allay the fœtor. This process should be renewed every two or three days, observing well the effect, and varying the proportions of the medicine as demanded. In general, constitutional treatment is unnecessary, unless the otorrhœa depends on some dyscrasia.

Sodii Boras is occasionally used in injection.

Strychnia. A one per cent. solution of nitrate of strychnia has been successfully used in nervous deafness by subcutaneous injection by Dr. R. Hygen, of Leipzig. He injects it twice weekly into the integument over the mastoid process, using no other remedy.

Tannicum Acidum, in solution or combined with glycerine, is an efficacious agent in otorrhea.

Tiglii Oleum is used as a counter-irritant in otorrhea.

Zinci Sulphas is a valuable astringent. (F. 647.)

Local Blood-letting, by leeches to the tragus or wet cups over the mastoid region, is the most efficacious of remedies in acute inflammation of the middle ear.

Medicated Cotton-Wool. This is of great service in chronic purulent inflammation of the middle ear. The cotton is thoroughly washed, dried, and saturated with one of the following solutions: Borax, twenty per cent.; sulph. zinc, two per cent.; sulph. zinc, five per cent.; tannin, five per cent.; salicylic acid, five per cent.; alum, three per cent.; alum, five per cent.; ferri subsul., three per cent. The salicylic acid preparation has been found beneficial in purulent cases where there was an offensive odor. In cases where the polypoid granulations are a feature, one may use the ferri subsulphas. The meatus is syringed and dried, and the medicated wool is rolled loosely upon the end of the carrier, the diameter of the roll being usually a little smaller than that of the meatus, and about two or three centimetres long for adults. It is then gently inserted into the meatus down to the diseased parts.

XIV. NEW GROWTHS.

- I. Benign Growths.—Bronchocele or Goitre—Fatty Tumors—Fibroid and Fibro-cystic Growths—Glandular Hypertrophies—Intra-Laryngeal Growths—Polypi—Warts and Corns—Resume of Remedies.
- II. Maiignant Growths.—Cancer—(Internal Treatment: Local Treatment; Escharotics; Epithelioma; Cancer of the Æsophagus; Cancer of the Stomach; Cancer of the Uterus; Resume of Remedies.)

I. BENIGN GROWTHS.

BRONCHOCELE OR GOITRE.

DR. MORRELL MACKENZIE, OF LONDON.

This eminent surgeon treats cystic goitre as follows: The cyst is first emptied with a trocar at its most dependent point. He then takes:

657. R. Tinct ferri chloridi, Aquæ, äā f.\(\mathbf{j}\)j. M.

Of this, f. 3j-ij is then injected into the cyst and the canula plugged, the iron thus remaining in the cyst. After seventy-two hours the plug is removed and the iron solution withdrawn. The plug is then re-inserted, and poultices of linseed meal are kept constantly applied for a few days, immediately over the cyst. In a few days suppuration is set up, and the plug is permanently removed, the canula, however, being allowed to remain. The duration of treatment is from three weeks to four months, according to the size of the cyst.

In fibro-cystic goitre, the cysts are treated in the manner above described, and the fibrous structure afterwards attacked with subcutaneous injections of iodine.

Dr. M. lays down the rules that any cystic goitre as large as a hen's egg calls for active treatment; that injections of iodine in this form are dangerous, because often followed by sloughing; and that extirpation with the knife is also dangerous, because of the hemorrhage.

ARTHUR TREHERNE NORTON, F. R. C. S., OF LONDON.*

If the goitre arises from local causes, as the drinking-water, etc., the patient must change his residence or treatment will be unavailing. If anæmia is present, iron is demanded. In cases where the growth is not of long duration, treatment by absorbents, externally and internally, is generally successful. Mr. Norton usually prescribes:

658. R. Potassii iodidi,
Ferri ammonio-citratis,
Infusi quassiæ,
This amount at a dose.

For a lotion he prefers one containing iodine in proportion not sufficient to irritate the skin:

This lotion has the advantage of not evaporating, while the iodine, being very small in quantity, is not irritating to the skin, and at the same time is readily absorbed into the part, because evaporation does not take place. It should be applied on lint, which should always be kept moist with the lotion; over the lint may be sewn a piece of oiled silk, and over this again a piece of velvet, which altogether hides the application.

