

Ingrown Toe-Nail.—T. L. Deavor (*Am. Jour. Surgery*) for some time has been removing the entire nail with complete destruction of the matrix, so that the return of the nail is impossible. The results have been excellent. Cocaine may be satisfactory, ether better. Chloroform cautiously, as disasters in such a simple operation leave lasting impressions. First he excises a V-shaped section from the region of the root, and the soft parts turned back in all directions, exposing the limitations of the nail. The nail is then removed, and by cutting and scraping the nail bed is cleared of all tissue down to the periosteum so that every vestige of the root and matrix, with the transition cells about the nail bed are destroyed. The toe is dressed antiseptically and allowed to heal. By appropriate lateral incisions about the phalanx, and tight bandaging, the soft parts may be brought together so that when healing is complete, the area formerly occupied by the nail will be greatly reduced in size. The nail bed finally develops a fibrous covering which has all the protective qualities of a nail, without tendency to irritation. A mild amount of suppuration is to be looked for in most cases, but there should be no sequel.

Syphilis of the Nose.—Edward L. Ginsburgh (*Int. Jour. Surgery*) arrives at the following conclusions as regards the treatment of syphilis of the nose: In the primary stage of syphilis, salvarsan or neosalvarsan is the most valuable remedy, and repeated intravenous injections may abort the disease. The treatment is more effective when a combination of salvarsan or neosalvarsan with mercury is employed. We must retain mercury because its usefulness is not diminished by salvarsan or neosalvarsan, as it can be employed when their use is difficult. The local treatment, by means of cleansing solutions and powders, is very important and should be very thorough.

Cold Abscesses.—F. Pohl (*Zentra. für Chir.*) uses phenol and camphor as follows: Thirty parts phenol, sixty parts triturated camphor and ten parts alcohol. This mixture is injected directly into the cold abscess, as well as into old rebellious effusions and destructive inflammatory processes in joints, and recurring rheumatic joint affections displaying a tendency to develop into arthritis deformans. The camphor seems to annul the corroding action of the phenol. He has given the injections at intervals of two, four or eight days, never going above the dose of two to five c.c. There have never been any by-effects excepting slight carboloria.