

Every vehicle used in transporting such body, together with the outside garments of the persons who have dressed or buried it, must be immediately disinfected under the direction of the local Board of Health.

After the death or recovery of the patient, your house, all the inmates and effects contained therein must be disinfected under the direction of the local Board of Health and according to the regulations of the Board of Health of the Province.

The quarantine of your house shall not be raised until 10 complete days after its disinfection.

For other information which you may need, apply to the Health Officer or Secretary-Treasurer of your municipality.

Make it your special duty, in your interest as well as in the interest of the whole community, to strictly follow the instructions which are given out to you, and to help, by your co-operation, the work of the sanitary authorities.

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INJECTIONS OF CORROSIVE SUBLIMATE IN TETANUS.

CELLI (*Arch. Ital. di Pediatria*, November, 1891) reports a case of severe tetanus successfully treated by injections of corrosive sublimate. The patient was a child in whom tetanus appeared after a wound of the sole of the foot. Free incision and antiseptic dressings were first tried, but without avail, the symptoms increasing in gravity. The plan first practised by Baculo, of injecting corrosive sublimate, was tried. During seven days nine injections were given hypodermically, each consisting of 0.5 centigramme dissolved in water. From the time of commencing this treatment a progressive improvement was observed, and on the eighth day the patient was completely cured. As a direct result of the injections there were noticed progressive fall of temperature and pulse-rate, with gradual increase in diuresis.—*British Medical Journal*.

MECHANICAL TREATMENT OF ERYSIPELAS.

In the *Therap. Monatsk.*, February, 1892, Kroell describes a modification of this method, and gives the theoretical grounds on which it is based. The conditions necessary to the success of such a method are (1) a specific relation of the characteristic micro-organism to

the cutis. Here the author is strongly of opinion that the streptococcus erysipelatis is not identical with the *S. pyogenes*, and that if suppuration occur it is the result of a mixed infection. (2) The spread of the disease in the cutis by continuity only. The appearance of the disease elsewhere, as in erratic erysipelas, is due to a second infection at that place; and (3) that erysipelas does not spread in all directions with equal ease. The specific inflammation is the chief element in the disease, the general symptoms being produced by the toxins absorbed. The more limited the former, the fewer the toxins produced. The elastic bandage which the author uses must be applied sufficiently firmly, but in such a way as to permit of the circulation being maintained in the parts so cut off. As regards facial erysipelas, the object is to prevent its spread to the scalp. The bandage is carried from the back of the neck round the forehead. The inflammation may spread to the margin of the bandage, but not beyond it. The thick skin of the neck usually prevents its spread to the trunk. The bandage must not be omitted as soon as the fever disappears. The absence of tenderness shows the limiting of the process at the bandage margin. The author has only once seen this margin overstepped, and then it was due to the incautious application of the bandage. The treatment is naturally not applicable to the trunk. In the extremities the distal application is alone available. If the disease is spreading towards the trunk the slight disturbance in the circulation caused by the bandage may give rise to increased pain, and even gangrene. A slight oedema is immaterial, but any blueness of the limb must be avoided.—*British Medical Journal*.

ANTISEPSIS OF THE MOUTH.

In illustration of the value of antiseptics of the mouth in protecting the organism against infection, Laborde (*Sem. Méd.*, February 10th, 1892) calls attention to a method of preventive treatment against coryza which has for several years proved successful in his hands. This consists in washing out the mouth and nasal fossæ regularly two or three times a day with a 1 in 1,000 solution of carbolic acid, as hot as can be borne.—*British Medical Journal*.

DIABETES AFTER EXTIRPATION OF THE PANCREAS.

MINKOWSKI (*Berl. klin. Wochens.*, February 1st, 1892) says that in dogs, complete removal of the pancreas is always followed by diabetes if the animal lives long enough. In a cat the