

Bones of the foot, the os calcis is most frequently diseased, and can be treated more readily than any of the others, and the whole of the *materies morbi* eradicated with satisfactory results. I have occasionally noticed one condition which occurs in the surroundings of this joint, and of no other, and that it is the very slight amount of implication of the ankle, notwithstanding the very distinct clinical appearances of much more serious disease. I believe that there occurs in the loose cellular tissues about the ankle a tubercular deposits, independent of bone or synovial disease, which may, however, spread to one or both of these structures. In one case of this kind, where amputation had actually been recommended, the disease disappeared on opening the abscess under strict antiseptics and carefully applied rest, leaving only an extremely small scar, which reminded me of those tubercular nodules found on the buttocks, the thigh, and occasionally on the arm, involving a large area of inflammation, which gradually breaks down and leaves a scar so minute as almost to pass without observation.

THE GALVANIC AND FARADIC ELECTRICAL TREATMENT.

Prof. F. Raymond, of the Paris Faculty of Medicine, employs the galvanic and faradic electrical treatment in the following manner, especially in the treatment of muscular atrophy. Muscles can be treated by either the galvanic or faradic electricity. If the faradic current is employed while the muscle is in communication with the conductors, this particular muscle undergoes a series of rapid contractions; while, on the contrary, if the galvanic current is applied, only two contractions are obtained, one when the current is opened, the other when it is closed.

Hence for the stimulation of the contractility of muscular fibres, the faradic current is the one to be recommended; and the mode of applying this faradic current according to what we desire to obtain, either local faradization or a generalized one. The localized faradization has for its object to act on an individual muscle; it is either direct or indirect.

Direct faradization is to influence the muscular substance directly. For this purpose the two moist electrodes are placed on the external integument corresponding to the muscle to be electrified; the dry electrodes are only to be used when the superficial integuments are to be influenced.

Indirect faradization is used to obtain a contraction of the muscle through the intermediary of the motor nerves which supply it. One electrode is to be applied at any indifferent part, while the other, the active electrode, is to be placed in

a region where the nerve trunk which is to be influenced passes superficially. Each local Faradization must be continued for ten minutes at one seating.

Generalized faradization, on the other hand, has for its object, to act on all the peripheral nerves. The patient is placed on a chair, with his bare feet resting on a stool presenting the form of an inclined plane. This inclined plane is covered with a plate of iron or copper, which is separated from the patient's feet by a piece of moist flannel. This plate is in communication with the fixed pole of an induction electrical apparatus; the other pole terminates in a wire brush, or a wet sponge, which is to be applied to the different regions of the body, beginning at the back of the neck, applying the brush especially on the painful spots and regions corresponding to the first, second and seventh cervical vertebrae. It is then carried successively to each side of the back, on the chest, abdomen, and especially in the epigastric region (on account of the solar plexus), the upper and lower extremities, and finally, the head is faradized, using here the hand as an electrode. Each sitting ought to last about fifteen minutes, and be divided as follows: one minute for the head, four for the neck and cervical region; three for the back; three for the abdomen; and four for the extremities.

In the treatment of muscular atrophy due to a spinal lesion, anterior poliomyelitis, or progressive amyotrophy, we must act at the same time upon the central lesion and the peripheral alteration of muscles. To restore the contractility of muscular fibres faradization of the involved muscles must be recommended; while, on the contrary, to combat the spinal lesion and to act favorably on the nutrition of the anatomical elements and tissues, we must resort to galvanization of the vertebral column.

The galvanization is to be done by applying the positive pole at the back of the neck, and the negative one in the lumbar region. This is kept up for two minutes; when the poles are reversed, positive in the lumbar region and negative in the back of the neck. Two or three sittings a week are to be recommended. In acute anterior poliomyelitis, or in lesions of recent occurrence, galvanization must be kept up for from two to four minutes. In spinal lesions, of slow progression, the electrical treatment is to be kept up longer. In recent cases the treatment must last from six months to one year; in old cases two treatments of three months' duration are called for yearly.—*Cor. Med. and Surg. Rep.*

DR. CHARCOT thinks that about one person in 100,000 is susceptible to the influence of hypnotism.