Employed in infiltrated eczema and in psoriasis of the scalp. It must not be used over too large a surface.

R. Acidi salicylici,	℈j	
Sulphuris præcipitati,	ʒj	
Vaselini,	℥j	
Ol. rosæ,	q. s.	M.

Sig.—Rub in thoroughly.

The range of application of this preparation is very wide, viz: seborrhœa and scaly eczema of scalp, tinea versicolor, keratosis senilis, and lupus erythematosus.

R. Emplastri plumbi,	ʒxxv	
Pulv. saponis,	℈iv	
Aquæ,	q.s.	
Vaselini,,	℥v	
Camphoræ,	gr.xx	
Acidi salicylici,	℈v.	M.

Sig.—Spread on lint.

This is a modification of Hick's compound salicylate soap plaster. It is much prescribed in the clinic for infiltrated eczema, especially of the hands and feet, and is now largely used in place of the more expensive Hamburg plasters of a certain kind. The amount of salicylic acid may be varied to suit the case.

R. Quininæ sulphatis,	gr. x	
Spir. myrciæ,	f ʒ iij	
Glycerinæ,	f ʒ j	
Sodii chloridi,	ʒ ij	
Aquæ,	q. s. ad f ℥ viij.	M.

Sig.—Local use.

There are hundreds of so-called hair tonics, containing more or less of these ingredients, but the one here given is one of the most satisfactory of its kind.

R. Acidi salicylici,		ʒ ss	
Zinci oxidi,			
Amyli,	āā	ʒ ij	
Vaselini,		℥ ij.	M.

The formula above constitutes the well-known Lassar's paste. It may be applied on strips of cloth, or in chronic scaly patches directly rubbed in with the finger. It is of value in many varieties of eczema and intertrigo.

R. Zinci oxidi,		℥ j	
Glycerini,			
Mucilag. acaciæ,	āā	f ℥ ij.	M.

Sig—Apply with a brush.

In extensive patches of eczema this paste is very agreeable. If itching is severe, one per cent. of carbolic acid may be added.—*St. Louis Polyclinic.*

PERSONAL DISINFECTION IN CONTAGIOUS DISEASES.

A point which appears to us of considerable practical value, and which has, doubtless, suggested itself to many physicians attending contagious diseases, and with almost equal certainty has but seldom been acted upon, is brought again to our attention through an article published in the *Medical Record* for June 22, 1889, by Dr. L. Mervin Maus, of the United States Army. We can now scarcely deny the germ origin of such diseases as diphtheria, scarlet fever, and measles, and it is further well established that the spread of these diseases is due to a material contagion, which, in the case of scarlet fever, is almost confined to the desquamated particles of the epidermis. It is well established that the contagiousness of scarlet fever increases with the onset of desquamation, and it is surprising, since the contagious matter is in all probability located in these desquamated scales, that the disinfection of the skin of the patient has not become a routine practice in the treatment of this disease. Unfortunately, one of us is at present passing through an epidemic of scarlatina in his own family, and there the first thought was to endeavor to protect the other members of the family by a disinfection of the skin of the patient, employing the use of corrosive sublimate in 1 to 1000 solution. In all probability this process was not inaugurated sufficiently soon, and did not entirely prevent the spread of the disease. It is known that very close approach to a scarlatina patient, or more or less direct personal contact with the patient, is required for the spread of the disease. If we could only thoroughly disinfect all the surroundings of the patient, we might hope, then, to do away with the spread of the disease, besides greatly reducing the necessity for prolonged isolation. Dr. Maus publishes the following rules as a preventive measure for the extension of this disease, and states that his practice has been founded on personal experience, and so far has been entirely satisfactory. He even states that he believes that we can through the employment of this method of treatment ignore isolation, in cases of mild scarlet fever, and ordinarily permit patients to join the family circle in ten days to two weeks

1. Sponge the patient thoroughly morning and evening with a tepid solution of corrosive sublimate, 4 to 1000, as soon as the eruption makes its appearance.

2. Wash the hair once daily with a solution of the corrosive sublimate, of the same strength, and also a solution of borax, 1 to 250.

3. Disinfect the urine, fæces and expectoration, also the discharge from the ears and nose, if there be any. A solution of the bichloride, 1 to 1000, is best for this purpose.

4. As soon as the patient is permitted to leave the bed, have the body washed with warm water and soap, then sponged with the 1 to 4000