

belonging to a higher social class and found sugar seven times. Well-to-do people are, therefore, particularly liable to be affected by diabetes.

These chronic cases may be considered under three heads:

1. Reducible form: 10-15 grains of sugar a day; treatment causes the sugar to disappear.

2. Irreducible form: Larger amount of sugar; does not yield to treatment.

3. Transitory form; large amount of sugar which disappears, and reappears without cause.

Mr. Vorns has obtained good results in combining with a regulated diet the use of quinine, repeated purgatives and cold lotions to the head morning and evening.

TIC DOULEUREUX.—Dr. Jarre presented a report on the causation and treatment of tic dououreux of the face. His conclusions are as follows (*La Tribune Medicale*):

1. The disease known as spasmodic neuralgia, epileptiform neuralgia, tic dououreux of the face, etc., is due to a peripheral lesion seated in the terminal extremities of the fifth pair.

2. The exact and invariable seat of this lesion is a more or less extensive portion of the alveolar border of the upper or lower jaw, which is the seat of a cicatrix consecutive to former accidents of different kinds.

3. The intracuticular location of the original lesion brings tic dououreux into the same category as the neuralgia of the toothless, and the neuralgia affecting the stumps of amputated limbs, both of which are also of cicatricial origin.

4. The rational treatment of tic, therefore, ought to consist purely and simply of the ablation of that portion of the alveolar border comprising the original seat of the disease.

5. The ablation is done by first incas-

ing the soft parts with the galvano-cautery knife, removing the alveolar border by the bone forceps or saw, and subsequently rasping the wound in the bone.

6. The operation is not at all grave: the wound dressed antiseptically heals, ordinarily, in a few weeks without complications.

7. The results so far obtained give reason to hope that we are now in possession of a simple, rapid and harmless means of curing tic dououreux, a disease which, up to the present, has been classed with incurable diseases.

THE USE OF THE CURETTE.—Dr. Fancourt Barnes (in *The Medical Week*, November 24, 1893) reminds his readers that curetting the uterus is a grave operation and must not be lightly undertaken. 1. It is essential that the cervix be well dilated. He prefers the gradual method with tents to the rapid plan. He condemns sponge tents. 2. When the cervix is well dilated, the patient is brought under the influence of an anæsthetic and placed in either dorsal or lateral positions. 3. There are two forms of curette, the sharp and the blunt. Great care must be taken in using the sharp curette as a perforation may easily result. It is particularly useful in curcinomatous and sarcomatous conditions. The most useful form of blunt curette is that designed by Gaillard Thomas. It is passed into the uterine cavity and made to traverse every part of the interior. In passing it over the surface, certain parts may be noticed to be rough by the thrill imparted to the instrument. Special care should be given to these portions. The uterine cavity is then washed out with tr. iodi $\mathfrak{z}\text{i}$. or $\mathfrak{z}\text{ii}$. to the pint. An elastic catheter attached to a Higginson's syringe is employed for this purpose. An iodoform pessary and a dry tampon is then applied to absorb the discharges. 4. The complications likely to occur are perforations of the