

atheromatous arteries. The gangrene had spread from the toes to about three inches above the left ankle; pulsation could not be felt in the anterior or posterior tibial, or in the popliteal, though pulsation could be traced in the femoral to the bottom of Hunter's Canal. Before the operation the patient was in a low, muttering delirium, unconscious, and apparently moribund, with diarrhoea, an irregular pulse, and an evening temperature of 103°. Mr. Dobson administered ether, and amputated the thigh at the lower third antiseptically. The delirium disappeared on the second day, and convalescence was uninterrupted. On the seventeenth day the patient was allowed up.

In the second case Mr. Lansdown amputated below the knee upon an old broken-down albuminuric man of seventy-two, who was suffering from rapidly-spreading senile gangrene. The stump healed quickly, and the success of the operation was perfect. Mr. Dobson believes that when clots have formed in both arteries and veins the sphacelated portion becomes a source of infection, and the patient is poisoned by his own decomposing tissues. By amputation the surgeon removes the source of infection, and frequently saves his patient. Mr. Dobson quotes Charcot in support of his view:—"It cannot be doubted that putrid substances from sphacelated parts may themselves penetrate into the circulating current," having frequently observed this in cases of spontaneous gangrene, the result of atheromatous obliteration of the chief arterial trunks.

Mr. Dobson insists upon the use of the antiseptic method in these cases, believing that it sometimes turns the scale in favor of the patient by preventing suppuration, and thus sparing the enfeebled nutritive powers. He does not advocate amputation as a routine treatment in all cases of spreading senile gangrene, but considers great discrimination necessary in the selection of suitable cases for operation. He formulates his views as follows:—

1. I would not amputate in those cases where the patient's strength was fairly good, where there was a fair prospect that a line of demarcation would be formed, where he was not suffering great pain, or where the pain was readily controlled by small doses of opium, and when symptoms of septic absorption were absent.

2. I would advise amputation in all those cases where the patient was not extremely aged, *i.e.*,

over seventy-five or seventy-six, in which the pain was very severe, the gangrene rapidly spreading, and in which marked symptoms of putrid poisoning were manifesting themselves; and I would amputate, irrespectively of the patency or otherwise of the main artery at the spot selected for amputation, preferring, of course, patency.

3. In cases of amputation under such conditions as I have mentioned I would amputate above the knee for gangrene of the leg, above the elbow for gangrene of the hand or forearm. Even when the main artery is blocked, the collateral circulation is generally sufficient to carry on the nutrition of a comparatively short stump. This is my reason for a comparatively high amputation. The mere possibility of the rapid healing of a large stump in even very old persons is a sufficiently well-established fact in surgery to need no comment. The point I would further insist on is that, with antiseptic precautions, there is usually a minimum stress laid upon the powers of repair, which is specially useful in dealing with such cases as those we are now considering."

TREATMENT OF CHOREA.

In the August number of the *New York Medical Journal and Obstetrical Review*, Dr. A. D. Rockwell publishes a case of post paralytic chorea cured by the application of ether spray to the spine, the internal administration of conium, and central galvanization. The cure was effected in ten weeks, although the case was severe and of a year's duration. He does not place much reliance upon the ether spray in the treatment of chorea; cases seem to do as well without it as with it. He has obtained better results with conium than with any other drug, especially in the chronic form of the disease—He begins with five drop doses of the fluid extract three times daily, adding a drop each day till he reaches twenty or twenty-five drops. He believes much good may be obtained from the judicious use of electricity: failure usually results from its incomplete application or lack of persistence in the treatment. Localized applications do not, as a rule, command success in chorea: general faradization and central galvanization, carried out with care and precision, are essential.