

ear and allowed to remain for several minutes, when the excess may be removed and a fresh drain introduced. In order to protect the skin and prevent excoriation by the discharges, once or twice each week a small amount of some ointment, *e. g.*, zinc oxid or calomel, 2 per cent., may be smeared by a cotton-wrapped applicator on the outer two-thirds of the canal, or a very little may occasionally be placed on the sides of the drain but not on its ends.

Dry gauze will absorb more discharge than wet gauze, but the latter, especially if a heavy salt, *e. g.*, magnesium sulphate, has been dissolved in the water, will encourage free osmosis and more readily absorb and carry away the discharge. If the outer gauze pad retainer is used moist, as I think in certain severe cases it should be, the whole should be covered by a large thick dry gauze pad to protect the ear from changes in temperature and infection from without. This pad may be readily fastened in place by a binder similar to Beck's, made of gauze with three tapes, one over the head meeting the others, which are first tied around the neck.

I think that the drain is particularly serviceable in acute cases and in chronic cases with much discharge. When the pus is carried away from the inner end of the auditory canal drainage from the middle ear is encouraged. The gauze pads over the outer end of the drains should be removed whenever saturated with pus, and in many cases the drainage is so free that they must be changed very frequently. I have never experienced any trouble in having patients use the drains, and have had no accidents with them. I do not think that more granulation tissue has appeared than in corresponding cases with inferior drainage, if as much.

500 Everett Building.

MUST THE TINCTURE OF GUAIAEC BE FRESHLY PREPARED?

HORACE W. SOPER, M.D.
ST. LOUIS

Since Weber's modification of the guaiac-turpentine test for occult blood in the feces and stomach contents,¹ every writer on this subject has uniformly insisted on using only the freshly prepared tincture of guaiac. Many have advised that the interior of a fragment of guaiac should be selected. During the past two years, I have experimented with older tinctures, controlling the reaction by the freshly prepared tincture. To my surprise, I found no evidence of deterioration: in fact, I often observed a more sensitive reaction from the older tinctures.

The method of preparing the tincture is as follows: Rub the guaiac resin in a mortar to a fine powder, slowly adding 95 per cent. alcohol. Be sure to have a residuum of guaiac in the mortar, thus insuring a strong tincture. Filter and keep in a glass-stoppered bottle. Dilute a portion of this stock tincture with 95 per cent. alcohol (tincture 1 part, alcohol 5 parts) and keep in smaller glass-stoppered bottle for daily use.

The stock tinctures used varied in age from two months to eight months. The diluted tinctures were kept only several weeks, but never showed any loss in the delicacy of the reaction.

The advantages secured by this method are obvious. The daily preparation of the tincture is a nuisance:

moreover, the guaiac resin contains many insoluble particles. Therefore the daily prepared small quantity of the tincture must vary much in strength. The tincture made in larger quantities is more uniform and in my experience is more sensitive and does not quickly deteriorate.

AN EASY AND PAINLESS METHOD OF REMOVING ADHESIVE PLASTER

E. J. G. BEARDSLEY, M.D.

Chief of Out-Patient Medical Department of the Jefferson Medical College Hospital
PHILADELPHIA

Such a frequent and simple procedure as the removal of adhesive plaster from the skin of a patient is not infrequently accompanied by considerable pain and discomfort. Especially is this true if the plaster has been placed over hairy surfaces, or if the hair has grown subsequent to the application of the plaster. The usual methods of aiding the removal of the plaster by the use of benzin, alcohol and peroxid of hydrogen are not particularly effectual while, in themselves, these agents often add to the patient's discomfort.

I discovered by accident that oil of wintergreen when applied to adhesive plaster removed completely the adhesive elements in a very short time and since that time I have found this agent a most useful one for this purpose. It is necessary only to use a small amount of the oil, which is applied directly to the plaster and easily spreads itself throughout the adhesive material. As far as I am aware this agent is not in common use for this object and as the aim of a physician or surgeon is to relieve instead of causing pain it seems well to call the attention of the profession to the value of the method. When extensive areas of plaster are to be removed the application of an ointment of *adeps lanae hydrosus* with 10 per cent. of oil of wintergreen incorporated is even more useful than the oil alone.

THE TREATMENT OF EXOPHTHALMIC GOITER WITH SPECIFIC ANTISERUM

ALONZO ENGLEBERT TAYLOR, M.D.
PHILADELPHIA

Several years ago I prepared what may be termed anti-thyroid serum, according to the directions of Beebe, and had the serum given a trial in the treatment of exophthalmic goiter, with negative results. The results were not published at the time on account of the feeling that possibly the negative character of my results might have been due to slight variations in technic as compared with that of Beebe, and I did not wish to cast a doubt on positive work of this nature so long as the subject was in a state of active experimentation. Since that time negative results have been noted by several observers and it is felt that my results should be published.

The work was done in the University of California. The preparation of the thyroid protein was done strictly according to the published procedure of Beebe. The material was fresh thyroid glands removed by surgical operation from patients with subacute active exophthalmic goiter, the glands being used fresh from the operating-table. The animals selected for immunization

1. *Bert. Mitt. Wehnschr.*, 1893, No. 19.