The operative procedures which may be resorted to are: puncturing cysts, setons, injections, ligating the thyroid vessels, and extirpation. Mr. Norton condemns the last two. Setons promote absorption, but he has never seen them bring about a complete cure. There is no danger in evacuating large and fluctuating cysts. There is but little danger in injections, though he had seen one case of death from their use.

PROF. A. LÜCKE.

This author recommends injecting into the parenchyma of the tnmor an alcoholic solution of *iodine*:

The puncture should be firmly pressed with the finger after the needle is withdrawn, and the wound closed with adhesive plaster.

PROF. S. D. GROSS, OF PHILADELPHIA.

Wash the neck thoroughly every night with warm water and soap, and rub well in:

661. R. Unguenti hydrargyri biniodidi, 3j. Cerati simplicis, 3vj. M.

The patient should also take, internally, liquor iodinii compositus, gtt. viij, in sweetened water, thrice daily.

PROF. J. M. DA COSTA, PHILADELPHIA.

662. R. Cadmii iodidi,
Cerati simplicis,
Apply, by thorough friction, every other day.

M.

DR. LUTON, OF RHEIMS, FRANCE.

663. R. Acidi iodidi, 5 j. Aquæ destillatæ, f. 5 ss. M
Inject eight to ten drops in the substance of the tumor, from time to time.

DR. FRIEDERICH OESTERLEN, TÜBINGEN.

664. R. Brominii,
Adipis,
Olei limonis,

Rub thoroughly over the swelling, from time to time.

PROF. JAMES SYME, F. R. S. E.

This author teaches that, with the exception of those rare cases where some energetic interference is peremptorily required, the best treatment of bronchocele is to blister the surface. Most surgeons dress the blistered spots with ointments containing iodine, or iodine combined with mercury. For his part, Professor Syme regards the blister itself as productive of nearly if not all the benefit, and therefore uses them without any other means or treatment. The headache which occasionally proves a distressing attendant of the disease, is sometimes much alleviated by the application of a few leeches to the temple from time to time.

Should the case cease to improve, or be obstinate from the commencement, the patient should be dissuaded from subjecting himself

^{*}Affections of the Throat and Larnyx. London, 1875.

to more severe experiments, unless his existence should be threatened

The plan of passing a seton through the tumor in order to excite suppuration and consequent diminution of bulk, is easily executed, and seldom leads to any serious consequences. Nevertheless, some fatal results have been reported, and the good effects of the practice have been but of partial extent.

In simple hypertrophy of the thyroid, injections of ergotin are generally successful. The procedure is by hypodermic injections of from six to ten minims of a solution containing ninety-six grains of ergotina to the ounce of distilled water. The injection is repeated two or three times a week for the space of from four to six months, when the gland becomes thoroughly hardened. The gland begins to shrivel with the stoppage of the injections, and very soon returns to its normal size. Ergotina is of no value in bronchocele, but only in cases of simple enlargement of the thyroid gland. The injection is attended with very little pain.

Iodoform has been tried by various Swiss physicians, but, on the whole, without satisfactory results. (See Correspondenzblatt, Jan., 1880.)

The dyspnea with which goitrous patients are often affected can be greatly reduced by the following:

665. R. Puly, stramonii fol., Potassii nitratis, M. Opii pulveris, A teaspoonful to be burned in the room when required. (A. Shannon.)

FATTY TUMORS.

As a local injection into the substance of adipose tumors, alcohol has been used by some surgeons. A certain amount of the latter should be made to enter the fatty growth through several aperatures, allowing some days to intervene between each injection. The tumor then softens and fluctuates; and the operator should at that period incise the growth and empty it, by means of gentle pressure, of the oily liquid which has been formed. Febrile reaction is generally very slight. It is hardly worth while, in some fatty tumors, to subject the

patient to numerous punctures and injections, which may be more or less painful, and crown all by an incision and kneading of the tumor.

