

Piorry discovered on parting the hair, which was very thick, and concealed for a time the true nature of the case, a considerable periostic tumour at the base of the parietal bone. In this instance also the plessimeter revealed more sonorousness and less elasticity than on the opposite side of the head. The patient, however, contended, and nothing in her previous history disproved her affirmation, that she had never been affected with any symptom of venereal disease. A drachm of phosphate of lime was exhibited night and morning, and the pains decreased in the course of four days, and in a short time an entire cure was effected.

In both these cases, the reader will observe that the plessimeter was used to discover the softening of the bony structures, and that in the patient whose previous history pointed to syphilis, the use of the calcareous phosphate was in nowise incompatible with the administration of mercurial preparations. We may further add, with the editor of the *Journal de Chimie Médicale*, that the appropriate salt of lime is the combination obtained by the precipitation by ammonia of a solution of the phosphate in muriatic acid; the deposit should be carefully washed, and preserved in a humid condition.—*Glasgow Med. Journ.*, July, 1864, from *Journ. Pract. Med. and Surgery*.

42. *Local Employment of Iodine in its Pure State in the Treatment of Inflamed Scrofulous Cervical Glands, and of Inflamed Inguinal Glands from Syphilis.*—Dr. PRIEUR has addressed to the Imperial Academy of Medicine a memoir on this subject, of which M. RICORD reports in favourable terms. The proceeding consists in applying to the enlarged glands laminae of iodine, inclosed in a layer of wadding, where they are rapidly vaporized under the influence of heat. The iodine ought to be spread as uniformly as possible, over the half to a third, or a quarter, of the thickness of the wadding, which should be covered or fringed with a leaf of gelatine, the circumference of which adheres to the skin, and concentrates the iodine vapours to a determinate point. The apparatus is left in its place for from twenty-four to forty-eight hours, and the result is a phlyctena filled with a thick purulent or bloody serosity. Dr. Prieur states that he has treated in ten years about one hundred and twenty patients by this plan, and has thus caused the disappearance of more than three hundred swellings. M. Ricord, in reporting on the paper, regrets that in speaking of the inguinal swellings, the author of the memoir has not specified whether he treated inflamed glands symptomatic of infecting chancre, or simply buboes sympathetic of the soft chancre, or even virulent buboes. But the inguinal region, like the neck, is the chosen seat of strumous swellings, and often a chancre or blennorrhagia is only the occasion of the development of these enlargements. M. Ricord has himself tried the plan of Dr. Prieur in eight cases of well-marked scrofulous adenitis, and the results he has obtained have been confirmatory of the success of the treatment.—*Brit. and For. Med.-Chir. Rev.*, Jan. 1865, from *Comptes Rendus de l'Acad. de Méd.*, Sept. 1864.

43. *Use of the Drainage Tube, for the Removal of Fluids effused in the Cavity of the Pleura.*—Dr. GEO. H. KIDD offers (*Dublin Quarterly Journ. Med. Science*, May, 1864) some interesting observations on this subject, and presents the following practical deductions:—

1. That the drainage tube may be introduced into the cavity of the pleura with safety, and that in suitable cases it is a most efficient means of treatment.

2. In empyema, the result of acute or chronic pleuritis, it appears to be most useful; and in cases where the fluid in the pleura has been ascertained to be purulent the sooner the tube is introduced the better is the prospect of a cure, both because a portion of the lung may yet expand, and because the strength of the patient has not been exhausted.

3. In cases where, on tapping, the fluid is found to be serous, it is better not to introduce the tube in the first instance, as the fluid may not reaccumulate; but, if the fluid reaccumulate quickly, producing much distress of breathing, the plan of drainage claims to be considered, and the case of the boy Hill, recorded by Dr. Banks, affords great encouragement in recommending its use.

4. Where a fistulous opening exists in the wall of the thorax, but the dis-