

that a committee be appointed with full authority to procure such changes in the administration of Out-patient Relief at Hospitals as they may find necessary, and that the working of the present system of Provident Dispensaries in Manchester be carefully investigated and reported upon."

The various manufactories, warehouses, and places in and about Manchester have been thrown open for inspection to members attending the Association. The staff of the Royal Infirmary, St. Mary's Hospital, Children's Hospital, &c., have attended daily from 9 to 11 a. m. to receive visitors, and point out any cases of interest in the wards. A number of excursions have been arranged for to-morrow. For instance the High Sheriff of Cheshire has kindly offered to entertain at his seat, Henbury Park, any members who may desire to visit Macclesfield; the medical men of Lancaster will be glad to entertain fifty members of the Association, and show them over the places of interest in that famous old town; the proprietor of the Northwich Salt Mines has offered to receive thirty-five members to luncheon, and afterwards accompany them through his mine, which will be illuminated for the occasion, and so on. Altogether the Committee of Arrangements deserve the greatest praise for the manner in which they have gone their part.

Yours truly,

T. G. R.

Progress of Medical Science.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF THOMAS M. MARKOR, M.D., PROFESSOR OF SURGERY, MAY 28TH, 1877.

INGROWING TOE NAIL (So-called).

What is commonly denominated ingrowing toe nail, is in reality, nothing of the kind. In these cases you will find that the nail is all right. What then is the matter? The young woman now before you presents a very useful case, because it affords an example of an affection which is so common; and I take more interest in explaining cases of this kind than in the most elaborate and difficult operation, because you are liable to meet them every day in your practice. This matter of so-called ingrowing toe nail, I am sorry to say is, as a rule, entirely misunderstood, and improperly treated. The nail grows into the matrix, which is simply an involution of the skin, and a continuation of periosteum; and a portion of the nail lying in the groove of the matrix is smooth and rounded, and terminates in layers of epidermis. Through these layers a part of the nutrition of the nail goes on.

Here is an instance in which the tissues have become swollen and highly inflamed, and protrude over the nail. What is the explanation of this state of affairs? A tight boot has been worn, which presses the matrix forcibly against the nail. This occasions tenderness, and in order to relieve it, the edge of the nail is cut. This procedure results in the formation of granulations, and now the nail begins to plunge right into these granulations. Then the scissors are inserted, notwithstanding the severe pain thus occasioned, and more of the nail cut away. A fatal mistake. The surface becomes ulcerated and granulating, because, instead of the normal bulbous extremity of the nail, you now have a sharp, ragged edge pressing into the inflamed tissues. It is rough, harsh and irritating, instead of being smooth and rounded. If you have ever compared the beautiful and symmetrical sting of a bee with the rough and uneven point of even the finest cambric needle, under the microscope, you will understand exactly the difference to which I refer. The needle seems as clumsy as a crowbar.

Now as to the treatment. Our friend here must wear a loose shoe, in the first place. This is a *sine qua non*. Then the maltreated nail must be allowed to grow and regain its proper shape. While this is going on she will suffer considerable pain, but this will be her penance for having done wrong. By the end of six months the nail will probably have regained its normal outline. If much inflammatory action should continue while this is going on a slippery elm poultice may be applied from time to time. When the granulations become exuberant, a little pinch of dried alum will be found to be very effective in reducing them. Some persons suffering from this affection find great relief in the daily use of alum. The chances are, however, that our patient will become dissatisfied in waiting so long for a cure to result, and that she will once more resort to the fatal scissors, but we can at least give her fair warning of the long course of suffering which by so doing she will bring upon herself.

TREATMENT OF RINGWORM.

Dr. Robert J. Lee, Senior Assistant Physician to the Hospital for Sick Children, Great Ormond Street, London, in *British Medical Journal* says:

"There are numerous agents which seem to have more or less active influence in the treatment of ringworm; some being advocated by some practitioners as superior to others, while these again have their own supporters. The spores of the trichophyton appear to resemble the microspores lately examined by Prof. Tyn-dall in their obstinate resistance to destruction; and the successful treatment of cases of tinea tonsurans clearly depends on determining whether it is possible to destroy these spores, or whe-