

The second case was one of perineal abscess, that owing to the carelessness of the patient had existed for several months, during which period it had been thoroughly injected daily with peroxide of hydrogen solution. The patient was unwilling to remain away from his business, and thus have the necessary rest for cure, and also was troubled with uric acid deposits and calculi in bladder. The abscess improved under above treatment, but would break down occasionally and discharge pus. Several times the urethral floor was perforated by the pus, and urine passed freely through the sinus. I injected a 15 per cent. solution of papoid, of the formula above given, allowing it to remain in the cavity about ten to fifteen minutes. The patient described the sensation at the time, as though many mosquitoes were stinging the sac walls. I cleansed the cavity with peroxide hydrogen solution as before. In a day or so, the abscess closed, and remained so for ten days; it then had a slight discharge of pus, but an injection of peroxide hydrogen was followed by permanent closure of the sinus. This treatment was given three or four months ago.

The prompt arrest of this abscess from a single injection of an alkaline 15 per cent. solution of papoid, greatly surprised me. The cure can not be attributed to peroxide of hydrogen, as this had been used for months with favorable, but not curative results; employed after the papoid, it simply or mainly oxidized the debris or digested pyrogenic membrane, facilitating its removal.

Had I employed the papoid and been aided by rest to my patient, I am confident that I could have cured the case, probably several months earlier.

TREATMENT OF FEVER.—This old, but ever new subject is one in which every medical man must be certainly anxious to be refreshed. It lies at the root of so much of every-day work that any ray of light must be gratefully received. The following conclusions by Dr. Graham Steell, of Manchester, *Manchester Med. Chronicle*), are worthy of note :—

1. Attention must in all cases be directed to the normal fever of the disease, and to the accompanying pulse-rate. Only when the fever and pulse-rate assume abnormal severity is there place for consideration of antipyretic treatment.

2. Of the methods of antipyretic treatment, that by bathing is unquestionably the best, and the patient should be placed, first of all, in tepid water, which is subsequently cooled. Wet packing is a much less efficacious method. Treatment by antipyretic drugs is the worst method of antipyretic treatment, but notwithstanding is often useful, both employed alone and as an adjunct to treatment by bathing. In hyperpyrexia, treatment by drugs is useless, and cold bathing affords the only trustworthy treatment.

3. The general laws which govern antipyretic treatment appear to be similar, whatever the method of treatment adopted. He is aware that theoretical consideration may be urged against this statement, but he is speaking from the practical standpoint.

4. There can be no doubt that the severity of a fever in the immense majority of cases may be well estimated by the resistance which the pyrexia offers to antipyretic treatment. As a general rule, continuous fever offers greatest resistance, remittent less, and intermittent least. The greater efficacy of antipyretic treatment in the later stages of typhoid may be partly so explained. The fact of degrees of resistance to antipyretic treatment, corresponding to degrees of severity of the attack, suggests that the course of mild and moderate cases might be greatly shortened by a vigorous adoption of antipyretic treatment.

5. The difficulties in the carrying out of antipyretic treatment by bathing, are so great that the treatment must be reserved in private practice for cases in which danger threatens from high fever and severity of the general symptoms. Antipyretic drugs may often be used with advantage as adjuncts to treatment by bathing, and occasionally alone. Nevertheless, their use is to be avoided as much as possible.

SOME MODIFICATIONS OF THIERSCH'S METHOD OF SKIN-GRAFTING.—Watson (*Boston Med. and Surg. Journal*) gives the following modifications of Thiersch's method adopted by him :—

1. The substitution of a four per cent. boracic solution for the sterilized salt solution, both during the operation and in the subsequent dressings if wet dressings be used.

2. Instead of the frequently repeated moistenings of the grafted surface and the dressings, it is