phatic gland. It is just possible, however, that the influence of the sulphide of calcium may, in arresting suppuration, extend to the true chancroidal bubo. The apparent successful use of this drug in the series of cases herewith presented at least suggests and invites a trial of its efficacy in all instances of threatened glandular suppuration, whether associated with chancroid or of puryle sympathetic origin.—*Fessenden N. Otis, M.D., in New York Medical Record.*

MANAGEMENT OF DEEP ABSCESSES.

J. T. Kent, M.D., in discussing the management of deep-seated chronic abscesses, says: Perfect evacuation and coaptation of the walls of the abscess cavity seem to be the points to be constantly held in view. * * * The surgeon is too apt to open the cavity in its most accessible locality, when the floor is the only possible place to secure perfect drainage. The floor of an abscess will be also changed as the patient changes his attitude from the walking to the recumbent position; therefore an abscess upon a patient walking about should be sometimes opened in a different locality from one in bed. * * By perfect evacuation we obtain perfect coaptation, which is imperative; rest is therefore the only means of cure, as it permits nature to do her work in her own good way.

Superficial abscesses are of little importance compared with the deep-seated cavities involving important structures; therefore, not so much knowledge and judgment are required in the management of them. Another important feature of deep abscess is the change that occurs in the anatomical relations of the part. No anatomist will pretend to be able to give the relations of arteries, veins, muscles and nerves in deep-seated abscess of any proportions, * * but might say, as I was once known to say, "plunge in the knife." This is not my practice now. To make an opening in a deep-seated abscess at its most depending part is at times a most difficult undertaking, hence it becomes necessary to perform the operation with as little risk as possible. * * I am in the habit, according to Hilton's method, of making an incision with my scalpel through the skin at the most depending point, then, with my groove-director, I force an opening to the supposed cavity. If I have entered an abscess a small drop of pus will appear in the groove of my director, then with my dressing forceps I follow the groove in the director to the cavity, and, by separating my fingers, I force an opening which may be enlarged at will, and with perfect safety.

These hints are not given to frighten the timid from making their usual free incision in superficial and ordinary abscesses, but to encourage precaution in the very rarely met with deep-seated formations of pus in dangerous localities, as sub-muscular abscess of the thigh, submammary, gluteal, cervical and post-pharyngeal abscesses. Injections in large abscess cavities are, as a rule, of little use, and often dangerous. Perfect rest must be procured. If it cannot be obtained by the recumbent position, it must be had by strapping, bandaging or compressing. The means will readily suggest themselves to the competent anatomist of procuring rest and coaptation, which is the all-important issue to be uppermost in the mind of the surgeon after the evacuation has been completed.

Any treatment directed to a permanent cure must be conducted in accordance with the history and etiology of each respective case. Internal remedies are often demanded, so-called alteratives and tonics are commonly resorted to by nearly all surgeons. Then, with a thorough knowledge of the most potent of all remedies, *rest* will crown the surgeon's labor with a fair degree of success and satisfaction.

ON GLYCERIN IN FLATULENCE, ACIDITY AND PYROSIS.

SYDNEY RINGER, M.D., and WILLIAM MURREL, in the *Lancet.*

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerin added to milk prevents its souring, and he reasoned thus: "If glycerin prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerin for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerin. Indeed he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a dram of glycerin immediately before, with or directly after his food.

He recommended this treatment to many of his friends (sufferers like himself), and one of these mentioned the above circumstances to us.

We have since largely employed glycerin, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerin useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerin speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed We do not pretend to estimate its relative valu