been employed, and where the infiltration is superficial, such spots may resume the normal aspect of the skin.

Hebra recommends a paste of equal parts of sulphur, alcohol, and glycerine, and claims by this remedy to cure every case of sycosis in fourteen days. This treatment, however, by its irritating effect, often causes as much ill as good. The alcohol produces hyperæmia, and the glycerine tends to the same result by producing a higher local temperature of the skin. This remedy may thus become the means of hastening destruction when applied on spots which, because of their infiltration with the parasite, are predisposed to suffer this change. The application of dry sulphur has not this disadvantage; and, further to avoid it, we should not even syringe with hot water to remove the crusts, but lift them up with the point of a lancet; precipitated sulphur is then to be applied with a brush, three or four times a day. Later, one or two applications a day will be sufficient. After this treatment is continued two or three weeks the ulcers will present a clean, red base, and the final healing will go quickly on. It will certainly hasten the cure to remove the loose hairs; but, if the hairs be pulled out, they are not regenerated; if they be left untouched, a good many will remain, even on places where the ulceration is deep, and in the future help to cover the unsightly cicatrix.—*Cincinati Medical News.*

SECTION OF THE ABDOMEN FOR INTUSSUSCEPTION.

The rather frequent occurrence and very gloomy prognosis of intussusception induce us to give some extracts from recent British papers on its treatmen t by abdominal section. Three cases were reported before the Medico-Chirurgical Society of London.

The first was related by Mr. Howard Marsh, who performed the operation on an infant of seven months of age. The bowel projected two inches beyond the anus, and at the extremity of the protrusion the ileo-cæcal valve was visible, whilst in the abdomen a firm cylindrical tumor was felt extending in the course of the descending colon from the left of the umbilicus to the left iliac fossa. Insufflation and careful distention with lukewarm water having failed to reduce the intussusception, and the child being collapsed and frequently sick, Mr. Marsh operated. Sickness at once ceased. On the third day the bowels were relieved, and on the fourth the child was convalescent. In this case the intestine had been invaginated for thirteen days, but inflammation only set in twelve or fourteen hours before the operation, and Mr. Marsh expressed the opinion that when other means had failed the operation ought to be undertaken, not only in acute cases of twelve or eighteen hours' duration, but also in chronic ones in which there have been no symptoms of inflammation or strangulation.

The second case was that of an adult woman aged thirty-three. The length of the included bowel was at least eighteen inches. Not one bad symptom occurred, the temperature never rising above normal, and the wound healing by the first intention. In this case hemorrhage, so frequently regarded as a cardinal symptom, did not occur.

The third case was by Mr. Hutchinson, who also made some remarks on the details of the operation. It occurred in an infant aged six months. The intussusception involved the whole length of the colon, and the ileo-cæcal valve, introverted, constituted its extremity, and was easily felt by the finger in the anus. The symptoms had been the usual ones; they had lasted three days, and the usual method of treatment, perseveringly carried out, had failed. As the child was evidently about to sink, the operation was at once performed. Considerable difficulties were encountered in effecting the reduction of the intussuscepted part. Its neck was tied back in the loin by the meso-colon, and could not be brought into view, and although there were no adhesions, it was found quite impracticable to draw the intussuscepted bowel out of the sheath. At length it was discovered that although the upper end of the intussusception was fixed, its lower one, containing the sigmoid flexure of the colon, was quite loose.