

ance, must be rigidly treated. The glands themselves should be protected from all irritation, and fluctuation of temperature. Local applications, such as iodine, compresses of sea-weed, and ointments are of but comparatively little value. The most important local measure consists in giving rest to the part. If operative procedures be considered, the earlier the operation be performed the easier it will be. The gland should be cut out, and not torn out. No drainage tube should be employed if it can be avoided. After the operation the neck must be kept absolutely rigid for not less than ten days.—*Times and Register.*

### RADICAL CURE OF NASAL CATARRH.

Some time since, Sir Andrew Clark recommended the application of glycerine and carbolic acid to the nasal mucous membrane as an effectual way of bringing about a permanent cure of that distressing and common affection, a cold in the head, by virtually destroying the membrane, the abnormal reaction of which to slight stimuli was the source of the mischief. Although he stated that it had given excellent results in his hands, we have not heard since of its having come into general use, possibly because, though a reliable, it was likewise a very painful and exceedingly disagreeable proceeding. An American physician, practising in a country and a climate in which coryza is chronically epidemic and among a race of men who have inherited the Anglo-Saxon proclivity to catarrh, has suggested a measure founded on a similar principle, which, however, is claimed to be equally effectual and painless withal. He recommends the application, by means of a plug of cotton-wool on a suitable stem, of solutions of chromic acid, varying in strength from one to ten per cent., the former being powerfully astringent and the latter not less powerfully caustic. He points out that in proper strength chromic acid instantly combines with gelatinous and albuminous substances to form a tough, leather-like compound. It is essential to operate with a perfectly pure acid, or pain will otherwise be felt. He recommends giving 1-200 of a grain of atropine shortly before making the application, in order to lessen the flow of mucus. The parts are then carefully examined and the sensitive spots mapped out for the subsequent application of the acid in a from five to eight per cent. solution. It is advised to operate on the two nostrils separately.—*Med. Press and Circular.*

### CONFECTIONER'S DISEASE.

A disease, peculiar to confectioners, has been recently observed in France. It occurs principally in persons engaged in the manufacture

of candied fruit and "maron glacés" or candied chestnuts. Five cases observed by Dr. Albertin, of Lyons, and described in the *Gazette Hebdomadaire*, March 19, 1889, well illustrate the nature of the disease. The affection is restricted to the nails of the hands, and usually first makes its appearance at the sides of the nails, the peringual portion becoming loosened and raised up, the nail losing its polish and becoming black. In more advanced cases an inflamed swelling appears at the base of the nail. The nail is rough, scaly, and in some cases broken in several fragments; but is never cut off in its entirety. Finally the terminal phalanx also undergoes a change in form and becomes flat and widened. In the earlier form of the disease very little pain is experienced and the patient is able to go on with his work. The disease disappears as soon as the work is discontinued, although a deformed nail and a flat or bent terminal phalanx is apt to remain. Albertin states that among the large number of candy factories which he has visited, he has not found one in which from one to three workmen were not suffering with the disease.

It is evident that the affection is caused by handling and working in the various substances employed in the manufacture of candies, among which are mallic, tartaric and citric acids. The hands are also alternately in hot and cold liquids; and this, as well as the manipulation of the preparations, by means of which the irritating substances find their way under the nails, may be regarded as causative factors.

Albertin has given the malady the name of "professional onyxia and peri-onyxia," and believes it to be exclusively restricted to confectioners. It would be interesting to know whether this disease exists in this country, where manufacture of candies is so extensive.—*Editorial in Med. and Surg. Reporter.*

### TREATMENT OF ECZEMA.

Dr. Unna, of Hamburg, publishes, in the *Monatsschrift für Dermatologie*, a paper on "The Diagnosis, Etiology and Treatment of Eczema." He says that even before the experimental cultivation of bacilli, exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhœic eczema, and the parasite causing it is that which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhœic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhœic eczema in all its forms