

the method with reserve. He refers to another case in which the hot water treatment was used with apparently excellent results. In this case, the patient fell from his bicycle in such a way that the left foot was carried strongly outward, at a right angle with the limb, and the fibula was fractured. Baths with massage were employed until the ninth day after the accident, when the diminution of pain and swelling was such that the seat of fracture—which was about two and three-quarter inches above the external malleolus—could be easily felt. A dressing of silica was applied for two weeks, and was then replaced by a second bandage, after the tibio-tarsal joint had been moved. When the last dressing was removed, six weeks after the fall, the fracture had healed and walking was possible, but slow and still painful.

Chauvel remarks that while the result was satisfactory, it must be remembered that the treatment employed consisted of massage, temporary immobilization, and early movement, combined with the hot baths. The hot baths, he says, are useful against the initial swelling and local pain, but do not seem to exercise a notable influence upon the rapidity of recovery.—*Medical and Surgical Reporter*.

#### DIETETIC TREATMENT OF GOUT.

Prof. Pfeiffer recently read a paper on this subject before the Congress of Internal Medicine, in which he expressed the following views:—

The first indication should be the excretion of a proper amount of urea and uric acid in the urine, since the retention of this product soon produces a low, cachectic condition of the system. After this, the administration of a salt that will convert the insoluble substance into a soluble substance allowing of rapid elimination, soon relieves the pain and reduces the swelling. The first important step is to correct the diet. This should consist largely of albuminous matter, as beef, eggs, etc., as well as fat and green vegetables; but fermented drinks, starch and sugar should be forbidden. The use of a meat diet is very important, as the retention of the urea and uric acid quickly produces a cachectic condition of the system which must be early combated in the treatment; but the meat diet does more than supply this necessity, for the salts of the meat, when taken into the system, have a solvent influence that speedily raises the elimination of urea and uric acid to even more than the normal quantity. The same may be said of all proteid substances, and more particularly of eggs. Sour milk and cheese should be avoided, but fruit and salads are beneficial, as they alkalize the alimentary canal; while wine and beer have the opposite effect, and should be strictly prohibited.

The medicinal treatment should consist in the

administration of some alkaline salt, and the carbon salts seem to be the best, though phosphoric acid and boracic acid have, in some cases, proved beneficial. Hydrochloric acid and sulphuric acid are objectionable. All alkaline and mineral waters should be given in small doses to begin with, and gradually increased.—*Medical Press*.

#### FRACTURES OF THE NECK OF THE FEMUR.

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1. From a scientific, prognostic and practical standpoint it is not necessary to make a distinction between intra and extra-capsular fractures of the neck of the femur.

2. An impacted fracture of the neck of the femur will unite by bony union, provided the impaction is not disturbed and is maintained by appropriate treatment for a sufficient length of time for the fragments to become united by callus.

3. Impacted fractures of the neck of the femur should be treated by a fixation dressing consisting of a plaster-of-Paris case, including the fractured limb, the pelvis and the opposite limb as far as the knee, in which a splint should be incorporated by which lateral pressure can be secured in the direction of the axis of the broken femoral neck.

4. Unimpacted fractures of the neck of the femur, both intra and extra-capsular, should be treated by immediate reduction and permanent fixation, so as to place the fragments in the same favorable condition during the process of repair as in impacted fractures.

5. Reduction is effected most readily by auto-extension and traction upon the fractured limb with the patient in the erect position, and resting his weight upon the sound limb.

6. The fixation dressing should not be removed and the lateral pressure should not be discontinued for from ten to twelve weeks, the shortest space of time required for bony union to take place.

7. Patients who have sustained a fracture of the neck of the femur should not be allowed to use the fractured limb earlier than four to six months after the accident, for fear of establishing a pseudo-arthritis at the seat of fracture.

8. The functional result is greatly improved by passive motion, massage, and the use of the faradic current.—*Col lege and Clinical Record*.

The *Medical World* suggests that much benefit may be derived in the treatment of gonorrhoea from the application of an ointment of cocaine, morphine and atropine, with lanoline as a base, under the prepuce.