which were to be diluted at the beginning of treatment. Six cases were treated, and all did uniformly well without the administration of arsenic.

In all varieties of eczema the results were satisfactory. Ninety-six cases were treated, using generally one per cent. of the acid, with equal parts of zinc powder and starch in two parts of ointment. If it is eczema madidans one half per cent. is better. In acne, a three-per-cent. solution will remove pigment patches, assist in removing comedones, and render the skin soft. In acne rosacea the results were good, but in sycosis less good. The remedy does not seem to penetrate deeply enough between the furrows.

In impetigo contagiosa it is *the* remedy which will cure the disease in ten or twelve days. In keratitis senilis, callosity, clavus and verucca, its action in removing the thickened portions is well known. In ichthyosis it is easy to remove the scales, but they will return. In lupus erythematosus and lupus vulgaris the results were brilliant at first, the excrescences flattening down rapidly at first, but not a case was cured. For pruritus in the shape of a lotion it is excellent.

In tinea the solution with gutta-percha is better than Taylor's remedy. But generally the disease will not be cured by any one remedy, and we are only too glad to have more than one. In tinea versicolor a one-per-cent. solution is effective.—*Proceedings American Dermatological Association*, 1888.

TREATMENT OF FECAL ACCUMULATIONS.

These accumulations are to be treated locally, and it is a mistake usually to give cathartics at first. Enemata are doubtless the most efficient means known of dealing with fecal accumulations. The injections should be copious, and should be given where possible in the knee-head, knee-elbow, or lateral position. The best material is water at a temperature of about 100° Fahr., though there is no objection to soap and water, or turpentine and water, or oil. It is advisable to dispense with the use of an anæsthetic, unless the mass is situated low down in the colon, within easy reach from the outside, as the patient's sensations are often of great service as a measure of the force to be used, or the amount injected, and the presence of deep ulcerations cannot frequently be excluded. The fluid, enough to fill the colon, should be slowly introduced and be retained for some fifteen minutes, and the mass be kneaded gently. The best instrument, according to Treves, is the inflator designed by Mr. Lunt, of Manchester, England, as it allows of very large injections without permitting the escape of any fluid from the anus. By its use such enemata can be given without assistance. I have used the ordinary syringe stem with a rubber shield shaped like a doughnut, the central hole being quite small.

Where the seat of the tumor is the cæcum, and accompanied by tenderness and fever, the procedure advised by Harley seems to be the best. After a fair amount of fecal matter has been brought away by the enemata, given every six or twelve hours, he causes the patient to take half an ounce of castor oil, with two teaspoonfuls of brandy, and eight or ten minims of laudanum or deodorized tincture of opium, and repeats the dose after each evacuation produced by the enemata. In this way two or three fecal motions are produced daily, to the great relief of the patient. The tumor decreases and becomes less tender daily, and in cases of ordinary severity the cæcum will be emptied in the course of one week, and the patient restored to convalescence. Where there is much pain, a hot flaxseed and mustard poultice should be kept applied to the abdomen. The subsequent treatment should be that of typhoid fever, and for one week or more after all pain and febrile disturbance have ceased there should be no solid food given. If the case is severe and protracted there is a tendency to reaccumulation in the cæcum. To avoid this an occasional dose of castor oil should be given, a compress worn with a flannel bandage over the region of the cæcum, and massage be made over the part. Strychnia in some tonic infusion may be given to promote tone in the weakened intestinal wall.

Where the accumulation is in the rectum, it is sometimes necessary to dig it out with the handle of a spoon or the fingers. A device described by Duke in the *British Medical Journal* would appear to be serviceable at times. It consists of a brass, nickel, or silver-plated speculum armed with a plug, which when pushed forward allows fluid to be injected into the gut through a hollow pipe at the side. He thus describes its use. The speculum is gently introduced, and when placed the plug is pushed up, which raises the cover and allows the fluid injected to penetrate the mass or accumulate above it, as the case may be. The mass is thus either broken up or soaked and its removal facilitated. When all has passed which will, and still large, hard, lumps present, and form a ball valve which want of tone in the bowel and abdominal parietes does not allow of the patient being able to expel, he supports the abdomen with a tight roller, and introduces as large a cylindrical vaginal speculum as will pass through the sphincter, and breaks up through it what will not freely pass, by means of a spoon handle. This he thinks saves much pain and the frequent introduction of the fingers, which produces so much subsequent soreness and discomfort.

After the mass has been cleared away the case is resolved into treating the condition on which the accumulation has depended, if it be possible to make it out.—*Coll. and Clin. Record.*