

group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year, Prof. Esmarch classified all the cases of sarcoma of the muscles occurring at his clinic, and found that at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors—tuberculomata, the author calls them—not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast, and larynx without going on to ulceration. Of course, in the case of actino-mycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make thorough microscopical examination of the growth before a radical operation is undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform an exploratory operation of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommends an energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring operations.—*Intern. Journ. of Surg. Cin. Lancet Clin.*

TREATMENT OF ECZEMA IN CHILDREN.

The treatment of eczema is not so definitely settled as to be one for all cases. Every case has its own peculiarities, and demands special attention. Remedies which may be found valuable in one may be found worthless in another. The treatment of the disease, when occurring during childhood, must be different from that employed in adults. Realizing this, Dr. E. Saalfeld, in the *Deutsche Medicinische Wochenschrift*, July 3, 1890, has endeavored to place the treatment of eczema in children upon a rational basis.

The disease in children owes its origin, in many cases, to excoriation or chafings, between the nates, in the bend of the knee, and in the folds of the neck. This is most frequently met with in fleshy children. In eczematous intertrigo,

when the usual household remedies such as salves and powders, have failed to give relief, a careful regulation of the diet and a change of food is primarily indicated. Very frequently diarrhoea will be an accompanying symptom, and this should be checked at once. If the skin is highly inflamed, a cool application of equal parts of a five-per-cent solution of boric acid and leadwater, and the use of a five-per-cent boric acid ointment will be found most beneficial. If the skin is moist, it should be dried with powder, before the ointment is applied. In cases of eczema of the head and face the diet should be very plain and contain as little fat as possible. The bowels should be kept open by means of suitable laxatives. The flakes and scales should be moistened with olive oil and removed. The underlying skin may then be treated with an ointment composed of boric acid, one and one-half parts; oxide of zinc and starch, of each five parts; vaseline thirty parts.

In general eczema, especially of a scrofulous origin, the constitutional treatment plays a most important part, and should include a careful regulation of the diet, the administration of cod-liver oil in connection with phosphorus and arsenic internally. The local treatment of these cases should consist merely in the application of vaseline and subsequent powdering.

Naturally, before any treatment for general eczema is instituted, a careful examination of the skin should be made, in order to exclude the possibility of the disease having been caused by the presence of parasites.

In conclusion, Saalfeld warns against the use of tar, since it is very irritating to the skin of children. Its place may, however, be ably filled by an ointment composed of white precipitate of mercury, one part; balsam of Peru, five parts; and benzoinated oxide of zinc ointment, thirty parts.

Naturally, the hygienic surroundings of the patients is very important; well-ventilated rooms, fresh air and scrupulous cleanliness, all contribute largely to a rapid recovery.—*Medical and Surgical Reporter.*

BLOODLESS TONSILLOTOMY.

Prof. J. Toison, of Lille (*Rev. de Ther. Med. Chir.*, October 1), discusses the various methods of reducing or removing enlarged tonsils. He begins by saying that excision of the tonsils with the bistoury or the guillotine is gradually losing favor among surgeons on account of the risk of hemorrhage. Ignipuncture with the thermo-cautery or the galvano-cautery is often useful, but should be reserved for cases in which the tonsils are only moderately enlarged, and can be sufficiently reduced in one or two sittings, and for cases in which some anomaly of shape in the hypertrophied glands makes it difficult to remove them with a cutting instrument. For