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MONTREAL, FEBRUARY, 1889.

FURUNCLES OF THE AUDITORY MEATUS.

In our excellent contemporary, the New Orleans Med. and Surg. Journal, Jan. '89, there appears an editorial on the treatment of a very troublesome affection, furuncles of the auditory meatus. The article is based on Dr. Loewenberg's paper, read at the last International Congress, and, after pointing out the microbian origin of furuncles in general, it recommends the following treatment as being almost infallible: A pint of 1 in a 1000 sublimate solution, as hot as the patient can bear, is poured into a fountain syringe suspended a couple of feet above the patient's head, the nozzle is inserted well into the ear, and the whole pint is allowed to stream through the ear; this is repeated several times a day, or at least twice. In case there is perforation of the drum, the sublimate solution must be replaced by a hot boracic solution. With almost any other treatment these boils are apt to recur in crops, but with this treatment, we are assured that if the irrigations be continued for ten days after all symptoms have disappeared, there will be no recurrence, In our own practice we have had the most gratifying experience with the dry treatment of otorrhea, which consists in cleaning out the ear in the manner above described, and then packing it gently

full with powdered boracic acid. The unpleasant odor disappears at once and for good, and the discharge is generally completely dried up after two or three applications.

CONSULTATIONS.

The New York Medical Journal, (22nd Dec., '88) contains an editorial on the management of consultations, in which the following advice is given to the young practitioner:

The family physician may properly ask for a consultation whenever there is a doubt as to the diagnosis; whenever a considerable operation is to be performed: whenever the services of a specialist are needed, or whenever the responsibility of the case is too heavy for one person to bear alone. In each of the above cases it is presumed that a consultation would be gladly sought for by any sensible practitioner, but there are cases again where the family doctor feels quite able to diagnose and manage the case himself, and where, in fact, there is nothing difficult or obscure about it, but in which, however, he would do well to ask for one. In these cases the attending physician can feel a consultation in the air, and if he is quick enough to perceive it, he can diminish the mortification by asking for it himself. When the demand for a consultation cannot be forseen, and when it does come, it should be gracefully acceeded to: but the writer suggests that it may be robbed of its sting by some such remark as the following: "I have no objection to a consultation, if you wish it, but I must tell you beforehand that the disease will be cured in such and such a time."

We do not think it wise to oppose the family's choice of a consultant, although the writer of the article does not agree with us: he is of the opinion that it is better to retire from the case altogether, if the family has not sufficient confidence in their physician to allow him to choose a consultant. Our advice to the young practi-