

recumbent position and directed to cough; by this means many ounces of pus were discharged. After the fourth day the drainage-tube was replaced by one considerably larger in calibre; this was removed daily, and after cleansing was filled with powdered iodoform, re-introduced, and blown clear into the abscess cavity. On Sept. 17th an ethereal solution of iodoform was injected through the tube into the cavity, a proceeding which almost caused death, for the glottis was thrown into spasm, and the odour of ether was very strongly perceptible in the breath. From this date she improved in a marked manner, and on Sept. 24th the discharge had practically ceased. From Sept. 2nd she took one grain of iodoform in pill every four hours, and continued to do so until her removal to the convalescent home. On Sept. 24th the measurement of the chest showed a decrease of two inches on the right side at the level of the ensiform cartilage. On Oct. 6th she complained of pain in the front of the chest, and a tender spot was exhibited in the fifth interspace immediately below the nipple. On the 9th, as there was evidence of fluctuation at this point, an incision was made through which dressing forceps were passed and opened, when a large quantity of pus came away. A drainage-tube was then introduced, filled with iodoform, as before described. In a few days the sinus closed. On Dec. 1st there was a difference of three and a half inches in the measurements of the two sides. The temperature was then 99°, the pulse 100, and the respiration 40 a minute. She was removed to St. Michael's Home near Brent on Dec. 6th, 1894, and there made an uninterrupted recovery. On March 8th the right side of the chest measured three inches and three quarters less than the left at the level of the ensiform cartilage. The whole of the lower lobe of the right lung appeared to be solid, the percussion note was absolutely dull, and no breath sounds could be detected. On March 19, 1895, she returned to her old situation, having gained over two stone in weight since Dec. 1st. She said she felt perfectly well.

AN ORIGINAL DOCTOR.—The *N. Y. Med. Rec.* gives the following account of a quaint and original doctor located in one of the islands of Puget Sound.* He advertises in posters and placards printed in a home outfit. In one of his announce-

ments he says: "Legs and arms sawed off while you wate without pane. Childbirth and tumors a specialty. No odds asked in measles, whooping cough, mumps or diarrrear. Bald head, bunions, corns, warts, cancer and ingrowing tow nales treated scientifically. Coleck, cramps, costiveness, and worms nailed on sight. Wringworms, pole evil, shingles, moles, and cross eye cured in one treatment or no pay. Private diseases of man, woman or beast eradicated. P. S. Terms invariably in advance. No cure, no pay. P. S. (Take Notis.) No coroner never yet sot on the remanes of my customers, and enny one hiring me doant haf to be good layin' up money to buy a gravestone. Come won, come awl."

This man is said to do a good business, although you would not expect it, and his patients say he cures disease, and does it thoroughly and quickly.

TESTING FOR SUGAR.—In Dr. S. Solis-Cohen's clinic, *Coll. and Clin. Record*, Boettger's bismuth test is first employed, equal parts of urine and officinal liquor potassæ to which a pinch of bismuth subnitrate has been added, being boiled for some minutes in a test tube. Prolonged boiling is necessary to be sure of the correctness of a negative result. If sugar is present, a black precipitate of metallic bismuth is deposited. Gray discoloration may occur with substances other than sugar, and while such a change causes the case to be watched and repeated examinations of the urine to be made, it is not considered conclusive of glycosuria in the absence of confirmatory evidence. If, after prolonged boiling, no change of color occurs, the bismuth subnitrate remaining undecomposed and retaining its whiteness, the conclusion is drawn that sugar is not present and further tests are not undertaken. If the black deposit is obtained, this, as a rule, means that sugar is present; still, in order to guard against possible errors, Fehling's test with alkaline tartrates and cupric sulphate is then additionally used. If this likewise gives a positive result, the qualitative examination is considered sure and quantitative determination of the amount of sugar is undertaken either by Fehling's method or by fermentation in Einhorn's saccharometer.

THE USE OF CHLORAL EXTERNALLY.—Dr. Brodnax, *La Semaine Médicale* in *Medical and Surgi-*