

If the infant is being nursed, two or three meals a days will be sufficient, and these may be dispensed with as soon as the object is attained, and resumed if necessary; but if it be living upon artificial food, "Mellin's food" should be substituted.

Mr. E. Gibson Berkley says that the liquid extract of cascara sagrada, combined with minute doses of tincture of nux vomica, and made palatable with a little syrup of lemon or glycerine, will be found very useful. It should be given two or three times a day.

Sign-Post recommends feeding the infants on well-made oatmeal gruel and milk, in proper quantities, and at intervals. For an infant from four to six months old, he advises half the feeding-bottleful of milk, with the same quantity of oatmeal gruel, to be given every four hours. The directions for preparing the gruel are as follows: Take a teaspoonful of the common coarse, but sweet (not bitter), oatmeal; let this soak in a little more than a tumblerful and a half of cold water for some hours, say all night; then place this meal, and the water, in a clean, covered saucepan capable of holding double the quantity of the liquid poured in; place the saucepan near the fire, so as to heat the contents slowly, and after a time place it on the fire, and stir the contents, until, and for a minute or so after, it boils; then pour the contents on to a horse-hair sieve; the creamy gruel is made.

Mr. M. F. Bush advises a spill of paper dipped in castor-oil about two or three inches, and inserted into the lower bowel. It should be used every day for a time.

ON THE TREATMENT OF FURUNCLES.

The *Boston Medical and Surgical Journal* (Medical Age) writes:

Gingeot has contributed to the *Bulletin Général de Thérapeutique* (t. cviii.) a valuable series of articles on the treatment of boils and carbuncles, of which the following is a summary:

Brodie, in his lectures on pathology, published in 1846, advanced the view that the furuncle was a species of eruption analogous to smallpox, and a local expression of a poison circulating in the blood. Alphonse Guérin, in the article Anthrax in "Jaccoud's Dictionary" (1865), teaches that furunculosis is a septicemia, and assigns to it an intermediate position between the general affections which localize themselves, and those which, becoming generalized, result from a lesion primarily local.

The contagiousness of furunculosis was established by Startin in 1866. He proved (1) the auto-inoculation of the contagium by scratching; (2) the transmission from individual to individual by contact (as by occupation of the same bed); (3) the development of boils on the hands of surgeons and dressers consecutively to their being wounded with a bistoury which had been used in

opening a furuncle. Lannelongue inoculates patients with matter from boils, producing at the point of puncture furunculous eruptions.

It is not only proved that boils and carbuncles can be transmitted from man to man by contagion, but the active principle of the contagion, according to Gingeot, has been discovered. For this discovery we are indebted to Pasteur, who, on applying to the furunculous affection the same means of study as had been applied by him to the investigation of the pathogeny of splenic fever, fowl cholera, and other virulent diseases, "has been able to demonstrate that every furuncle contains certain microscopic parasites, and that it is to these that there are due the local inflammation and the pus formation." This microbe is called by Pasteur the *torula pyogenica*; this mycologist, moreover, identifies this bacterium with that of abscesses of the soft parts, of osteomyelitis, and of puerperal fever; certain it is, however, that the product of cultures of furunculous origin has never given rise, by inoculation in animals, to anything but simple abscesses, never to furuncles. Gingeot explains this fact by referring to the peculiarity of the tissue, namely the glandular apparatus of the skin (and especially the pilo-sebaceous glands), where the furuncle has its seat; the inoculation of the microbe would have a different result according as such inoculation were made into a follicle, or into the subcutaneous cellular tissue. M. Lowenberg has repeated Pasteur's cultures and inoculation experiments, and has confirmed them; he has also shown the part played by hairs in the collection of germs. The view which he adopts, and which Gingeot indorses, makes furunculosis a parasitic disease resembling scabies, and the old humoral notions respecting the etiology of boils and carbuncles are repudiated. It is, however, certain that furunculosis is attached by many bonds of union to the other virulent affections. A certain predisposition of constitution is necessary; the *torula* does not thrive unless it finds a favorable medium. This predisposition is found in certain debilitated states of the economy from overwork, alcoholism, diabetes, lithemia, etc., in which there is such modification of the secretions of the skin as renders the piliferous and sebaceous glands a suitable habitat for the *torula pyogenica*.

The indications of treatment are: (1), if possible, to cause the furuncles to abort; (2) this indication being impossible of fulfillment, to moderate the amount of suppuration; (3) to antagonize the constitutional condition which favors furunculous productions.

There are two principles laid down as the fruit of large experience: first, never to open early; second, seldom or never to open, even if suppuration has taken place, but to leave the boil or carbuncle to nature. Since the furuncle is a parasitic affection, the essence of the treatment ought to consist in destruction of the parasite. One of the first precepts is to apply no poultices. Even when put on cold, the poultice has no power to stay the