

CHLOROFORM.

I will conclude by giving a series of "practical conclusions," derived from studies of the subject by experiment upon animals, which do agree with observations upon the human subject. And I consider it a matter of no slight congratulation that they were presented at the late International Congress by one of our countrymen, Professor H. C. Wood, in his address on Anæsthesia. They have been lately published in nearly all the journals, but they will bear repeating. The closest examination fails to detect any flaw in them, or to find any point which is not supported and which cannot be substantiated by clinical records:

1. The use of any anesthetic is attended with an appreciable risk, and no care will prevent an occasional loss of life.

2. Chloroform acts much more promptly and much more powerfully than ether, both upon the respiratory centres and upon the heart.

3. The action of chloroform is much more persistent and permanent than that of ether.

4. Chloroform is capable of causing death either by primarily arresting the respiration, or by primarily stopping the heart, but commonly (sometimes) both respiratory and cardiac functions are abolished at or about the same time.

5. Ether usually acts very much more powerfully upon the respiration than upon the circulation, but occasionally, and especially when the heart is feeble, ether is capable of acting as a cardiac paralyzant, and may produce death at a time when the respirations are fully maintained.

6. Chloroform kills, as near as can be made out, proportionately four or five times as frequently as does ether.—*J. C. Reeve, M. D., in Med. News.—Columbus Med. Jour.*

SWEATING FEET.

The following may be tried when alum, belladonna, etc., have failed (*Brit. Med. Jour.*):

1. Wear low shoes, wool socks, and dust the feet over twice a day with iodol; they will soon be as hard, sweet and comfortable as one could wish. 2. Wash the feet at night with very hot water, put on white cotton socks, and immerse the feet, thus covered, in methylated spirit poured into a basin; wear the socks all night; they will soon dry in bed. During the evening wear cotton socks and common felt slippers, and keep the socks constantly saturated with spirit. In a week the cure will be complete. The best ventilated boots are made of stout canvas.

R—Liq. plumb. diacet.,
Acid. carbolic,
Aq.,

} aa 3 ij,
ad 3 ij.

M.—One tablespoonful to be mixed with a pint of warm(ish) water, and the feet to be washed every morning and dried with a soft towel.

3. Wash the feet night and morning with soap

and water, and after careful drying, sponge them over with the following lotion:

R—Plumbi acet.,
Acet. destil.,
Sp. vini. methylat.,
Aq.,

3j,
3j,
3ij,
ad 3xvj.

Sig—Ft. lotio.

NOVEL TREATMENT OF INGROWING TOENAIL.

Dr. Puerckhauer recommends a novel, simple and at the same time competent treatment for ingrown toenail.

A forty per cent. solution of potassa is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp edged glass. The next layer is then moistened with the same solution and scraped off. This must be repeated until the remaining portion is as a thin sheet of paper, when it is seized with a pincette and lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his suffering without being disabled even for an hour.—*Pittsburgh Med. Review.*

AN EARLY ATAXIC SIGN.

Weiss, of Vienna, says that an early symptom of locomotor ataxia is an inability on the part of the patient to walk backward, while as yet, and in other ways, he may be able to walk with firmness and rapidity. Perron, of Bordeaux, has also, as we stated several weeks ago, recently suggested an early diagnostic sign, which is simply a modification of the Romberg test—namely, causing the suspected ataxic patient to stand upon one leg, instead of two, with the eyes closed. If the patient shows a tendency to fall, it may be inferred that the spinal trouble has begun which will lead on to locomotor ataxia, even if the Romberg test fails, as it not infrequently does in cases that are not well advanced.—*Columbus Med. Jour.*

THE TEN COMMANDMENTS OF ABDOMINAL SURGERY.

1. The arrest of hæmorrhage. 2. The avoidance of mechanical irritation. 3. The guarding against infection. 4. The proper apposition of the edges of the wound. 5. The provision of necessary drainage. 6. To apply gentle pressure to prevent exudation. 7. To give perfect physiological rest. 8. To secure the best possible position of the parts to promote comfort and healing. 9. To provide for hygienic surroundings. 10. To attend to the patient's general health.—*Dr. Griffiths.—Southern Practit.*