The French surgeons, MM. DEBREUIL, CHASSAGNAC and others, prefer caustics to the knife in fatty tumors. The reasons they give are that the suppuration insures complete obliteration of the cyst; that it does not confine the patients to bed; and that they are less exposed to erysipelas, purulent infection and the like, than when operated on with the knife. They usually employ the Vienna paste.

As it is known that the fat of these tumors is characterized by the crystallization and separation of its elements, especially its margarine, it has been suggested by Mr. John Gay, F. R. C. S., (Lancet, June, 1873.) that subjecting the tumor to a high temperature would liquefy the fat and promote its absorption. He accordingly ordered immersion in hot water, 120° to 138° Fah., repeated as often as is safe or convenient, and by this plan has succeeded in removing a number of such tumors.

FIBROID AND FIBROCYSTIC GROWTHS.

Parenchymatous Injection.—In fibrous tumors, resolution may be brought about by the parenchymatous injection of various substances. Chief among these is ergot. The following formula is recommended:

666. R. Extracti ergotæ aquosæ (SQUIBB),

gr. 200. m. 250.

Stir, filter and add

ad m. 300.

Aquam, Each minim represents six grains of powdered ergot. For an injection, m xxx, daily or every two days.

Iodine injections have been used largely in Germany, with varying success. In this country they have, on the whole, been disappointing. Internal Medication.—Here again ergot is much praised. It should be given in large doses, and not so very frequently. The addition of belladonna is believed by some to increase its good effect:

667. R. Extracti fluidi ergotæ, Tincturæ belladonnæ,

gtt. xx.

This amount once or twice in the twenty-four hours.

Or,

668. R. Extracti ergotæ solidi (SQUIBB), gr. v.

This amount in a gelatine capsule twice a day. It equals gr. xx of crude

The successful exhibition of ammonia murias in large doses, \mathfrak{D} j-iij, in a case of large fibrous tumor in the abdomen, is reported by Dr. F. W. HATCH, in the Pacific Medical and Surgical Journal, 1875.

It should be remembered that simply passing a well-waxed thread through many tumors, (hygromas, ganglia, cysts, lipomata, &c.,) and fastening the ends together and leaving it there, will cause their disappearance.

GLANDULAR HYPERTOPHIES.

DR. MORRELL MACKENZIE, LONDON.

In glandular swellings of indolent character, this surgeon has found the hypodermic treatment with acetic acid the most useful to bring about resolution. The dilute acid is used, gtt. v—xx for one injection, gtt. vij—viij being an average dose. The injection should not be made more than once a week. The fluid should be injected well into the middle of the gland. If suppuration take place, the fluid should be drawn off with a hypodermic syringe or aspirator. The average duration of treatment by resolution is three months.

For treatment by destruction and suppuration, a solution of nitrate of silver answers the best. The solution should be of the strength of one drachm to the ounce, and not more than three to five drops to be used. Considerable interstitial destruction is generally produced after three or four injections, sometimes after a single injection. When pus forms, it should be drawn off as already directed. Treatment by destruction, if successful, is rather more rapid than that by resolution, but induration of the outer portion the gland sometimes follows the treatment, and interferes with its success. The treatment by pepsine and dilute hydrochloric acid he found to be rapid, but was twice followed by superficial sloughs of the skin, and for that reason he abandoned it. (Medical Times and Gazette, May, 1875.)

MR. CAMERON, DEPUTY INSPECTOR-GENERAL, INDIA.

This surgeon urges the treatment of chronic glandular swellings by repeated and deep punctures with a common lancet or small steel stiletto. The instrument should be held at right angles to the swelling and pushed down to the bottom. He has never seen any inflammatory or other bad symptoms produced by this operation, and he has often practiced it with brilliant success. He believes it would do well in fibrous tumors also. (Lancet, August, 1874.)

MR. FURNEAUX JORDAN, ENGLAND.

This surgeon employs counter-irritation to remove enlarged glands. The best locality for the counter-irritant is around or adjacent to the enlargement. Blisters or iodine may be employed. In enlarged cervical glands, a large patch of iodine irritation at the back of the neck, which may be prolonged below the glands, will, he states, certainly prove successful in a short time.

