

Thus he concludes that each case should be carefully studied in all its phases before deciding upon a change of residence. On a high mountain (say from 5,000 to 10,000 feet [1550-3100 metres]), a residence far removed from the sea-coast, is best for a patient with a tendency to hæmoptysis. At a location of this kind one would probably have not only a rarefied, but also a cold, dry, aseptic air,—factors which would be most beneficial. Care should be taken that the elevation of the patient should be gradual and not too rapid; otherwise the early effects of a sudden elevation might be followed by unpleasant results. A case of syphilitic phthisis will probably be benefited by sea-air, while a tubercular patient would be injured by it.—*The Satellite*.

TREATMENT OF INFLAMMATORY DISEASES OF THE SKIN.

Dr. Lassar, of Berlin, recently read a very interesting paper upon the treatment of inflammatory diseases of the skin, before the section on dermatology and syphilography of the American medical association. His paper is reported in full in the *Journal of Cutaneous and Genito-Urinary Diseases* for October 1889.

The salve so well known by his name is again recommended by him as a sample of "a permanent application of emollient and indifferent preparation," and we give it for the benefit of those who are not familiar with its component parts:

R Acid, salicyl.	2.0
Vaselin, flav.	50.0
Zinc, oxid.	
Amyli,	aa 24.0

Misce leniter torendo f. pasta.

"The advantages of this paste," says the author, "are that it is generally well borne. Be it a child of a few weeks, or an old person, the influence is a benignant one. It produces a slight, soft scaling, and, besides, a constant drying, because it acts like a filter. All lymphatic exudations pass this porous layer, and are drawn out into the bandage, instead of forming a crust upon the wounded skin itself. This is an important advantage for the completion of regeneration, because the neighboring epidermis is not obstructed by masses of adherent crust. The bandages are to be made of thin layers of cotton, and some few turns of muslin, where applicable. This gives the advantage of preventing the germs in the atmosphere, as well as the dirty nails of the patient, from disturbing the process of healing."

Dr. Lassar speaks of a prescription for *pustular affections of the hairy parts of the head and beard*: "It came into my hands through a shepherd who wished to enlarge his professional knowledge by visiting my clinic.

In order to introduce himself he showed a salve which he said had a miraculous effect upon skin diseases. The chemical analysis brought out the following simple formula:

R Hydrargari sulphurati rubri,	1.0
Sulphuris sublimati,	24.0
Adipis,	75.0
Olei bergamottæ,	gtt. aliquat.

This same prescription had already been used by Dr. Bielt, of the Hôpital St. Louis, some fifty years ago, and had thus been recalled to domain of dermatology. Especially its effect is to be remarked in all impetiginous affections of the hairy regions.—*New Orleans Med. Surg. Jour.*

ANTISEPSIS IN TYPHOID FEVER.

The so-called antiseptic treatment of typhoid fever is a valuable addition to the therapeutics of this disease. Dr. John A. McCockle, in the *Brooklyn Med. Journal*, Dec. 1889, says that it is well to begin antisepsis at the mouth by strict cleanliness and antiseptic washes. Carbolic acid is a deserving remedy, and one in which he has much confidence.

R Acidi carbol,	℥ xxiv.
Glycerin,	f 3 ii.
Liquid pepsin. aromati,	f 3 i.
Aquæ menth. pip,	f 3 ii.

M. Sig. A teaspoonful one hour after food.

This combination aids digestion, checks decomposition, and acts as a disinfectant.—*Med. and Surg. Reporter*.

RECENT RESEARCHES INTO DIPHTHERIA.

The important subject of the prevalence of this fatal and distressing malady in various parts of the country continues to engage the anxious attention of the Government, and fresh reports from the pens of the several Inspectors engaged in unravelling the skeins of the problem are to hand. Little that is new has been elucidated, but one or two points are of interest, and all contributions to the etiology and mode of transmission of diphtheria must be eagerly welcomed and considered. The futility is again demonstrated of attempting to get at the ultimate origin of an outbreak, especially in inquiries of this sort, which are undertaken months after the outbreak has ceased. The confusion of nomenclature, which is such a hindrance to correct registration and classification, is again apparent. Thus, a throat affection which obtains in a district is indifferently labelled "croup" or "laryngitis" or "tracheitis" for a longer or shorter time before its true nature is discovered. Indeed, in an Essex district, Dr. Bruce Low found it endowed with such various appellations as