

authors of most text-books fall into. In advising the use of a drug in a given disease, it is a rarity to find any explicit directions given to be followed in the administration of that drug. They simply advise after this manner: Give *nux vomica*, phosphorus or salines (whatever may be indicated), without stating how much and how often each of these should be given, or in what combinations. This is exceedingly important, especially to young practitioners. I do not forget the fact that different constitutions require different dosage, and that patients have idiosyncrasies. You may say that the object of text-books is to put everything broadly before us. Well, all I have to say is, that they do so.

In conclusion I would not have you think for a moment, that I would remove ergot from the obstetric armamentarium. Its place is there, but for a different purpose than to be given routinely in every case. Why give a prophylactic unless indications arise for it? Ergot is one of the most useful drugs we possess, and I could write as fully on its advantages as I have tried to show its disadvantages. Summary:

1. Ergot affects all distal muscle fibres the same.
2. Its most powerful action is on the os internum.
3. Causes contraction of uterus with incompleteness of retraction.
4. Contraindicated in inertia utero, especially that of primiparae.
5. It should never be given to expel secundines after abortions.
6. It is only secondary measure in treatment of p. p. h.
7. Unnecessary after placental stage.
8. Causes unnecessary after-pains.
9. It may influence lacteal secretion if given routinely in tonic doses subsequent to delivery.

Sir Andrew Clark was re-elected President of the Royal College of Physicians. This will be his sixth year in office.

The Fellows of the Royal College of Surgeons in Ireland are opposed to the Home Rule Bill, on the ground that it would be injurious to the college and the school, and to the medical charities, and would imperil the charter of the college.

NOTES ON ORTHOPEDIC SURGERY.

BY B. E. M'KENZIE, B.A., M.D.

IODOFORM IN TUBERCULAR JOINTS.* In the use of iodoform in the treatment of tuberculous bones and joints, Senn concludes:—

1. Parenchymatous and intra-articular injections of anti-bacillary substances are indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment.

2. Of all substances so far employed in this method of treatment, iodoform has yielded the best results.

3. The curative power of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect and its stimulating action on the healthy tissue adjacent to the tubercular product.

4. A 10 per cent. emulsion in glycerine or pure olive oil is the best form in which the remedy should be administered subcutaneously.

5. The ethereal solution should never be employed, as it is liable to cause necrosis of the tissues overlying the abscess and iodoform intoxication.

6. Tubercular abscesses and joints containing synovial fluid or tubercular pus should always be washed out thoroughly with a three to five per cent. solution of boracic acid before the injection is made.

7. Injections should be made at intervals of one or two weeks, and their use persisted in till the indications point to the cessation of tubercular inflammation and the substitution for it of a satisfactory process of repair, or until the result of this treatment has shown its inefficiency and indications present themselves of the necessity of resorting to operative interference.

8. If the treatment be successful, symptoms pointing to improvement manifest themselves not later than after the second or third injection.

9. In tubercular empyema of joints and tubercular abscesses, gradual diminution of the contents of the joint or abscess at each successive tapping, lessening of the solid contents of the fluid and increase of its viscosity are the conditions which indicate, unerringly, that the injections are proving useful, and that, in all probability, a cure will result from their further use.

* *Tuberculosis of Bones and Joints*, Senn, 1892. (P. 278.)