MR. S. MESSENGER BRADLEY, F. R. C. S., ENGLAND.

Injection with the tincture of iodine is largely employed by this surgeon. He has even succeeded in producing absorption of some encapsulated tumors situated on the salivary glands by this means. As a rule, two or three injections, gtt. v-xv of the simple tincture, are sufficient to effect a cure. He lays down the following rules as to its application:

- 1. Cases to be treated by Iodine Injections.—True hypertrophies of the cervical glands without scrofula; strumous hypertrophies of the cervical glands before they have broken down; hard, non-infectious lymphomata; all encapsulated tumors, as a tentative operation.
- 2. Cases to be treated by Incision.—Lymphatic tumors that have broken down into pus.
- 3. Cases for Extirpation with the Knife.—Strumous glands which form tumors riddled with soft patches, and resting on a base of supcellular tissue, with a large area of blue skin; encapsulated tumors which have resisted the treatment by injection.

SIR. J. Y. SIMPSON, EDINBURGH.

669. R. Cupri sulphatis exsiccatæ pulveris, Glycerinæ,

₹ј. ſ. ј.

M.

The caustic mixture thus obtained acts only on the skin deprived of its epidermis. The eschar is white, and ordinarily separates the fifth or sixth day. The advantages attributed to this caustic in the treatment of tumors are the following: 1. Energetic escharotic effect.

2. Rapidity of action. 3. Easy management. 4. No tendency to run. 5. Freedom from danger.

SIR HENRY THOMPSON.

670. R. Zinci sulphatis exsiccatæ, 3 iv. Acidi sulphurici, q. s. M.

The sulphate of zinc, previously dried, in order to deprive it of its water of crystallization, is mixed with a strong sulphuric acid to the consistence of a jelly, which is then applied by means of a glass rod or spatula. The parts surrounding the tumor to be destroyed are to be covered with a firm pomade, to limit the action of the caustic.

PROF. DEMARQUAY, PARIS.

671. R. Unguent hydrargyri, 3 iij.
Camphoræ, 9 ii.
Ceræ flavæ, 3 iss.
Olei olivæ, f. 3 iss.

Dissolve the wax and oil by heat, and when nearly cold add the camphor in powder and the mercurial ointment, and make a homogeneous mixture. A useful absorbent ointment for indolent tumors.

M. T. ANGER, PARIS.

In mucous cysts, as of the vulva, etc., this writer has obtained no satisfactory results from iodine, but reports favorably of chloride of zinc.

672. R. Aquæ destillatæ, gt. x. Zinci chloridi, 3j. M. Twenty drops injected into the tumor.

A single injection is ordinarily sufficient to bring about a decrease of size, which, however, does not begin for four or five days.

PROF. MUSSEY, M. D., CINCINNATI.

673. R. Plumbi nitratis, 3 ij. Aquæ rosarum, 2 iv. M. Apply thee times a day to warts and scabby or scaly tumors.

The dry powder of nitrate of lead can be used with great advantage in onychia maligna, etc.

INTRA-LARYNGEAL GROWTHS.

MR. LENNOX BROWNE, F. R. C. S. E.

From his position as surgeon to the Central London Throat Hospital, this writer speaks from a wide experience in this class of new formations. Many of them, he believes, never require treatment, and if left to themselves, do not acquire a serious aspect. A large proportion will, if untreated, "frequently disappear spontaneously, being subject, as they are, to slow atrophy and resorption." (VIRCHOW.)

