individual and associated influence to stay this plague, proclaiming that alcoholic liquors are injurious to the highest interests both of the individual and of the State.

As to alcohol as a medicine, our Association leaves every member perfectly untrammelled. Some of us use it often; others consider it dangerous, and so unjustifiable, to put such beverages into the hands of patients, and think it more scientific to administer it in the same way as we give other drugs. Others have little or no faith in it, and never awake a dormant appetite for drink, or implant in their patients that craving, or those ideas about alcohol, which may hereafter prove their ruin for time and eternity.

The recent revelations of Dr. Ogle, on the great mortality of medical men from the effects of alcohol, explode one assertion, namely, that education in physiology, and in the nature of alcoholic liquors, will obviate the evils of alcohol-drinking. Hence we are sure of our ground, that only total abstinence from any narcotic can prevent that narcotic from claiming its full tale of victims.

We ask medical men to reconsider their position in the light of ever-accumulating experience. We desire to see all promoting temperance, by recommending total abstinence from that which renders it more difficult, or, perhaps, impossible. We desire them to join our Association, in order to raise a powerful and united voice in favour of total abstinence. We welcome medical students as associates. Each must realise his responsibility, and act accordingly, resolving that "what one man can do" to stay the ravages of alcohol, that, God helping him, he will do.

ON THE VALUE OF BORIC ACID IN VARIOUS CONDITIONS OF THE MOUTH.

By A. D. MACGREGOR, M.B., Kirkcaldy.

BORIC ACID is now officinal, and justly so. It has long been used in various metallurgical and ceramic operations, and more recently its preservative power has been abundantly demonstrated. It is this antiseptic power which gives it its great therapeutic value. It is a very stable compound—one of the most stable of the acids; it is not volatile, and only exerts its action when in solution; fortunately, however, it is soluble in more than one menstruum. Up till now, its chief application has been in connection with modern surgery, where the boric ointment, lint, and lotions all hold a prominent place. There are spheres of usefulness for it, too, in medicine: and one of these is in diseases of the mouth. It is the benefit of its local action we usually wish to gain, for, though sometimes given internally—as in irritable conditions of the bladder—its topical antiseptic effect is more often desired. In connection with its local application in various diseased conditions of the mouth, its solubility in water and glycerine, its unirritating character, its comparatively innocuous nature, and its almost tastelessness, are greatly in its favour. More particularly is this the case in treating such conditions in children, whose oral cavities cause them so much annoyance. Speaking generally, boric acid will be found useful in all conditions of the mouth, fauces, pharynx, and nose, where there is any abrasion of the epithelium; whether it be used as a powder, gargle, mouth-wash, pigment, or confection. More definitely, I may say, it is not contra-indicated in any of the forms of *stomatitis*, though scarcely severe enough for the graver varieties.

In *simple catarrhal stomatitis*, a mouth-wash, containing from 10 to 15 grains to the fluid ounce, speedily cures the condition, and exercises the same beneficial influence in the *ulcerative* form, though there in addition to the rinsing of the mouth, a local application in the form of the powder or pigment, should be made to the individual follicular ulcers. The powder simply consists of finely powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (1 in 4 or 5). In both cases, the addition of chlorate of potassium is advantageous; indeed, I usually combine it, but it is not essential.

Nothing I know of is at once so rapid and so efficient, in the treatment of *parasitic stomatitis* or *thrush*, as this remedy. The youngest children do not object to its application, and, occasionally, you have to caution against its too frequent use. The *oidium albicans* quickly succumbs to its influence. I am well aware of the great value of nitrate of silver, in many of these conditions; but, I am also alive to its extremely disagreeable and persistent taste, and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth-pigment or as a confection. Honey and sugar have both been condemned, as being inadmissible, in combination, for the treatment of thrush; but, so far as children are concerned, I must say I consider a confection

(though made with honey), which has been impregnated with boric acid, gains more by its palatableness than it loses by the tendency of the saccharine matter to further the growth of the fungus. The boric acid at once does away with this tendency. Let the pigment be frequently painted with a brush over the patches, never omitting to do it after food has been taken; or, a little of the confection, simply allowed to dissolve in the mouth; and the days of the fungus will soon be ended. I have found boric acid, combined with its salt (borax), markedly beneficial. Borax alone, however, is not nearly so good.

In *pharyngitis*, and *relaxed conditions of the throat*, a gargle, containing boric acid and glycerine, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition, in which I have found combinations of this substance helpful and grateful to the patient. I refer to the condition in which we frequently find the mouth, tongue, and teeth in severe cases of typhoid fever. The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, crusted with a foetid fur. Under such circumstances, a pigment, containing boric acid (30 grains), chlorate of potassium (20 grains), lemon-juice (5 fluid drachms), and glycerine (3 fluid drachms), yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria; the chlorate of potassium cools and soothes the mucous membrane; the glycerine and lemon-juice moisten the parts, and aid the salivary secretion. I consider this application well worth a trial.

So much for the soft parts; a word in conclusion regarding the teeth. Few medical men, I suppose, have ever given a prescription for a tooth-powder (such a matter is beneath their notice), and the selection of the ingredients for the various powders and pastes in vogue for the purpose of beautifying and cleansing the teeth is left entirely in the hands of those who certainly should not know better than medical men. I have frequently trespassed on this debatable ground, and recommended a particular dentifrice. In view of the extremely important part the teeth play in the economy of life, I never hesitate occasionally to inquire as to the attention they receive.

A tooth-powder should possess certain characteristics; it should be antiseptic, cooling, agreeable to taste and smell, and have no injurious action on the teeth. After use, it should leave the teeth white, and a sensation of freshness and cleanliness in the mouth. As an antiseptic in this connection, nothing can displace boric acid. For years I have used the following powder, and can recommend it. Boric acid, finely powdered, 40 grs.; chlorate of potassium, 5ss; powdered guaiacum, 20 grs.; prepared chalk, ʒi; powdered carbonate of magnesia, to ʒi; otto of roses, half a drop. The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions; the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

It is only right to say that boroglyceride (Barff) can replace boric acid in almost all the forms of administration I have enumerated; it is efficacious, sightly, and pleasant to the taste.

A CASE OF PURPURA: WITH REMARKS.

Read at a Meeting of the South-Eastern Branch.

By EDWARD MACKEY, M.D., M.R.C.P.

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IDIOPATHIC, as distinguished from symptomatic purpura, is still one of the "unknown quantities" in medicine, as little explained now as when Werlhof first described the "*morbus maculosus*": a hundred years ago (1785). Yet, clearly, the systemic fault must lie either in the blood or in the capillaries (including their nerve-supply), or in both; and this much may be said, that the tendency of modern opinion is to connect the malady with defect of nerve and vessel rather than of the effused fluid.

The same remark applies to *hemophilia*, which, *quâ* hemorrhage, is related to purpura, and in which there is no constant fault in the blood-composition; whilst, in *scorbutus*, such fault may be proved by analysis, and its causation, course, and treatment are markedly different.

Dr. Richardson, indeed, has described an "aqueous" and a