

glands of the skin, there may yet be enough of them in the blood to irritate the sensitive nerve terminals in the papillæ of the skin, causing an itching in the flesh, as the patients say. As examples of the former, may be given eczema and acne, and of the latter, urticaria and lichen. Thus it happens that eczema, which is one of the commonest diseases of children, and is nearly always due to gross errors in feeding, or over-feeding, may generally be promptly cured by putting the child on a proper and rigorous diet. In a future article we shall have something to say on the feeding of children, but in the meantime we cannot too strongly insist on more attention being paid to this matter by any one who undertakes to treat diseases of the skin. If the case has gone on long enough to produce an inflammatory deposit in the true skin, arsenic may be required as an alterative to promote absorption, but otherwise some simple antacids and stomachic such as Gregory's Mixture, or rhubarb and soda mixture, will render the secretions alkaline again, when the disease will disappear in most cases of its own accord. Even in skin diseases, due to vegetable parasites, attention to the digestive functions is an important element in the treatment, for where the carrion is, there will the vulture be; and if the system is saturated with the products of decomposition, it is in the very best condition for falling a prey to microspores. We trust that some of our busy readers will put the classification of skin diseases, laid down at the beginning of this article, to a practical test, for we feel certain that they will find it a good one to work on.

#### THE MODERN TREATMENT OF PERITONITIS.

In view of the fact that the majority of the text books in the hands of the practitioner advocate the treatment of this fell disease by administering narcotics in some form or other, and as this treatment is no longer the one which would give our

patient the best chances of recovery, we think we would do well to draw attention in our columns to the modern treatment by saline cathartics. Dr. W. H. Myers, in an exceedingly interesting article in the Journal of the American Medical Association, 24th November, 1888, sets forth very clearly the opinion of those whose opinion is most worth having, and which he obtained either from their latest writings and in some cases by direct replies to letters which he addressed to them. None of his authorities believe that there is such a thing as idiopathic peritonitis. Habershon, for instance, could not find a single case of idiopathic out of 501 instances of peritonitis occurring at Guy's Hospital. He relates a case of Sir Spencer Wells, which was treated in 1859, by morphine—three grains in 22 hours. Sir Spencer asked, "Did the morphine kill her?" We should be inclined to answer "yes." In 1868. Graily Hewitt said that the mortality of 48 per cent. after ovariotomy was mostly due to the peritonitis. Baker Brown said that it was the peritonitis that beat them. Tait now says that we beat the peritonitis; on the slightest indication of its appearance, after ovariotomy, we give a rapidly acting purgative, the bowels are moved and the peritonitis disappears. He says that this treatment was introduced by him in 1875 and is now almost universally adopted. How different, he says, from the views we had drilled into us years ago, that opium was the sheet anchor of the practitioner in all abdominal troubles, when I say that all opiates are forbidden in my practice.

Dr. Joseph Price, whose success in abdominal surgery is so well known, says that he has not the power of too strongly urging the use of salines upon the slightest indication of local or general peritonitis. I have never known them, he says, to disturb the vital power in any way other than to benefit.

It seems to us that the whole danger in