Many of them will disappear or be reduced by appropriate local and constitutional medical treatment, especially when of recent occurrence. Except in the very rare and doubtful instances of a congenital growth, all these new formations originate as a direct consequence of hyperæmia, or, as VIRCHOW puts it, "as the expression of an inflammatory irritation, which affects the whole surface, though it does not give rise to the same results in all parts." When growths are present, there is not unfrequently considerable general congestion of laryngeal mucous membrane. It is, therefore, most important that every practitioner should, in every case of hoarseness, examine the larynx of his patient at the very earliest date. Let him treat the hyperæmia when it first occurs, and he will also see a new formation, should one arise, at its very commencement, or at least on the first approach of symptoms of its presence. It cannot be too strongly urged that the cause of a hoarseness is not to be discovered by pressing down the tongue with a paper-knife and looking into the back of the mouth, and that a localized inflammation, ulceration or irregular formation within the larynx is not to be healed by swabbing the pharynx with a brush charged with a solution of nitrate of silver, or by pushing a probang similarly loaded down behind the tongue unguided by the mirror, in the vain belief that it is going into the larynx, when, in the one case out of ten in which it certainly reaches no further than the superior surface of the epiglottis, it as certainly finds its way down the gullet.

In addition to the use of general and topical remedial measures to reduce the hyperæmia, the practitioner should remove any cause likely to keep up irritation of the larynx, such as relaxed uvula, unsuitable occupation or exposure to sudden changes of temperature; and rest of the voice should in all cases of hoarseness be strictly enjoined. The

moment the least irregularity of the cord is visible, the practitioner should at once make mineral astringent applications to the spot daily, until there is diminution of the growth or ulcer, and then on alternate days, or less frequently, as may be required.

POLYPI.

Gelatinoid nasal polypi can frequently be removed by astringents, and thus spare the patient the shock of evulsion; or they may often be dispelled by injecting a few drops of solution of zinc chloride, renewed as often as the slough detaches. Mr. REGINALD HARRISON (British Medical Journal, Nov., 1879,) finds that if the ordinary mucous polypus be punctured, the fluid drains away and causes the growth to shrivel, a process much expedited by subsequently injecting carbolic acid and glycerine into the nostrils. Mr. A. G. MILLER (Id., Dec.,) had previously applied rectified spirit in the form of spray to polypi with success, and thinks a preliminary puncture would greatly assist the action of the remedy.

Dr. REEDER proposed, in the Chicago Medical Journal, 1859, the local use of the tincture of the chloride of iron, and it has been successfully employed by many physicians. The formula is:

674. R. Tinct. ferri chloridi, Aquæ,

partes equales. M.

About two drachms of this mixture is injected into the nostril, the head being held back so as to retain the fluid in contact with the polyp for a few seconds. The irritation of the nares caused by the dilute tincture is trifling in severity and of short duration. The application should be repeated daily for three or four days, which is usually sufficient to effect a cure.

Mr. THOMAS BRYANT, of London, has spoken highly (in the Lancet, Feb., 1867,) of the success he has attained by insufflating tannin in powder, by means of a quill inserted into the nostril. He employed about ten grains at a time, and repeated it daily for several months.

It has been recommended by Dr. Schönfeld to supplement the

local treatment by the internal administration of iodide of lead, gr. ij-iij twice or thrice daily.

DR. MORRELL MACKENZIE.

675. R. Ferri perchloridi,

3j. q. s. to make a

This author has found the best results from the use of this paste in getting rid of polypi. When they are small and easily reached it is generally successful.

The use of the saffronized tincture of opium was introduced by Dr. PRIMUS, of Babenhausen, as a local application. It is officinal in the German Pharmacopœia.

TINCTURA OPII CROCATA.

676.		16 parts.
	Saffron, Cloves,	1 "
	Cassia bark,	ī "
	Sherry wine,	152 "
Prepa	are by digestion.	

If the growth be painted several times a day with this liquid, in about a week or ten days the polypus, under favorable circumstances, becomes shriveled up, and falls from its attachments.

Bichromate of potash and nitrate of silver have also been tried frequently with more or less success.

Galvanic Cautery.—Dr. Thudichum has removed polypi by this means, and although the proceeding is only practicable in a limited number of cases, and can never come into general use, the invention possesses advantages, and must occasionally prove extremely valuable. The polypus is encircled by a wire loop, which is made red-hot by being connected with a galvanic battery, and the substance of the growth can then be burnt straight through. The operation is attended with little pain, and there is no risk of hemorrhage, but as the wire can rarely be adjusted to the pedicle of the tumor, and as no traction is made which would be likely to draw away the polypus by its roots, the growth has generally to be removed in slices.

