Many surgeons, after having opened a carbuncle, freely scrape, excise or press the spongy mass to evacuate the pus and gangrenous materials. But these proceedings are at the same time dangerous and painful, and should be absolutely avoided; for the use of carbolized spray renders them unnecessary, by disinfecting the wound.

In order to appreciate the danger of using force on a carbuncle or furuncle, one must remember that the infection is of an infectious character, and that the tumor contains pathological microbes capable of extending on the surface, or of colonizing in the interior, by auto-inoculation, or by entering the general circulation.

This last fact is not as well known as it might be, although it is known that a carbuncle, and even a boil, is capable of giving rise to fever, general symptoms, and even visceral manifestations—albuminous nephritis and deep abscesses, for example.

In conclusion, I would state the following views:

1. Furuncle and carbuncle are only different stages of one infectious disease, and are to be treated by the same therapeutical means.

2. The treatment consists in surgical interference or medical applications. The first was formerly thought to be indispensable, or at least was resorted to in a majority of cases. The second were thought to be efficacious only in mild cases, and were employed as secondary measures of relief.

3. To-day surgical intervention is becoming less and less necessary, and should be reserved for exceptional cases; on the other hand, antiseptic solutions of carbolic acid, of boric acid, etc., used in a peculiar way, and especially under the form of prolonged and repeated atomization, are remarkably efficacious, while they are at the same time very simple and free from danger.

4. Sprayings, with very few exceptions, lead to a rapid recovery from the manifestations of furuncle or of a small carbuncle, and they check the disease in graver cases. They very rapidly put an end to the pain, the fever and the general symptoms; they disinfect the purulent and gangrenous spots, and assist the cleansing of the lesion and the formation of granulation tissue.

5. Sprayings may be used in any region of the body for all forms, and in all stages of the disease. They are never dangerous, and will alone bring on a cure in the majority of cases. They would also help greatly to the success of surgical interference, if such should be deemed necessary.

6. Finally, they prevent auto-inoculations and the phenomena of general infection.—*Med. and Surg. Reporter.*

REMARKS ON ROETHELN.

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Roetheln frequently resembles ordinary measles; occasionally it still more closely resembles scarlet fever; yet roetheln is not a hybrid. Measles alone or scarlet fever alone, or both diseases in the same subject, will not protect against it; and, on the other hand, roetheln confers no immunity, neither against measles nor against scarlet fever, nor, I am persuaded, in the least degree against a recurrence of itself. During the continuance of a lingering epidemic, I have seen every member of a large family, nine months' of perfect health intervening, twice attacked by roetheln. From what I have observed of this affection, it would surprise me little to see it seriously put forward that an attack of roetheln rather increases than diminishes the liability to recurrence and to the invasion of other diseases. I had once the opportunity of observing roetheln in a parturient woman; it was but a single instance and insufficient as an argument, still it is worthy of note that the complication in no way interfered with the normal course of labour, nor did it give rise to any unpleasantness afterward, such as would be expected to follow an attack of measles or scarlet fever.

Some years ago, in Manchester, I saw a good deal of an epidemic of roetheln. The invasion was suggestive of measles, accompanied by sneezing, lachrymation, photophobia, fever, general malaise, a slight sore throat, and cough. About the end of the second day, the eruption appeared without amelioration of the other symptons; on the contrary, the throat was much complained of, the temperature rose often to 105°, and prostration was pronounced. The character of the eruption was not usually the same on the face and over the body. On the face, especially the prominence of the cheek, it appeared as a number of dusky, circular or oval, slightly elevated blotches grouped without regularity. Over the body and limbs it was fairly uniform, much the color of scarlatina efflorescence, with, upon close inspection, many minute elevations. The palate, fauces and tonsils were of a deep red, also presenting minute elevations; the tonsils were swollen. About the fourth day of the disease, with quickened breathing increased cough and restlessness, with accelerated pulse and burning skin, it was usual to find at one or both sides of the spine a distinct area of broncho-pneumonia. I believe it was this complication which gave to the epidemic its very serious nature. The deaths which occurred during the continuance of the primary affection were, in my experience, all to be referred to broncho-pneumonia The eruption faded in about five days, and was followed by coarse, branny desquamation and shedding of the hair. Convalescence was slow. Dangerous sequelæ were very apt to ensue.

As a very curious coincidence, if not something more, I remarked that many of those who recovered from roetheln immediately contracted a set of symptoms exactly resembling the paroxysms of whooping cough.

This epidemic left upon my mind the impression that roetheln was a very serious malady—more serious than either measles or scarlet fever