

an undoubted syphilitic disease of the tongue followed by cancer of that part, as the result of the long-continued irritation; and just in the same way it is possible for a simple eczema of the breast to prove the exciting cause of, and to be followed by, cancer of the mammary gland. But if we exclude these exceptional cases, we can arrive at no other opinion than that "Paget's disease of the nipple," is from the first of a malignant nature, and bears a somewhat similar relation to cancer of the breast that the so-called tylosis (or psoriasis) linguæ does to epithelioma of the tongue. Such being the case, it is of the utmost importance to distinguish true eczema of the breast from "Paget's disease of the nipple," towards which the following may be of assistance:

1. "Paget's disease of the nipple" occurs especially in women who have passed the grand climacteric. Eczema of the nipple and areola occurs especially in women earlier in life, and particularly during lactation, or in persons laboring under scabies.

2. Affected surface, in typical cases of Paget's disease, of brilliant red color, raw and granular-looking after the removal of crusts. Surface not so red and raw-looking in eczema, and not granular, but often punctated.

3. When grasped between the thumb and forefinger, superficial induration often felt, in Paget's disease, as if a penny were laid on a soft elastic surface and grasped through a piece of cloth (thin). Eczema is soft, and no induration.

4. Edge of eruption abrupt and sharply cut, and often elevated, in Paget's disease. Edge not so abrupt, and not elevated, in eczema.

5. Paget's disease is very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally. The other disease, although sometimes obstinate, yields to treatment applicable to eczema.—*Glasgow Medical Journal*.

THE DUTIES OF THE PHYSICIAN.—"Art is long, time is short, opportunity fleeting, experience deceptive, and judgment difficult." Such were the serious reflections of the father of medicine after he had labored with its problems many years, and accomplished more than perhaps any man who has practiced the healing art. In these days when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works, who express their contempt for original research and scoff at medical journals, regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and gullibility of the people at large to excuse the title under which they thrive, the following, relative to the life of Dr. Geo. B. Winston, from the St. Louis Courier of Medicine, is refreshing:

A friend once remarked to him, "Doctor, what

necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment never to be forgotten he replied, "My dear sir I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."—*Lou. Med. News*.

INFANTILE CONVULSIONS.—The adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades, for infantile convulsions, is as follows: On arrival, the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently, a vomitive is given, which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If the convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes, and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse, M. Simon prescribes a four ounce potion, containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck, and left on about three hours, when it is replaced by a poultice of linseed meal, and gives very satisfactory results. M. Simon, in terminating, says, "such is the treatment that I have instituted in my practice of every day."—*Proceedings King's Co. Med. Society*.

TREATMENT OF CHOREA.—Dr. Bouchut's treatment *par excellence* of chorea consists in the administration of hydrate of chloral in large hypnotic