

strongly the appointment of outsiders, other than aldermen, on the Local Board of Health. The Mayor was asked "whether it was in the scope of the rules governing the Board for it to resign and then the Council to elect new members, admitting outsiders. The reply was 'Yes,' and it is possible that such a course will be adopted. The meeting broke up after the Mayor and Aldermen assuring the visitors that their suggestions would receive the greatest attention."

We heartily endorse the opinion of the late medical officer, Dr. Canniff, in a letter to the *Medical Practitioner*, where he says:—"I can assure the medical profession that, unless they take strong action in this matter, their views will continue to be ignored. Some aldermen do not want an independent Board, nor perhaps an independent Health officer." Bearing in mind the above facts, it behooves the members of the medical profession in this city to bestir themselves and see that their views, in regard to the appointment of such official, be respected and that "the committee of medical gentlemen who are to be appointed to examine into the credentials and qualifications and report to the sub-committee of the Local Board of Health the relative merits of the candidates upon examination," be composed of men well versed in sanitary matters and determined to select the best applicant for the office.

A RATIONAL TREATMENT OF SCIATICA.—For the relief of pain in very severe cases, says Hammond, in *N. Y. Med. Jour.*, it is absolutely necessary to use morphine. It should be injected hypodermically, as near the nerve as possible. In milder cases phenacetin, antipyrine or acetanilide might be used. To relieve the neuritis, dependence is placed almost entirely upon rest, the application of cold, and the use of electricity.

Absolute rest is attained by keeping the patient in bed and employing the old-fashioned long splint, reaching from the axilla to the sole of the foot. It should be attached so as to leave the thigh and sole uncovered for the use of electricity. The splint should be removed for a short time every fourth day, in order to manipulate the joints and muscles to a slight degree. Cold should be applied to the sciatic region by means of ice bags.

Electricity is very useful, and only the continuous current should be employed, and in the following manner:

The negative electrode should be nine by four inches in size and should be strapped to the sole of the foot. The positive electrode about five to six inches square should be applied over the gluteal region, over the point of the exit from the pelvis of the sciatic nerve. If there are any tender points along the course of the nerve, this electrode should be changed occasionally, so as to cover them. The strength of the current should not be such as to cause much pain, but should fall short of this. The continuous current should be applied twice daily for about five minutes at each *seance*.

RELATION OF TONSILLITIS TO RHEUMATISM.—

Dr. R. Hingston Fox (*Br. Med. Jour.*), says:—

1. Evidence justifies us in associating together as allied diseases, the following group: Scarlatina, diphtheria, enteric fever, the forms of tonsillar inflammation, classed under epidemic sore throat, and simple tonsillitis, and, lastly, acute rheumatism. This might be styled the "lympho-rheumatic" group of diseases, having some of the following features in common: Acute lesions of the tonsil or of other lymphatic organs of the digestive tract, arthritis, inflammation of endocardium and pericardium, and of serous cavities. In all but rheumatism the course is fairly definite. It is common even in simple tonsillitis, to find some signs of a cardiac disturbance. The second sound is markedly accentuated, and both sounds are generally re-duplicated. 2. There are no grounds as yet upon which to base any hypothesis as to the morbid processes in this group of diseases. It is clear, however, that the lymphatic system with which the tonsils, ileo-caecal glands, serous cavities, and perhaps the joints, are connected, is especially concerned. 3. Evidence does not at present justify the inclusion of true quinsy in this group of associated diseases.

RECOVERY FROM TRAUMATIC TETANUS.—

A. Holdrich Fisher, M. D., records a case (*Lancet*) of tetanus resulting from a wound in the forehead, the disease appearing on the eighth day after the accident. The symptoms came on in the usual way, and were characteristic. The patient was able to swallow at first, so was ordered nourishing fluids, ice