

To the Editor of the CANADA LANCET.

DEAR SIR.—Not having had an opportunity to correct the proof for my article in your valuable journal for this month, permit me in this way to make the needed corrections.

Page 42, 4th line from the bottom, "Fig. 8 is Fig. 7 after treatment," should read "Fig. 8 is Fig. 1 after treatment."

Page 43, for the word "stern" read stem. In 14th line from the top, for the word "bear" read bend, and follow by a comma.

Yours truly,

B. E. MCKENZIE.

14 Bloor St. West,

Toronto, 10th Oct., 1882.

GOLDEN RULES OF SURGICAL PRACTICE.—Continued—(*Times and Reg.*):

HERNIA.—Never treat a case of vomiting without inquiring about hernia and examining abdominal rings.

Do not diagnose a "strangulated" hernia without first feeling, in the male, for each testis.

Never be satisfied with the reduction of a hernia without putting your finger fairly into and through the ring, and ascertaining by comparison of the two sides that no unnatural fullness is left.

Remember that no age is too young for a truss, and that no hernial protrusion should be without one.

In cases of strangulated hernia, if you are in doubt as to the advisability of operating, do not hesitate, but operate.

Do not hesitate to return the gut in herniotomy in all stages of inflammation short of gangrene.

Never procrastinate in cases which will certainly require colotomy.

JOINTS.—Do not be hasty with a knife in dealing with fluctuating swellings near a joint.

[There are changes in the synovial membrane which produce thickening and suppuration, which can with difficulty be distinguished from an external circumscribed abscess.]

Never forget that synovial tissue of theæ embracing tendons, may pour out a considerable amount of fluid or even pus.

[The accumulation of fluid in a joint or in the layers of the synovial membrane, or in tendons and bursæ, rarely affect the integument. There-

fore, unless there is external redness never use the scalpel hastily.]

Never probe the joint in clean cut wounds opening a joint, unless a foreign body is known to be lodged therein.

Always persevere with rest and counter-irritation in disease of the shoulder joint as long as there be pain produced by motion, but no longer.

[Too long confinements is apt to produce adhesion of the lower part of the capsule, and to permanently deprive the patient of the power to raise the arm.]

Always trace all sinuses near the shoulder to their source, because the tendons often direct the pus to some point distant from the joint.

Always consider the chance of subacromial bursal disease before you diagnose disease of the shoulder-joint.

Do not hesitate to aspirate a joint for diagnosis, but remember it is criminal to do so without strict aseptic precautions.

Never neglect to put all strumous joints at rest.

[Rest should be maintained for three months after all signs of disease has vanished, and active exercise must even then be very gradually renewed.]

Never neglect early movement in chronic rheumatic arthritis; never allow early movement in strumous arthritis.

(To be continued.)

PEROXIDE OF HYDROGEN IN GASTRIC DISTURBANCES.—A. N. Iakovlev (*St. Petersburg Inaugural Dissertation—Br. Med. Jour.*) has made nine experiments on eight subjects, of whom some were suffering from chronic gastritis, some from nervous dyspepsia, one from cancer of the stomach, and one from hyperacidity of the gastric juice, while the eighth was healthy. In all but two cases the patients were given a three per cent. solution of H_2O_2 —four cubic centimetres before breakfast, dinner and supper. The patient with magliquant disease and the one with hyperacidity took a two per cent. solution, four cubic centimetres from three to six times a day. The following is a summary of the results of these experiments: (1) Under the influence of H_2O_2 the general acidity of the gastric juice and the proportion of free HCl invariably increase. (2) The proportion of lactic acid always decreases while in later stages of