

hands are free to tie the silk or hempen thread. This I have found a very useful expedient.

Another point of interest and useful in its application is the "dry suture," for closing large wounds, such as are made sometimes, for example, in removal of the breast. It is an old idea, and one with which many of you are doubtless familiar. Two sheets of the most tenacious of all plasters, Seabury & Johnson's porous plaster, two and a half inches wide and of the length of the wound, are required. These perforated strips are placed one on each side of the wound, and parallel with it. Then with an eyed probe the surgeon can lace the two together over the wound, by carrying a silk ligature or a slender lacing across alternately from the second row of perforations in each sheet, so that the wound is drawn together without any tension upon its edges, but by taking a very wide hold on the surrounding skin. It is a very important thing to bring the wound together in this way, especially since it is well known that as the edges swell in the course of a few days there is a tendency to the cutting through of sutures applied in the ordinary method. The same expedient is useful in treating large chronic ulcers of the leg, where it is desired to reduce a wide granulating surface; and a number of other applications will suggest themselves.*

I would further recommend the use of reflected light, by means of the ordinary head-mirror of laryngoscopists, in examining other portions of the body, such as the ear, rectum, or the vagina. It is sometimes difficult to move patients; they are heavy, or are so ill that they cannot be placed in a convenient position for examination; the light may be inconveniently located, or the source of light may be a window that may expose the patient to curious neighbors; in all these cases the reflected light from the head-mirror enables us to obviate the difficulty, and to direct the light as we desire, without needlessly exposing the patient. Moreover, it obviates the necessity of the surgeon dodging the shadow of his own head.

Finally, in regard to the first insensibility from ether, I would say a few words, although some of you are already acquainted with its advantages. It is a matter of very great importance, and I beg all of the members to try it for themselves. For the short operations of minor surgery, and the reduction of dislocations or opening of abscesses, it is extremely useful and of every-day application. Such a patient steps into your office, and you wish to operate without causing him pain or incapacitating him from attending to his business for the remainder of the day. Let him lie down upon the sofa, and take the ether-inhaler, or a sponge wet with ether, in his own hand, directing him to hold the other arm up

in the air. After breathing the ether for a few minutes, the arm will drop, and you will have from thirty to fifty seconds of unconsciousness in which to operate. The sponge is removed, and the patient is ready to go about his business. It gives rise to no headache, nausea, or other unpleasant symptom, and is particularly useful in children. The chief source of disappointment is in not recognizing the right moment, for if this is allowed to pass, unconsciousness will not again occur until full etherization. The first insensibility is sure to come. When the arm wavers, be ready, and as soon as it drops perform the operation; there will be no pain felt.—*Medical Times.*

THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

BY ALFRED STILLE, M.D., PHILADELPHIA.

At the outset of this part of my discourse, I desire to lay great stress upon the statement that *the treatment of simple acute articular rheumatism may be abandoned to palliatives and nature.* Apart from complications, such cases nearly always get well under rest and good nursing. Try and disabuse yourselves of the idea that their cure is dependent upon medicines alone; to help nature is often the best we can do. No treatment was ever invented which stopped a case of acute articular rheumatism. It cannot be accomplished by bleeding, or sweating, or purging, by nitre, by tartar emetic, by guaiacum, by alkalies, by salines, by salicylic acid, or by anything else. The physician can palliate pain and perhaps shorten the attack; can perhaps prevent or control complications, and stiffness in the joints, but he cannot arrest the disease. Where rest, proper diet, and warmth are enjoyed, most cases will get well just as soon without as with the use of other remedies. Dr. Austin Flint, of New York, in support of this statement, subjected some patients, a number of years ago, to the expectant treatment, and found that they made just as rapid and just as complete recoveries as those cases under active medication.

Purgatives have been used in all ages in the treatment of this disease, because it was considered to be a fever. We are all too apt to put our necks into the yoke of a theory. In olden times they thought that the system ought to be reduced. Before the time of purgatives depletion was employed. This mode of treatment I will not even discuss. There is no evidence that I know of in favor of purgatives. There are very good reasons, indeed, why they should not be used: (1) because they cannot possibly cure; (2) because they oblige the patient to make painful movements; and (3) because they expose him to the danger of cold.

A celebrated London physician had all his

*In recommending the perforated plaster for the closure of wounds I am aware that the dry suture has been used for years. But the tenacity of this plaster, and the convenient perforations, make it particularly applicable to this purpose, and allow of its being done a great deal more easily than it ever has been before.