

mycetes or streptococcus erysipelatosus is anærobic, or flourishes where air is excluded, living in and upon the tissues affected. I may note the many methods of treatment recommended, such as compression, or ligatures applied above the seat of the affection, advocated by Velpeau; the application of a solution of nitrate of silver in the form of a ring around the redness (Higginbotham's method); the application of tincture of iodine, white paint, solutions of tannin, silicate of soda, used by Alvarenga, of Lisbon; the subcutaneous injection of carbolic acid or salicylic acid directly into the part, and the internal administration of quinine in large doses, as salicylate of ammonium, suggested by Dr. Barclay, of St. George's Hospital. These may all be good, but so satisfactory have been the results by the iron and the antiseptic anodyne externally applied, that I have had no reason to depart from that treatment. I earnestly look after the hygienic surroundings of the patient, and give eggs, milk, beef tea, and other stimulating and light diet. The disease may, however, pass into a stage when surgical treatment must be adopted. If simple bullæ or vesicles form, I relieve the tension by evacuating them, and dress the surface with tartrate of potash and iron lotion in the strength of 10 grains to the ounce of water. When sloughing and suppuration take place, I make free incisions; the pus and sloughs thus obtain a free exit; the separation of the mortified parts may be accelerated by the scissors. I then apply an antiseptic solution by means of the syringe or douche, dry the parts thoroughly, and dress with sublimated wood wool. The best antiseptic lotion is corrosive sublimate, one grain in five ounces of water, or nearly in the proportion of 1 to 2,000. Koch's solution, as it is now called, is the same as the old "M'Kenzie's" collyrium.

An important point which should not be overlooked in the treatment of erysipelas as well as in so many other affections, is the effectual clearance of the *primæ viæ* by a good purge, administered at the commencement of an attack. If erysipelas assume a typhoid form, alcoholic stimulants are strongly indicated. Infantile erysipelas I treat on the general lines laid down, although the tincture of iron is not so admissible, owing to its griping tendency; acetate of iron is less irritating. When erysipelas commences in the throat, inhalation, or the steam atomizer, with some antiseptic, should be used. I watch carefully for œdema glottidis. If it does occur, tracheotomy is the only resource.—Robert Pollok, in *Glasgow Med. Jour.*

THE following were the fees as laid down by the New York County Medical Society of 1816:—Verbal advice, \$5 and upward; letter of advice, \$10 to \$15; ordinary visit, \$2; night visit, \$7; Midnight, \$25 to \$30.

## MEDICAL NOTES.

The remedy for *weak heart* is amyl nitrite.

Prof. Bartholow states that he believes nicotine, if rightly used, will prove to be our best remedy for *hydrophobia*.

Prof. Parvin, for all plastic operations on the *female genitals*, uses silver wire in preference to either silk-worm or cat-gut.

*Dysmenorrhœa* and sterility are not half as well explained by antelexion as by an existing endometritis or metritis.—Parvin.

Prof. Bartholow insists that in *subacute rheumatism*, no remedy is comparable to Tinct. ferri chloridi, especially if in an anæmic subject.

From an antagonistic standpoint, of all remedies proposed for remedial treatment of *tetanus*, none are comparable to nicotine or the preparations of tobacco.

A mixture of collodion, 15 parts, corrosive sub., 1 part, if applied to small, superficial *birth-marks* is stated by Professor Gross to act very nicely and effectively.

*Anteflexion* with mobility, in a virgin, is a physiological condition, and can only be called flexion when the uterus becomes immobile and bound down by adhesions.—Prof. Parvin.

For the *irritative fever of consumption*, Prof. Da Costa strongly advises the use of small doses of aconite. He claims it is a remedy of much value, and but little known to the profession in general.

Prof. Gross advises that a radical cure for a large *hydrocele* should not be undertaken at once. Evacuate its contents, and, when it has again attained a small size, again evacuate and resort to one of the radical means of cure.

Dr. Hunt, at the Pennsylvania Hospital, stated that he considered the treatment of *internal hemorrhoids* by carbolic acid a good procedure. He uses about four drops each of pure carbolic acid and glycerine, and injects one tumor at a time.

Prof. Gross states that he believes subiodide of bismuth is destined to replace, to a great extent, iodoform in the *antiseptic treatment of wounds*. It is being extensively used at the hospitals, and, as yet, with none but most gratifying results.

Prof. Parvin states that the best treatment for *chronic mastitis*, if the patient object to the radical operation, is firm compression by means of pressed sponge and a bandage, which is occasionally to be slowly saturated with carbolized water.

For the hygienic treatment of *epilepsy* Prof. Da Costa sums up as follows:—

Keep the head cool, the bowels open, and the