

TREATMENT OF PALMAR ABSCESS.—Dr. Spiers, of Edinburgh, O., writing to the Cincinnati *Lancet-Clinic*, draws attention to the good results obtainable by the seton in abscess beneath the palmar fascia. He says: In my experience poultices and fomentations amount to but little. In the use of the lance, whether early or late, parts are severed that never again unite; the hand is left disabled as a consequence. If the abscess be allowed to remain unopened, the pus burrows into, or so paralyzes the muscles of the hand, that its use is ever after limited. In either case a claw hand is the result.

I have seen a number of cases and have closely observed the results of treatment. To me no method has proved so satisfactory as the following: Pass a large needle, with a curved point carrying a double thread of surgeon's silk, near or into the annular ligament, well into the tumor and let it emerge between two of the fingers—preferably the ring and middle. The operation is brief, the pain little; but an anæsthetic may be used, or a hypodermic injection of morphia or cocaine may be given if preferred. The double thread is left long, and is knotted at both ends. By alternately pulling the thread backward and forward any pus along the line readily makes its exit. The parts gradually settle back to their wonted place, and recovery is complete. This operation has the merit that it may be used early or late. Of course, it will not retrieve any damage already done. I have frequently resorted to this method in tumors of the face and neck, where it is dangerous to lance or where a scar is not desired, usually with good results.

NUTRITIVE ENEMA.—M. Jaccod's nutritive enema (*Jour. Am. Med. Assoc.*) is made as follows:
 R—Beef broth (freshly made), . . . ̄ vijj.
 Wine, ̄ iv.
 Yolks of eggs, ij.
 Dry pepton, ̄ j.-iv.—M.
 Sig.—Mix and make an enema, to be injected in small portions at intervals during the day.

THE URINE OF OPIUM HABITUÉS.—Dr. J. B. Mattison, of the Brooklyn Home for Habitués, writes to us (*N. Y. Med. Jour.*) concerning a statement that he has met with in contemporary periodical medical literature, to the effect that the

addition of tincture of chloride of iron to the urine of a subject of the opium habit will produce a blue tint showing the presence of morphine. Dr. Mattison declares that this statement is not true.

FLATULENT DYSPEPSIA (*Med. Review*) is treated by Huchard as follows:

R—Aq. chloroformi, ̄ x.
 Aq. dest., ̄ viij.
 Aq. menthæ pip., ̄ ij.—M.
 Sig.—̄ j. before or after meals.

Or,

R—Tr. gentianæ,
 Tr. valer.,
 Tr. nucis vom., āā ̄ j.
 Chloroformi, gtt. xx-xxl.

M. Ft. Sig.—10 to 20 drops in a little water, fifteen minutes before a meal.

If an antiseptic action is required, we prescribe:

R—Beta naphthol,
 Bismuth salicyl.,
 Magnesiæ, āā ̄ iv.—M.

Ft. pulv. No. 30. Sig.—One powder before each meal.

SEMINAL EMISSIONS.—As a direct means of diminishing the frequency of nocturnal emissions, Bumstead recommends:

R—Potassii bromidi, ̄ j.
 Tr. ferri chlor., ̄ j.
 Aquæ pur., ̄ iij.

M. Sig.—One or two teaspoonfuls in water an hour after meals and at bed time.

SOLVENT FOR DIPHThERIC MEMBRANE.—

R—Pepsinæ, ̄ jss.
 Ac. hydrochlor. dil., ʒ j.
 Aq. dest.,
 Glycerinæ, āā ̄ ss.—M.
 Sig.—Paint.

INFANTILE DIARRHŒA.—

R—Ferri sulph.,
 Sod. salicyl., āā gr. x.
 Glycerinii, ̄ iij.
 Aq. dest., ̄ ijss.—M.

Sig.—A teaspoonful every one, two, or three hours.