nate of iron, generous diet, and local cleanliness, with linseed meal poulticing as occasion demands, in the treatment of carbuncle. He thinks the method of resorting to the knife in every case is to be deprecated.

Scrofulous Neck and its Treatment.—Dr. Gibb (Glasgow Med. Jour.) gives the following as his conclusions from his study of the above subject:

- 1. In scrofulous disease of the cervical glands, we have a tubercular process of a mild type, seldom leading to generalized infection, but perhaps occasionally doing so; frequently concerned in predisposing to, or even directly occasioning phthisis pulmonalis; and in the majority of cases, deteriorating the general health.
- 2. Tubercular disease of the cervical glands is too often allowed to go on to a disastrous extent without any active steps being taken to arrest its course, largely from a prevalent, indifferent and helpless feeling on the part of the medical profession.
- 3. Slight cases, being, of course, offered every possible advantage in the matter of constitutional treatment, should be carefully watched, and if, after the lapse of months, or it may be a year or two, we find the disease spreading, it is wise to extirpate the affected glands while they are yet movable. In such cases the operation will be easy, and little or no deformity need result.
- 4. Surgical interference is demanded whenever a sinus, resulting from a degenerated gland, exists, whenever pus can be detected in connection with a gland, and whenever there are enlarged glands accessible to surgery in a patient in whom a caseous or suppurating gland has already been discovered.

CERVICAL LACERATIONS.—Dr. Emil Næggerath formulates, even still more distinctly than before, his position regarding the lacerated cervix. He says:

- 1. Women with uterine disease conceive more easily if the cervix is lacerated than if it is intact. They abort less often in the first condition than in the second.
- 2. The position of the uterus is not influenced by cervical laceration.
- 3. The uterine axis is not lengthened by cervical laceration.

- 4. Erosions and ulcerations are equally frequent in lacerated and in intact cervices.
- 5. Erosions of the lips are never the direct result of cervical laceration.
- 6. Disease of the tissues of the cervix are not more frequent in lacerated than in uninjured cervices.
- 7. Cervical tears have no influence on the development of uterine disease, either as to intensity or frequency.

In his concluding remarks he recommends that lacerations and tears be left alone.

CHRONIC DIARRHEA.—M. C. L. writes as follows to the *Medical News*:

Many years ago I suffered severely from that trouble; I considered it incurable. Being in Paris, one of the best physicians there assured me it could be cured by a diet of racahout, and it was. Afterward here I found one could not get the acorn meal that forms the active part, but knowing that its usefulness must depend on the tannin it contains, I tried substituting it as follows:

The tannin, or the rest, separately, have little effect. Together they restore the tone of the alimentary canal and nourish as well as cure.

One thing is essential, that is long cooking, not less than half an hour. If simply boiled a few minutes, the harsh taste of tannin is very strong; with a good half hour's cooking, it disappears wholly—it is impossible to distinguish the medicine from ordinary broma. I think this has something to do with its curative powers and with the ease of digestion by the most irritable stomach. The remedy is too valuable not to be more widely known.

The amount to be taken is a teacupful morning and evening at meals.

New York Training School for Male Nurses. Mr. D. O. Mills transferred, June 28th, a building erected at his expense, to the proper authorities. It will accommodate fifty pupils in training in connection with Bellevue Hospital, on the grounds of which it is situated. It will also be used as the pathological museum of that hospital.