In the use of bichromate of potash, saturated aqueous solution of the salt is applied by means of a small brush to the parts of the polypus within reach, care being taken to avoid the neighboring tissues, and this is repeated several times. It does not generally produce pain. At the end of three or four days, inflammation is excited, and a watery, acrid fluid flows from the part. This lasts about two days, when it will be found that the polypus has partly or wholly disappeared. The application should be suspended as soon as inflammation is excited, and renewed after it has disappeared, should all the polypus not have been removed.

Polypus of the Ear.—Both nasal and aural polypi are said to be benefited by the administration of teucrium marum, or cat thyme. Dr. John Bartlett (Chicago Medical Examiner, August, 1872,) employs it as follows:

677. R. Teucrii mar. folior., 3j. Alcohol, f. 3x. M. Macerate fourteen days.

Apply locally to the polypus, and also take a few minims internally daily.

This writer reports several cases of aural polypi, one being himself, who have been cured by this remedy.

Dr. W. W. Seely, of Cincinnati, Ohio, (Transactions Ohio State Medical Society, 1872,) states that in aural polypus, where evulsion is not employed, he adopts this plan: After thoroughly drying the ear, cleansed of all discharge, he applies, on the point of a small probe, a minute crystal of chromic acid, seldom larger than an ordinary pin's head. If the polypus is large, and he finds he only has made a small impression, he applies it again the next day, and then waits three or four days, when usually a white mass of charred tissue will drop off. Another application then takes place. Great care is necessary in using the chromic acid, but with such care it is free from danger.

WARTS AND CORNS.

In treating a wart, chromic acid is a useful agent. In many instances it will blacken and kill the growth, the tumor sloughing away in the course of five or six days, leaving the resulting ulcer a perfectly simple one.

But this eauterant is not to be applied to the vascular kind of wart; on the contrary, if irritable, as it often is when brought to the notice of the practitioner, it should be soothed by gentle applications, after which it should be thoroughly removed by the knife or ligature. Especially when situated on the face, a wart cannot be too judiciously or carefully treated.

Professor SYME preferred to soften a corn by touching it again and again with acetic acid until the whole is scraped out, and then to apply nitrate of silver to the exposed surface of the cutis, so as to destroy its morbid secretory tendency.

For soft corns, he recommended astringent applications, such as that formed by mixing together equal parts of alum and the whites of eggs, which will often afford great relief.

RÉSUMÉ OF REMEDIES.

FOR BENIGN NEW GROWTHS.

Aceticum Acidum. Glacial acetic acid is very effectual in removing warty growths.

Alcohol, by hypodermic injection, has been employed in fatty tumors.

Ammoniacum. The emplastrum ammoniaci and the emplastrum ammoniaci cum hydrargyro are used as local stimulants and discutients to promote the resolution of enlarged glands and other indolent tumors.

Ammonii Murias, moistened and rubbed over warts, will usually cause them to disappear. It has been given internally to hasten absorption in other benign growths.

Arsenicum. Warts painted with Fowler's solution will generally vanish in a short time.

Argenti Nitras. In the Boston Medical and Surgical Journal, Jan. 6th, 1876, Dr. Bigelow records two cases of formidable erectile tumors obliterated by the injection of a few drops of solution of nitrate of silver dissolved in water, the proportion being equal parts by weight. Parenchymatous injections of solution of nitrate of silver Wilde found to be especially serviceable in tumors of soft consistence, the strength of the solution being one grain to one ounce, and a considerable quantity being injected.

Belladonna. The growth of new formations is sometimes checked by the application of belladonna plasters or the hypodermic use of atropia.

Brominium is a favorite escharotic agent in the treatment of a variety of new growths.

(F. 664.) It is energetic and very painful; moreover, its fumes, if inhaled, are apt to produce a disagreeable irritation of the Schneiderian membrane.

Cadmii Iodidum is used as an inunction in goitre by Dr. DA COSTA. (F. 662.)

Calcii Chloridum is valuable in strumous enlargements.

Carbolicum Acidum has been used as a parenchymatous injection in indolent tumors.

