

ganization, forming a tissue dense and hard and containing but few blood vessels.

The Dr. uses a solution of from one in 40 to one in 10, and so far no abscess has formed so long as the injection was carried beneath the investing aponeurosis. They cause more or less pain, differing in different cases. In two or three days the granulation tissue becomes more resistant and tense, and later on nodules, which feel like cartilage, may be felt at the seat of injection. The sclerosed tissue gradually becomes softer and looser, and permits natural movement of joints, and even ensuring their proper shape.

Upon the general health the treatment has little effect. We cannot do better than to give in conclusion, Dr. Lannelongue's *modus operandi* and rules of procedure, taken from the *Hos. Gaz.*

Taking the knee as the type of the application of the method, each region of the synovial membrane should be considered separately. I plunge in the needle above the superior *cul-de-sac*, so as to reach the femur on a level with the reflexion in the fungating synovial membrane, and I deposit the fluid right on the femur, either inside or outside the peritoneum. In this way I make four or five punctures deeply in the half circle formed by the superior *cul-de-sac*. About double this number would be necessary in the case of an adult. The parts of the synovial membrane below the patella on either side of the ligamentum patellæ are likewise accessible, but it is desirable to proceed systematically, and to choose the spots with care.

The principal rules to observe in carrying out this method are (1) Avoid injections into the cavity of the articulation. (2) That injections should be made as far as possible at the points whence arrive the blood vessels; following up the granulations along the large ligaments, avoiding the vessels themselves wherever this can be done. (3) Avoid injections immediately beneath the skin. (4) Beginning with solutions of 1 in 40, the strength may be gradually increased to 1 in 10. In the lung I use 1 in 40, and in the epididymus 1 in 20. (5) In tuberculosis of the ribs, iliac bones, and glands, I use a 1 in 10 solution. (6) It is preferable to inject small quantities at a time, a couple of drops for example, multiplying the points of injection. (7) Before having recourse to the method, the limb should be placed in a good

position and maintained there. (8) If, after a time, there are signs of recurrence, the treatment should be forthwith recommenced.

We shall endeavor to keep our readers posted as to further developments of this system. It has, so far, been apparently successful, Dr. Lannelongue having in the month treated 22 cases, 2 being of pulmonary phthisis. Of these, 6 are cured, 2 almost cured, 9 are doing well, the remainder are not reported upon.

TRACHOMA—ITS RECENT TREATMENT.

Among the various treatments of trachoma, or granular lids, as seen in the ophthalmic hospitals of New York city, the operation of "squeezing," and Sattlee's method, seem to give the greatest satisfaction.

The first named has proved very successful in recent cases where the palpebral conjunctiva is covered with the characteristic sago-like granulations. Knapp speaks very highly of it, declaring that it hastens the cure of the affection in a very marked degree.

It is performed as follows: the lid is everted, exposing the swollen mucous membrane studded over with the "spawn-like" bodies. This is then scarified with an instrument consisting of several little knife-like points, although some do not scarify at all. Next, a special pair of forceps, of which Knapp's fashioned at the end like a pair of minute stirrups seems the best, grasps the membrane, beginning either at the inner or outer end of the *cul-de-sac*; the instrument being closed, the operator draws it towards him, squeezing out the contents of the granulations with the contained microbes. In this way the whole membrane is gone over as carefully as possible, leaving the conjunctiva almost as smooth as normal. The pain being rather severe, a general anæsthetic is necessary; ether being the one preferred in this city. If the operation be thoroughly done, in order that none of the granulations be left behind to cause a relapse, the result will be very gratifying, and as far advanced in the direction of a perfect cure, as if the sulphate of copper or any of the older methods had been used for months. It is customary to follow up squeezing by the employment of the "bluestone," after the primary irritation has subsided, in order that any tendency to re-