

THE NEW METHODS OF TREATMENT IN ERYSIPELAS.—1. *Method of Rosenbach*: Consists in first washing with soap not only the affected part, but the surrounding healthy skin, then applying, each day, a solution of carbolic acid (5 per cent.) dissolved in absolute alcohol. Results, very brilliant as regards both the progress of the malady and the febrile phenomena. The use of absolute alcohol by itself has also produced favorable results.

2. *Method of Nolti*: The affected parts and surrounding skin are covered twice daily with mucilage of gum arabic, mixed with from 3 to 5 per cent. of carbolic acid. Good results.

Dr. Ebstein mixes the carbolic acid with vaseline.

3. *Method of Koch*: By means of a soft brush, we apply a thin and regular covering of the following pomade:

R—Creoline,	1 gramme.
Iodoform,	4 "
lanoline,	10 "

The parts are then covered with leaves of gutta-percha. This has given good results, especially in erysipelas of the face and head.

4. *Method of Nussbaum and Brunn*: Ichthyol with or without collodium. Results favorable and very prompt.

5. *Method of Hallopeau*: A solution of 1 to 20 of salicylate of soda is soaked in a mask of several thicknesses of linen and applied over the parts, after which it is covered with rubber bands, to prevent evaporation. Relief almost immediate; cure in from three to five days.

6. *Method of Hueter*: Injections of carbolic acid in the healthy skin, in doses of from ten to fifteen grammes, distributed in several punctures, at one or two centimetres from the edges of the affected parts, with the following solution, recently prepared:

R—Carbolic acid (pure),	
Absolute alcohol,	3 grammes.
Distilled water,	94 "

Very painful. Only applicable in severe cases of the head or face.

7. *Method of Kraskie*: Scarify the edges before the application of the antiseptic substance.

Dr. Lawenstein advises that the incisions should be made exclusively in the healthy skin, after which the parts are enveloped with a solution of carbolic acid or sublimate.

8. *Method of Wolfer*: Mechanical compression by means of adhesive plaster applied on the healthy skin on the borders of the affected parts, so as to completely surround them.—*Le Bulletin Médical*.

A STRONG solution of soap and water, taken immediately, is an excellent antidote to poisoning by carbolic acid.

DIGESTIVE DISORDERS IN CHILDREN.—Moncorvo (*Arch. f. Kinde*, xi, 5 and 6), concludes a paper with the following propositions:

1. Disorders of digestion in children are very common in Brazil.

2. The high temperature of tropical climates during the long summer tends to the frequent development of gastric disorders, and this may be more or less influenced by the excessive sweating which the heat insures.

3. Gastro-intestinal diseases often co-exist with dilatation of the stomach in children more than two years of age.

4. In children under two years of age defective gastric digestion is usually caused by diminution or absence of free hydrochloric acid in the gastric juice.

5. In the subsequent years of life cases sometimes occur in which there is excess of acid in the stomach, but, as a rule, there is a deficiency, or a want of it, in dyspeptic children.

6. The remedy for deficiency in the supply of acid in the gastric juice, consists in the proper use of hydrochloric acid.—*Amer. Jour. of Med. Sciences*, Aug., 1890.

FLUSHING THE BLADDER WITHOUT A CATHETER.—Staff-Surgeon Rotter, of Munich, recommends the following process of flushing the male bladder, which obviates the introduction of a catheter, and makes it impossible to introduce septic matter into the bladder. An irrigator, filled with a quart of some disinfecting, and perhaps slightly astringent, liquid, at a temperature of from about 82.5° to 86° F., having a tube six feet or more in length, with a perforated and somewhat pointed end—which, according to the size of the meatus, is covered with more or less gauze previously saturated with the disinfecting fluid and greased with antiseptic vaseline—is used. For patients with a very small meatus a thin, gutta-percha drainage-tube a few inches in length is attached to the end of the tube, which is exhausted, and then completely filled with the warm fluid. The patient is told to micturate, if possible, and then to lie on his back, with his legs a little drawn up and his pelvis supported. The end of the tube is then introduced into the urethra to the depth of about an inch, and there held by the physician, who continually presses the glans against the tube. The irrigator is then raised, first three feet high, and then six feet, and in from half a minute to two minutes, or, in patients with a very strong sphincter, in three or three and a half minutes, the liquid begins to flow into the bladder. The amount used is easily determined if the irrigator is made of glass; or, if not, by the vibration that is communicated to the corpora cavernosa. If it is intended to fill the bladder completely, percussion, the appearance of the bladder above the symphysis, and, in many cases, the patient's sudden desire to micturate, will give the necessary information.—*Lancet*.