ordinary cases, Prof. Toison uses a new snare of his own invention, which, according to him, effectually obviates all danger of bleeding. The apparatus consists of a *serre-nœud*, the metallic loop of which, instead of being free, is fixed by three silk threads to a blunt ring fixed to the distal end of the instrument. The ring is passed over the tonsil, which is then seized with forceps; the wire loop is next pulled home in the usual way, the traction being sufficient to snap the silk threads which fix it temporarily to the ring. The tonsil is thus cut through without bleeding. Prof. Toison has performed this operation several times since last April; in no case has there been any hemorrhage.—*British Medical Journal.*

CHRONIC, SO-CALLED RHEUMATIC AFFECTIONS.

When the term of chronic rheumatism is used, it should be limited to those cases in which the joints are painful but not swollen, or in which there is a neuralgia or àn arthralgia associated with myalgia or apart from it; or in which the fasciæ are affected, or in which there is a general neuralgic condition supervening on an acute attack of rheumatism. This is what we prefer to call "chronic rheumatism." But in speaking of the symptoms of rheumatoid arthritis, I will make reference to those symptoms which are sometimes put down as common to both. Let us imagine two patients sitting side by side, one with chronic rheumatism, and the other with rheumatoid arthritis. Now, what do we see? In the rheumatoid arthritis case the first first thing that strikes us is most probably the pallor of the patient, as compared with the chronic rheumatic. We look a little closer, and the next thing we perceive will most probably be the joints. The patient with the chronic rheumatism will present in this feature little or nothing; whereas, on the other hand, the rheumatoid arthritis patient will be more or less crippled. There will be a distinct muscular atrophy in the rheumatoid arthritis case, and the complexion will present the pallor mentioned before, showing on closer inspection yellowish tinges on the face, neck, and perhaps elsewhere. If we ask both patients if they ever had rheumatic fever, they will probably say no; but further inquiry will elicit the probable fact that the family history of the patient with rheumatism will be a good one, or perhaps at the most a rheumatic one, while the rheumatoid arthritis patient, in most cases, gives or shows a strumous taint. It is upon the basis of this strumous taint that we feel we must look for further assistance to guide us in the treatment of this terrible crippling malady. It is nearly always present more or less. We are aware that this strumous history has not been particularly referred to in other descriptions of the disease. Its being the almost invariable acompaniment has induced us to bring the matter forward. In fact, to look upon struma and rheumatoid arthritis as cause and effect has seemed to us the one plain characteristic in our investigations.—*Lane, London Lancet. Pract. and News.*

THE DRY TREATMENT OF CHANCROIDS.

It is generally conceded that if chancroidal ulcers can be kept perfectly dry, a great step has been taken toward their rapid healing. With this view, the following procedure has been used to some extent in the surgical divisions at Bellevue Hospital, New York: A small roll of absorbent cotton about one-half an inch in diameter and long enough to surround the penis just behind the corona, is put in that position after the prepuce has been well retracted. A rubber thread band is slipped over this ring of cotton in order to hold it in its place. By this means the sulcus behind the glans is obliterated, which is especially liable to retain the secretions, and the prepuce is held back from contact with the ulcerated surface. The cotton absorbs the exudation from those surfaces almost as soon as formed. The dressing is light, is easily handled, and may be renewed as often as needed to keep the parts in a dry condition. In addition to chancroids, herpes preputialis and venereal warts have been fonnd to heal rapidly under the use of this dressing; sometimes no other treatment has been found necessary for these local lesions.—*Weekly Medical Review. Am. Pract.*

THE REMOVAL OF FRECKLES.

The Pharmaceutical Record quotes the following prescriptions for removing freckles.

White precipitate, Bismuth subnitrate,	āā	ʒj;
Glycerite of starch,		℥iv. M.

Apply every second day. Or,

Sulphocarbolate of zinc,	ʒ j;
Glycerin,	ʒ ij;
Alcohol,	ʒ j;
Orange-flower water,	ʒ jss;
Rose water sufficient to make,	ʒ viij. M.

Apply twice daily.

WHOOPING COUGH.

(Germain See, in *Jour. de Medicine*):

Powdered belladonna root,	gr. 1-5;
Dover's powder,	gr. ss;
Sublimed sulphur,	gr. iv;
White sugar,	gr. x.

M. Sig: Take in one dose from two to ten times a day, according to age of patient and effect produced.—*Am. Pract.*