

1.5 c. cm. were injected into the cyst. In cases of extensive tumours of the sheaths of the tendons, as for example on the back of the hand, several injections were made at the most prominent places. The procedure is almost painless. The cysts after injection become at first hard and then softer; they disappear almost completely in four or five weeks. Sometimes the injection must be repeated. The operation is sometimes followed by œdema and slight hyperæmia of the surrounding skin, which are best treated by wet compresses. The author has treated in this manner three cases of simple ganglia at the back of the hand, one hygroma over the patella, and one hydrocele in a man fifty-six years old.—*Wiener Medizin Presse*, No. 32, 1891.

A FATAL case of aconite poisoning is reported in the *British Medical Journal*. A woman, aged fifty-eight, took by mistake 9 minims of aconite liniment; equal to 5 grains of the root, or $\frac{3}{10}$ grain of aconitine. She died in four hours. Other patients who took the same dose recovered. Aconite in full doses should not be administered oftener than every six hours.

DEODORIZATION OF IODOFORM BY CREOLIN.—A patient, suffering from a bone-felon, applied for treatment to Dr. L. Vazci, (*Runtschan*, May, 1891), who wrote for a salve consisting of iodoform, two parts; creolin, one part; vaselin, twenty-five parts.

On visiting the patient the next day, there was not the slightest odor of iodoform.—*Virginia Medical Monthly*.

OBESITY AND STERILITY.—In the *New England Medical Monthly*, McKee calls attention to the great frequency of sterility in obese women. Both sexes are alike sterile when over-fat. The observation is not new, Hippocrates having noted the connection between obesity and sterility in the Scythian women. The sterility depends, however, principally upon the co-existence of amenorrhœa, or other menstrual disorders.

WHEN you expect the operation to be attended with much shock, about three quarters of an hour before the operation give the patient half a glass of whiskey, and where there is a weak action of the heart, give hypodermics of strychnine, gr. $\frac{1}{80}$, and tincture of digitalis, m. x.

LOCAL TREATMENT OF THE THROAT IN DIPHTHERIA.

The cruel and useless practice of swabbing out the throat with caustic applications in diphtheria of the fauces has, I think, died out, but this method of applying astringents, such as perchloride of iron, or antiseptics and solvents, still survive. The diphtheria wards in the Hospital for Sick Children afford exceptional opportunities for observing the effects of various methods of local treatment; and, from long observation, I have no hesitation in condemning as injurious the system of brushing out. And this for several reasons. In the first place, on account of the distress it causes to the patient. In the case of a young child it involves a severe struggle; sometimes the help of two or three persons is required to overcome the fierce resistance, and to open the mouth and reach the fauces. It causes terror, excitement, heart strain and physical exhaustion—conditions most inimical in a disease tending to death by asthenia—and the distressing process has to be repeated frequently if it is to be effectual. Moreover, apart from this matter of the wear and tear involved, the rough treatment of the fauces probably does harm by causing abrasions of the surface, and thus favoring absorption of the local poison. We know how readily fresh raw surfaces of all kinds take up poisons which come in contact with them. Witness, for example, the communication of scarlet fever in surgical operations, the absorption of morphine from a blistered surface. If the diphtherial poison is rendered more available for circulation by the application of solvents, the infective absorption is liable to be still greater. The most rapidly fatal case of diphtheria from profound general systematic poisoning I ever have seen was one in which the throat was cleared of membrane by brushing out with papain.

I am sure that not only are the patients saved great distress, and doctors and nurses much trouble and anxiety, by the abandonment of the brushing-out process, but the results generally have been more satisfactory. Insufflation with iodoform or sulphur, or spraying with boric acid or corrosive sublimate solutions, are far more easy of application and more effectual in antiseptic action.

There are other errors in treatment of which I should like to say something, such as oppressive poulticing of the chest in pneumonia, obstructive to respiratory move-