

and more prolific for his efforts. In a recent clinical lecture, reported in the *Philadelphia Medical News*, he discourses on the subject of sciatica, and after lightly touching on the varieties of the disease and their special characteristics, he gives, what cannot fail to be useful to many, a description of his usual method of treating this so often troublesome and persistent condition. The usual search is made for disturbed organs or altered secretions, and any obvious constitutional disorder is provided for; and rest in bed, constant and prolonged, till recovery of the patient is assured, is enjoined. Dry cups are recommended, and they should be used early and thoroughly—even a double or triple row all round and over the sciatic notch and down the leg to the ankle. As many as three dozen cups should be applied and they should be left on for half an hour. This should be repeated the next day and again two days later, and this may be sufficient. If for any reason this plan is not admissible, a mustard poultice is recommended three inches wide and extending from the sciatic notch to the ankle. Dr. Weir Mitchell believes that the old plan of counter-irritation—viz., extensive in amount and moderate in degree—is better than limited and severe attacks on the skin. So far the treatment described is that of an acute case and a first attack. If it still persists, Dr. Mitchell adopts the measures which he finds useful in chronic cases. In these it is sometimes necessary to use narcotics. Cocaine is recommended in doses of from a quarter to half of a grain under the skin. If morphia is given it should be in only one dose at about eight or nine o'clock p.m. But these means may be unsuccessful, and it was the acute suffering brought on by movement in such a case which suggested to Dr. Weir Mitchell the use of the measures he now employs—viz., a flannel bandage enveloping the whole of the affected limb and a splint of such a fashion and form as to keep the hip and knee immovable. The bandage used is of pure flannel, it is applied twice a day, the leg being kept slightly bent at the knee and extended at the thigh, and in this position it is secured to a splint which passes from the axilla to the ankle. Usually three weeks of uninterrupted treatment are necessary. Finally the splint is taken off during the day and retained at night, and thus is gradually dispensed with. In a similar manner the bandage is left off. During this treatment cod-liver oil and iron and nutritious food are given, and great care should be exercised to keep the bowels open. Sometimes there may be left one or more points of persistent pain, and these are best treated by counter-irritation, either by means of a small blister or the Paquelin cautery. After the pain is relieved, gentle massage may be applied to the affected limb, and it is of no little importance that at first the sitting posture should be avoided, and the rule laid down here is that the patient

should not be allowed to sit at all during the first week. Such is the latest method which the skill and experience of Dr. Weir Mitchell have suggested for the treatment of an obstinate and distressing malady. It is to be hoped that it will be as useful in other hands as it evidently has been in his, for to the paper are added the accounts of several cases in which success followed the treatment described.—*Lancet*.

REFORM IN SPELLING.—Dr. George M. Gould concluded an address on this subject to the association of medical editors, *American Lancet*, with the following:

There is not a single argument of value against a moderate and at least a small beginning of some kind for spelling reform of our intolerable English orthography. As regards the spelling of medical words, any argument has less weight than as regards other words. We owe it to our profession to be professive and progressive in this respect, or at least not to be a dead weight to the car of progress, and at the very least not to pull backward like an over-obstinate horse when the wagon (with one g) is pushed on to our heels. Wherefore brethren, will you not assent to the little advance already gained? And will you not assent to a few little, timid steps further? Every argument of logic and of uniformity, and every motive of good will and interest in progress is on this side. Why shall we not drop the combined letter, diphthongs in all words? Let us drop the *æ* in words derived from Greek, and write *e*; for instance, hemorrhage, hemostatic, etc. The same with all other original Greek, *ai*'s, usually spelled *æ* as in orthopædic, pædiatrics; anæsthetic. The same with *æ*. Let us accept edema, celiotomy, diarrhea, fetus, etc. Let us adopt with never a wry mouth the American spelling of honor, center, meter, program, traveler, and the rest. Let us get a chart of the rules for spelling chemic terms adopted by the American Association for the Advancement of Science, and hang it in front of our desks, and never spell iodid, sulphid, hydrid, morphin, chlorin, etc., with more e's than we should. Let us be sensible rather than conservative.

Of all the language of the civilized world there is none that in the most distant manner rivals the English in the ludicrous illogicality and wretched lawlessness of its orthography. In other languages there is a manifest philological sanity that evidently seeks to hold the written or printed word in some sort of relationship with the spoken word. But in our language the reverse seems to be the case. The more methods in which a single sound could be spelled, the better it seemed to please the fathers of the language. The labor which this fact imposes upon the child's mind is a labor that, conceived in its entirety, is liter-