disease in most cases is situated at the back of the neck and trunk, it is not difficult to apply sufficent pressure to control it. I have made incisions of this character, over five inches in length, and have seen no bad effects therefrom; but on the contrary have been gratified at the beneficial result. So strongly am I convinced of the desirability of the crucial incision, that were I the victim of carbuncle, I should urge my professional attendant to resort to it.

Mr. Timothy Holmes, who is in favor of the crucial incisions, records the case of a "man admitted into St. George's Hospital, in whom a carbuncle had been treated on the expectant plan, and the result was an immense ulcer occupying the whole of the nape. Soon after his admission another carbuncle formed, and was rapidly extending. A crucial incision soon stopped its course, and he recovered with hardly any mark from the second carbuncle, forming a striking contrast to the tremendous ravages of the first."

After the incisions have been made, hot poultices should be applied to hasten the separation of the slough, after which stimulating ointments, such as the Ung. Resinæ or Ung Terebinthinæ will increase the vitality of the part, and hasten the growth of granulations. I have never had occasion to substitute any of the caustics for the knife, and consequently have no remarks to offer on the plan of treatment by these agents, but I can imagine the objections to their use on account of prolonged pain, and constitutional irritation.

As the disease is one of advancing years, and almost invariably occurs in persons whose constitutions are broken down by concurrent diseases of the viscera or blood, our general treatment resolves itself into one of support and nourishment, and of all our drugs, opium in small, continued stimulant doses, is paramount. Half a grain of pure opium every six hours, increasing the quantity if necessary, acts like a charm. It subdues the pain, equalizes and strengthens the heart's action, soothes the nervous irritability, and produces refreshing sleep. Stimulants also, especially good, sound red wines, porter, and ale are of great service.

Co-existing diseases must of course be treated on their own merits.

I have as briefly and concisely as possible gone over the ground of the treatment of these three affections, merely introducing such of the pathology of each, as is necessary to keep the bent and scope of our discussion directed to the best methods of restoring the damage done by those pathological changes. I have purposely avoided all speculative enquiry into the remote causes of these diseases, and have endeavoured to open the discussion as practically as I could. The surgical point which I have endeavoured to make, is this, that in all three affections, the early and free use of the knife does actually limit the extension of the disease, and is greatly conservative to the integrity of the part attacked, and that in all cases in which deep structures are threatened with destructive inflammation, the employment of the knife should if possible precede the destructive process. If empiricism is understood to mean that which is founded on experience, I must confess myself an empiric, and in that character I beg to express, the hope, that the gentlemen around us to-day, more especially those who live in the country districts, and who are compelled by force of circumstances to be more self-reliant and self-dependant than those who dwell in the cities, will sustain this discussion, and favor us with their practical experiences on these questions. By doing so, they will aid in the advancement of our Association, and assist their professional brethren in their difficult labor of subduing pain, and easing the burdens of their disease-stricken fellow-creatures.

Correspondence.

CONGENITAL CYANOSIS.

To the Editor of the CANADA LANCET.

SIR,—A case of that somewhat rare disease, Cyanosis, occurred in my insular practice the other day, which I detail for the benefit of young practitioners.

A healthy woman of 20 years, M. L., gave birth to her second child on the 22nd instant, whilst under my care. The case was quite regular in all particulars, its only singular feature being its great rapidity. After the breaking of the waters, some fifteen minutes, intense labor pains set in, and with the second pain the child (a boy), came into the world, the whole labor proper lasting not over 30 minutes. As is usual, the child showed the cyanosed condition, but not in a degree to excite alarm, was dressed, and put to the mother's breast as usual, and rested fairly well over night.

The next day, about 2 p. m., I was hastily called in, and found the child in a cyanotic condition, with tremulous chills, and an intense bluish tint over the skin, caused, doubtless, by the diffusion of venous blood throughout the system. I placed the child on its right side, as recommended by Churchill, Meiggs, and others. Gave it a small dose of tinct. digitalis, and bathed its feet in hot water, but without avail, the infant dying just 23 hours after birth. Excepting the abnormal opening of the foramen of Botal, the child was apparently strong and well nourished, and the only