

sufficient to wet the gauze dressing once in twenty-four or forty-eight hours with boracic acid solution; the gauze dressing being covered over the outside by a rubber of gutta-percha tissue.

3. If the dressing remains odorless it need not be removed until at the end of from four to six days after the first application.

4. Perfectly successful immediate results may be obtained under the use of dry sterilized dressings—healing taking place under one dressing. (This plan I have not tried, however, sufficiently often to be able to say from personal observation if the good results are as invariable as under wet dressings, or if the skin of the newly-healed surface is as sound ultimately.)

5. It is unnecessary to curette the surface to be grafted, provided it be covered by healthy, fresh, red, flat, granulation tissue. This omission saves the time which is required to still the bleeding which follows curetting.

6. Where, under a reverse condition of the exposed surface, curetting has been done, the application of an Esmarch bandage and tourniquet, when possible, and the leaving of the latter in place for from one-half hour to an hour after the operation has been completed is of decided advantage.

7. It is not necessary to the success of the operation that the whole of the exposed surface should be covered with grafts at any one time. The patient may be in a too exhausted condition to allow of the prolonged etherization necessary to cover an extensive area; if so, there need be no anxiety as to the result if but a portion of the surface be grafted at one time.

Dr. McBurney recommends that the skin be stretched from which the grafts are taken.

PHYSICIAN'S VISITING LIST.—The forty-second publication of "The Physician's Visiting List," by P. Blakiston, Son & Co., Philadelphia, for 1893, is the most complete, smallest and lightest visiting list published. The fact that it has been published for over forty years is sufficient guarantee of its excellence and popularity. It is published in various sizes, for from twenty-five to one hundred patients a day or week. Besides its usefulness as a visiting list, it is a pocket-book containing valuable information for a physician. In it may be found a reliable dose table, tables of the metric

system, a list of new remedies, rules for examining the urine, a table for calculating the period of pregnancy, the antidotes for poisons, the proper methods of resuscitating the half-drowned, and other equally useful information. For durability, neatness, completeness, and simplicity of arrangement, it is excelled by none in the market, and the low price of the list brings it within the reach of all.

DOVERS' POWDER IN THE TREATMENT OF COLLIQUATIVE SWEATING.—Dr. G. Frank Lydston, of Chicago, stated in a recent clinical lecture, that while an interne in the New York Charity Hospital, he experimented quite extensively upon the abundant clinical material in the medical wards, to determine the relative value of the various remedies recommended for night sweats, particularly in pulmonary consumption. He found atropine not only unreliable but productive of certain disagreeable effects that more than counterbalanced its possible advantages. The mineral acids and other tonic remedies and astringent cathes were not much more efficacious than the atropine. He established, to his own satisfaction, that there are but two remedies which can be relied upon to check night sweats. These are the Dovers' powders and the active principle of *cocculus indicus* or picrotoxin, the former being by far the more valuable of the two.

HABITUAL ABORTION.—Assafetida has been recently recommended in cases of habitual abortion (*Lancet*). Dr. Tuazzo gives it in pills containing a grain and a half as soon as it becomes clear that a new pregnancy has commenced. At first only two pills are prescribed, but later on the number is gradually increased to ten daily. The treatment is continued until the labor is over, and then the daily dose is gradually diminished. By this method, cases where as many as five successive abortions had occurred have been successfully treated, and where in one instance a miscarriage appeared to be imminent during the seventh month it was averted and the patient was delivered at full term.

SALOL FOR GONNORRHEA.—Dr. C. Underwood says: (*West. Med. Rep.*) that salol can reduce the duration of gonorrhœa to the lowest limits. The method consists in the regular employment of