

weak or exhausted, to separate as much of the placenta as I can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between my fingers, or to press it firmly against the opposite side until the os dilates; then I give ergot and rupture the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage. —*Med. Age.*

TREATMENT OF ANGINA PECTORIS.

It is a well known fact that all remedies which have hitherto been exhibited against the paroxysmal affections termed angina pectoris have been, generally speaking, failures, and that nearly all patients subject to these attacks have to succumb early to the progress of the disease. Even the latest approved treatment of angina with nitrite of amyl, nitrite of sodium, and nitroglycerine, as discussed some months ago in the *Gazette*, will but rarely, and under certain conditions only, cure or alleviate the affection. Huchard, the famous clinician of the Bichat Hospital of Paris, has recently published a valuable essay (*Journal de Médecine*, No. 3, 1885) which throws an entirely new light upon the pathological agents of the affection and offers important therapeutic suggestions.

A large number of autopsies (thirty five) convinced the author that the ancient pathological views held respecting angina pectoris, as taught as early as 1799 by Jenner and Parry, were fully correct, viz., that the anginal paroxysm is the result not of a neuropathic condition but of an arterial affection. In every instance where post-mortem examinations were made Huchard found ossification, and occasionally even obliteration, of the coronary arteries, conditions which naturally lead to cardiac ischæmia. Again, numerous cases were observed by Huchard and other clinicians in which a well-established cardiac neuritis was wholly disconnected from any anginal symptoms. These observations showed the uselessness of resorting in angina pectoris to remedies which simply act upon the nervous system. The bromides, Huchard says, have never cured a case of angina pectoris save the so-called false anginas, which, among other clinical characteristics, have the peculiarity of being cured by the suppression of the numerous causes productive of them and of frequently disappearing spontaneously without any medication. The cases of genuine angina pectoris belong to the most serious of pathological conditions known, and almost invariably terminate fatally. Hence in any clinical statistics concerning the curability of angina the genuine and false cases are to be strictly separated.

Huchard by his novel treatment, based upon his

undoubtedly correct pathological views, records a greater number of cures of true angina than any other clinician has ever obtained previously (twenty cures). His treatment consists principally in the exhibition of iodides, which, as is well known, are alone able to cure the affections of the arterial system, even those of a non-syphilitic nature. The iodide of potassium or, better, of sodium, given without intermission for months, and even years, in a daily dose of 1 to 2 grammes (15 to 30 grs.), will with certainty at first diminish the frequency and intensity of the anginal proxysms, and finally bring about their definite and complete disappearance. The curative effects of the iodides of sodium and potassium in aneurism of the aorta and various other arterial affections show the powerful influence of the iodide treatment on pathological conditions of the vascular apparatus.

In aortitis, both of the acute and chronic type, we find most frequently dilation of the aorta and elevation of the subclavian artery. Under the influence of the iodide treatment both symptoms can be relieved promptly and permanently. The most refractory cases in regard to this treatment are those in which the aortitis and the arteriosclerosis approach their termination, for the iodides, however powerful they are cannot suppress an arterial atheroma. In general, it can be said with propriety that "the iodides are the digitalis of the arteries." Huchard's routine formula is,—

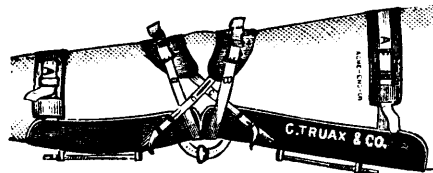
R Sodii iodidi, gr. cl;
Aqueæ destil., f. ʒl.
Fiat sol.

S.—Two to four teaspoonfuls daily, to be taken in a cup of tea.—*Therap. Gazette.*

A NEW PATELLA SPLINT.

Dr. L. R. Markley of Juniata, Neb., sends us the follows description and cut of and apparatus designed by him:

"I desire to call the attention of the profession to a splint designed principally for the treatment of transverse fracture of the patella, but which I believe will also be found useful in cases of frac-



ture of the limb at or near the knee joint, and in many cases of dislocation. A few years ago, while yet a student, I conceived the idea of making a splint as here illustrated, and as I have had made for me by Messrs. Charles Truax and Co., 81 Randolph St., Chicago. This splint consists of two