A two per cent. solution is sufficiently strong. Undiluted, it may be applied with success to warts and similar cutaneous growths.

Chronicum Acidum, a solution of gr. c to aquæ f. Z j, may be applied with a glass rod to cutaneous growths, such as small polypi, warts, etc., just enough to saturate the growth, any superfluous acid to be removed, and the part dressed with dry lint.

Conium, both internally and externally, has been used with benefit in enlarged glands and indolent tumors.

Ergota. Both in uterine fibrous and in vascular tumors ergot has been largely and successfully employed. Dr. Wm. A. Hammond relates (Archives of Clin. Surg., Oct., 1876,) three cases of the latter. He injected from half a drachm to two drachms fld. extract. ergot at a time, at intervals of ten days. In none of these cases was there at any time the least evidence of inflammatory action from the injections; he therefore attributes the successful results entirely to the action of the ergot on the organic fibres of the vessels.

Ferrum. The tincture of the chloride is used by Dr. Mackenzie in goitre (F. 657); also in polypi (F. 674.) A drop of the liquor ferri persulphatis on a wart will often disperse it.

Indinium is exceedingly valuable in goitre, etc. (See F. 660.) Applied as tincture or ointment, it is one of the best resolvents known.

Nitricum Acidum. A drachm or two of nitric acid to a pint of water may be used as a wash to small venereal warts.

Plumbi Iodidi. Dr. Schönfeldt prefers iodide of lead to other metallic iodides, on the ground that in small doses its action is not irritant. It does not disturb the organism, or produce salivation, like mercurial preparations. It may be given internally in doses of from two to three grains. From half a drachm to a drachm rubbed up with an ounce of lard forms a good ointment, and the addition of glycerine facilitates its absorption. In cases of lupus, syphilitic growths, nasal polypus, and in cases of indurations, exudations and tumors he has employed the iodide of lead with success.

Plumbi Nitras is an extremely valuable and too little used agent in dispersing new formations. (F. 673.)

Potassii Bromidum. An efficient cauterant in polypoid growths is the following:

678. B. Potassii bromidi,
Acidi tannici,
Reduce to a mass by careful levigation.

M.

The effect is prompt, but painful.

Potassii Iodidum, internally, excites the secretory functions and aids in the resolution of various forms of growths.

Salicylicum Acidum. Dr. Gezow recommends the following as reliable and painless:
Dissolve 30 grammes of salicylic acid and 5 grammes of extract of cannabis indica in 240 grammes of collodion. The solution is applied with a camel's-hair pencil. (Pharm. Ztschr. f. Russl., 1879.)

Electrolysis. The employment of electricity in the removal of new formations is one of the most important achievements of modern surgery. It has been used with brilliant success in erectile and fatty tumors, polypi and fibroids, and with asserted advantage in goitres and ovarian tumors. For the particular methods and apparatus, special works on the subject must be consulted.

Galvanism. The use of galvanism as a surgical adjuvant has recently furnished important results in the treatment of vascular and erectile tumors, and some recent experiments encourage the hope that the necessity for that formidable operation, ovariotomy, may in some instances be superseded by this important agent.

Pressure. In many cases of benign tumors, judiciously applied, firm pressure is a most valuable auxiliary.

Puucture is highly commended by Mr. Cameron. (Page 459.)

II. MALIGNANT GROWTHS. CANCER.

In malignant growths the usual rule with most surgeons is to regard the knife as the only remedy worth serious attention; consequently, in systematic treatises, very little is said about local curative applications or internal remedies, and what is said is often in condemnation of them as useless, if not pernicious.

But there are unquestionably several common forms of semimalignant new formation, capable of destroying life if allowed to progress, but which are curable by proper remedial measures, other than the knife. It is upon these that the quack "cancer doctor" builds his fame; and it is owing to the indifference of surgical teachers to their medical treatment that he gets the chance to do so.

Then there are cases of undoubtedly true malignant tumors which, under the use of caustics and internal medication, have disappeared, never to return. Indeed, it may be laid down as almost a positive result of surgical experience, that a cancer extirpated by the knife