

R.—Ext. colocynth comp.....gr. ii.
 Pulv. rhei.....gr. i.
 Ext. belladon.....gr. $\frac{1}{4}$
 Ext. hyoscyami.....gr. ss.

M.—Et in pil No. 1 div. S.—To be taken at bed time.

In some cases ²⁰ of grain of strychnia may be added to the above with advantage. Iron must not be employed at present, as it tends to constipate. As regards local treatment, I shall advise the patient to rub her groins and abdomen with a flesh-brush or rough bag of camel's hair. I want, just here, to say a word in strong recommendation of the treatment known as "Massage." While under this treatment, one of whose items is a daily, painstaking, kneading of the muscles, I have even been able to administer iron without constipating. Indeed, during the second and succeeding weeks of the method by "Massage," I have noticed a considerable tendency to diarrhoea. I think that the above-mentioned methods of treatment will relieve the woman's torpid liver and congested womb.

THE ABORTIVE TREATMENT OF ERY- SIPELAS.

Several times during the last few years have I succeeded in checking facial erysipelas, by painting a broad ring of collodion around the attacked part. Although perhaps other physicians may have used this treatment, I have nevertheless been unable to find any mention of it, nor have those of my confrères with whom I have spoken in regard thereto, been acquainted with this mode of treatment.

As it undoubtedly is quite desirable to be able to check a facial erysipelas, at least a very disagreeable, even if not dangerous, disease, and having of late repeatedly used the collodion treatment in my own practice, as well as received reports from my colleague, Doctor Christie, who also has employed it successfully, I make mention of it here, in order that other physicians may give it a trial in their practice.

I consider the treatment theoretically correct if, as is universally admitted, erysipelas is caused by an infectious material, whether bacteria or some substance setting up a chemical process* extending through the loose subcutaneous cellular tissue, and we can prevent its extension by the application of collodion.

I have only seen disappointment from the former way of using collodion, that is, by penciling it over the whole diseased surface, while a ring around the attacked parts puts a check to the extension of the poison. I have repeatedly seen how the morbid process has extended to the obstruction, fought against it, but without being able to overcome

it; I have also seen it break through a weak place in the ring, but compelled to stop at a new ring drawn around it. I will relate a few cases. The last one occurred in January this year. The erysipelas commenced as usual from the nose, extending to the cheeks on both sides with considerable fever, foul tongue, and general malaise. The collodion ring was drawn around the diseased parts, and the following day the erysipelas was checked, except a small place on the right cheek, where it had broken through the ring; here a new ring was formed around it, on the third day the erysipelas was completely checked, and the tongue was clean and moist again.

That I, in this case, had to deal with a severe attack, was proved by the fact that the patient still for several days suffered from debility, and was unable to attend to his business. It may be said it would have stopped by itself, as occasionally happens with erysipelas commencing at the nose. In reply, I will relate Dr. Christie's case. It happened about the same time as my own. He writes as follows:

"I have just had occasion to bring into practice your method of treating erysipelas by penciling a ring of collodion around the periphery of the place attacked. The erysipelas commenced near the nape of the neck and rather rapidly spread over both ears, forehead, and cheeks, preserving a perfectly symmetrical figure. I drew around the attacked parts, about a quarter of an inch from its circumference, a rather broad circle of collodion. The following day the erysipelatous blush had reached the collodion at nearly every point, still, it nowhere crossed this boundary, although it ultimately reached it everywhere. In some places, particularly on the right cheek, the swollen erysipelatous skin actually rolled out on the collodion ring. During the following days the blush gradually faded away. I believe the collodion prevented the further spread of the disease, as the boundary line was not passed at any point, and on the right cheek it looked as if the poison was held in check like a stream dammed back."

I am unable to say if this treatment will prove equally effective in checking erysipelas in other situations. The face offers the advantage that the compression is very firm against the closely underlying bones. Some years ago I failed in arresting an erysipelas on the leg; it commenced after the amputation of the great toe, but I am sure I did not then use a sufficient quantity of collodion. I had some fear of causing gangrene by compressing the whole circumference of the limb.

In conclusion, I will request to make the collodion ring both broad and thick, being particularly careful where there is hair or beard.—Dr. A. G. NORREGAARD, in *Norwegian Journal of Medicine*.

* (It has been demonstrated that the skin at the margin of the inflammatory redness in erysipelas is full of micrococci.—TRANSLATOR'S NOTE.)