

in damp clothing the rest of that day (about eight hours). That night I was sent for to see my patient. When I reached the hotel where he was staying, I learned that a short time before they sent for me he had had a chill, and was complaining of a severe pain and burning over the left side of his neck and face, which were much inflamed. He was ordered quinine and iron, and his face and neck were bathed with a solution of biniodide of mercury, 1 to 3,000. The following morning I found him much better, the pain and redness nearly gone. The abscess which I had injected was about the same in size, but had lost its red, angry look. At the end of three weeks the swelling was entirely gone, leaving a very trifling scar, in marked contrast with the scar on the opposite side of his neck, where he had suffered from another abscess some time before.

I have treated by the method now mentioned nine cases in all. The swelling has gradually disappeared, taking from three weeks to two months.

Professor Verneuil's plan is, first to evacuate the abscess by aspiration. To do this he makes use of a large-sized trocar, handling the parts as little as possible. As soon as the liquid becomes slightly blood-stained, he injects the cavity with the solution, which is one of five per cent. The largest quantity used is one hundred grammes; generally fifty or sixty grammes suffice. The amount of iodoform remaining in the abscess cavity to be absorbed rarely exceeds four to five grammes. He has never seen any bad effects from the absorption of ether.

My experience has been that generally one injection will be sufficient. In only three cases have I found it necessary to repeat the injection into the same swelling. In four cases I injected glands where I could not find pus, but where the centre of the swelling was soft and in a condition to break down. In such cases my plan is to inject from ten to twenty minims of a two-per-cent. to three-per-cent. solution. In all cases the swelling is gradually reduced, so that in from four weeks to three months it has entirely disappeared. In all my cases I have employed internal treatment, as all the patients were more or less anæmic. Up to some six months ago I had been using a tonic containing arsenic, iron, and iodide of potassium; but, on account of the difficulty apothecaries have in making up a pleasant mixture that children would take, I have had some trouble in keeping up the treatment with the regularity I would like.

About six months ago I received a sample bottle of compound syrup of trifolium, which is a mixture containing iodide of potassium, combined with the vegetable alternatives red clover, burdock-root, prickly-ash bark, stillingia, poke-root, and *Berberis aquifolium*, each ounce containing eight grains of the iodide of potassium. The skill of the manufacturers, Parke, Davis, & Co., has succeeded in so combining these drugs as to render the finished preparation very palatable—a property most essential to a preparation which is designed for prolonged administration.

I am in the habit of using the iodide of arsenic, bichloride of mercury, sulphide of calcium, or iron, with the compound syrup of trifolium. Children will take this combination for a long time, and not be troubled with nausea or any derangement of the stomach. I have a patient, a child suffering from congenital syphilis, who has taken it since its first introduction, six or seven months ago. She is taking one fiftieth of a grain of bichloride in half an ounce of the compound syrup of trifolium, and has improved in every way while under its influence.

From my experience with this syrup in a great variety of cases, and from the very satisfactory results which I have obtained from its use, I am of the opinion that it is destined to occupy a high position among our therapeutic resources.

Since preparing the foregoing paper, I have learned that Professor Verneuil has substituted glycerin for ether, using fifteen to twenty grammes of iodoform in sufficient glycerin to make a thin paste. I learn also that Professor Billroth, at his clinic, uses a solution of ten parts of iodoform to one hundred parts of glycerin, for the same purpose, and speaks very highly of it.—*N.Y. Med. Journal*.

TREATMENT OF CHRONIC SYPHILIS.

In the treatment of chronic syphilis, but too often it happens that the patient improves up to a certain point, and then ceases to respond to the administration of antisiphilic remedies, even when they be combined with the most careful hygienic treatment and the exhibition of tonics, etc.

Any remedy which offers a fair probability of being able to carry on the amelioration of the disease under these circumstances is one worthy of very careful consideration by the profession.

Many years ago Mr. Carmichael, of Dublin, asserted that he found the oil of turpentine often of unquestionable value in the treatment of obstinate and long-continued syphilitic iritis, and during the service of Mr. G. J. Guthrie, of the Royal Ophthalmic Westminster Hospital, the practice was accompanied with alleged excellent results.

Mr. Jabez Hogg of the same hospital has recently (*Medical Press and Circular*, April 27) published the account of a case in which, after the failure of mercurials by the mouth, by inunction, and fumigation conjoined or alternated with the use of mydriatics, tonics, iodide of ammonium, iron, etc., turpentine succeeded. It was given in $\frac{1}{2}$ drachm doses, suspended in mucilage, three times a day after meals. For the first week an inunction of a twenty per cent. solution of the oleate of mercury was freely employed, but this was then laid aside, and for four months the turpentine alone was steadily persevered in. Not only was the patient's general health improved, but the corneal opacity of the iritis gradually disappeared, and at the time of the making of the report the serous exudations and other local changes in the eye had so far been absorbed or ameliorated that the vision was almost what it was before the inflammatory attack, fourteen months previous.