

regard to diet. In mild cases, decided improvement is said to follow after a week of this treatment; in the graver cases, three or four weeks elapse before a similar result is obtained. *Medical News.*

SURGERY.

Ingrowing Toe-nail.—Dust over the granulations at the bottom of the sulcus with aristol or iodoform and on top of this put a small piece of lint or cotton.

Take a piece of rubber bandage one-half inch wide and twelve to fourteen inches long, and if it is the inside of the toe that is affected carry the bandage over the nail toward the inflamed structure. This, as you will observe, will have a tendency to carry the mass away from the nail. Beginning at the extreme end of the toe, carry the bandage back, with such pressure as the patient can comfortably stand, until the whole area of inflammation is included. Fasten it by means of a light gum band or tapes fastened to the end of the bandage.

The patient is then able to attend to his ordinary duties. The bandage can be removed at night and re-applied by the patient himself, if desirable, the first thing in the morning.—*N. Y. Med. Times.*
—*Med. and Surg. Reporter.*

Varicose Veins in the Arms.—Dutton (*Lancet*, No. 3648, p. 248) has reported the case of a healthy-looking woman, sixty-five years old, who presented herself on account of an acute attack of eczema of the arms, legs, chest, and abdomen. Until the age of twenty-four the woman had been engaged in housework, doing a good deal of washing. Her work had been rather hard, and washing occasioned swelling and aching pains in the arms. At the age of eighteen, swellings were observed in the arms, which gradually increased in size. Various forms of treatment had been employed, but without avail. Both forearms and the arms for a distance of three inches above the elbow presented soft, painless, movable, superficial knotted masses of various sizes, from the diameter of a pea to that of a walnut. The varicosity did not appear to have attacked the chief

superficial veins of the arms, but rather the ramifications of the veins, giving rise to well-defined masses. On vigorous flexion and extension of the forearm the superficial veins swelled to an unusual size. The patient stated that she had often noted the lumps to have a blue appearance, especially after a day at the wash-tub. No definite cause for the condition could be found. There were no signs of pressure; no enlarged glands in the axilla; no signs of intrathoracic tumour or aneurism; and no cardiac lesion. A mild bronchitis existed, but the general health was good. The condition gave rise to no special inconvenience beyond a considerable amount of aching pain after a hard day's work. There was also a considerable degree of varicosity of the veins of the legs and slighter varicosity of the veins of the thigh.—*Medical News.*

A Case of Spina Bifida Successfully Treated with Iodo-Glycerine. (*Brit. Med. Jour.*)—The child, a male, now five years and two months old, was not brought under the notice of Dr. McCullagh until it was ten months old. There was then an ovoid tumour in the lumbo-sacral region, four inches long, three broad, and from two and one-half to three inches elevated over the surface line; it was sessile, translucent, marked with white bands, fibrous in character, coinciding with depressions on the surface of the tumour as if they constricted it. Contents: Ordinary subarachnoid fluid; covering of tumour solely spinal meninges, posterior neural arches absent, represented by rudimentary diverging laminae; nerves protruded, but were neither spread out nor adherent to the covering. No actual paralysis, both sensation and reflex motion being present, but there was marked atrophy. Dr. McCullagh operated by a modification of Morton's method. Finding the withdrawal of the fluid was followed by a convulsion, he obtained quite as much flaccidity in the tumour by laying the child on its face with the hips raised. Next he found that where he had made the injections completely through the coverings of the tumour, the effect was either nil or only slight circumscribed meningitis; whereas, in those injections where the penetration was not perfect, as at the margins and the white fibrous bands already mentioned, small patches resemb-