

is no such thing as "the best treatment" for piles, but that each variety and each individual case must be treated indifferently; that many cases will need no operative treatment so-called, and that a minute scientific knowledge of this disease, as of all others, teaches, theoretically, what proves to be the best treatment, and explains why methods empirically adopted are clinically successes or failures.—*Phil. Polyclinic.*

THE TREATMENT OF GONORRHOEA BY IODOFORM.

Dr. Alexander V. Khrul, of Irkutsk, recommends (Proceedings of the Eastern Siberian [Irkutsk] Medical Society, 1885, p. 34) the treatment of gonorrhoea after the method of Dr. Watson Cheyne (described in the *British Medical Journal*, 1881), somewhat modified, which he has successfully practiced about two years. An ointment made of one part of iodoform and ten parts of vaseline is somewhat liquefied by heating, and then aspirated (by suction) into a fine elastic catheter, the latter being anointed externally with the same mixture, and introduced into the urethra to the depth desired.

The ointment is blown out of the catheter by the operator's or patient's mouth applied to the free end of the instrument. The advantages claimed for this plan by the author, on the ground of seventeen cases, are as follows:

1. It enables even deeper parts of the urethra to be subjected to the direct action of the iodoform.
2. While covering the urethra walls, the ointment gives them sufficient protection against any irritating influence of the urine.
3. The method enables us to get rid of internal administration of balsamic drugs, which are injurious, being apt to produce renal pain, albuminuria and nephritis.
4. On the other hand, it enables one also to get rid of the treatment by watery injections, which do not allow any prolonged contact of the medicaments with the diseased mucous membrane.
5. The ointment produces a strikingly rapid narcotic and disinfectant action, the painful phenomena of the acute stage disappearing within twenty-four hours.

The method is especially indicated in persons with irritable urethra and kidneys. The single drawback is the necessity of aspiring and insufflating the ointment by the mouth, which procedure may appear rather unattractive, even to not over-fastidious people. However, it might be replaced by the use of an India-rubber contrivance.—*London Medical Record.*

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SUDDEN CHANGES OF CLIMATE.

Mr. E. V. Robins, in the *Popular Science Monthly* for December, says:—

"If a blizzard of unusual severity were coming from the northwest that would send the thermometer down 50° or 70° in three hours, we should expect a great increase of pneumonia and other respiratory diseases, resulting in many deaths. Now, instead of three hours, suppose the mercury were to drop threescore degrees in three minutes—or, take another step in fancy, and suppose this great change to take place in three seconds—what would likely be the effect on health? And yet we bring about, artificially, changes to ourselves quite as sudden and as severe as this.

We make an artificial climate in our houses. We live in-doors in an atmosphere heated by stoves, furnaces, or steam pipes, to 70° or 80°, and we pass from our parlor or hall, so heated, into the open air. At a step, literally in a breath, the temperature of the air has, for us, dropped 50° or 70°. We may put on an extra coat or shawl and shield the *outside* of the body and chest, but we cannot shield the delicate linings and membranes of the air-passages, the bronchial tubes, the lung-cells. *Naked* they receive the full force of the change—the last breath at 70°, the next at freezing or zero—and all *unprepared*. We have been sitting, perhaps, for hours in a tropical atmosphere; nay, worse, in an atmosphere deprived by hot iron surfaces of its ozone and natural refreshing and bracing qualities. Our lungs are all relaxed, debilitated, unstrung, and in this condition the cold air strikes them perhaps 60° below what they are graduated to and prepared for. Is it strange if pneumonia and bronchitis are at hand?

If we are at the West Indies, or even in Florida, and wish to come north in winter, we try to make the change gradual. But in our houses we keep up a tropical climate, or worse, for you have not the freshness of air that prevails in an open tropical atmosphere, and we step at once into an atmosphere as much colder as 40° difference of latitude will make it. It is in effect going from Cuba to Iceland, or at least to New York, at a