

the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and cause the nail to grow more slowly and in a more healthy manner.—*Lancet*.

HYGIENE OF THE EYES.

Dr. Lincoln, of Boston, in *The Annals of Hygiene*, formulates the following rules to be observed in the care of the eyes for school work:

1. A comfortable temperature, and especially let the feet be warm and dry.
2. Good ventilation.
3. Clothing at the neck loose; the same as regards the rest of the body.
4. Posture erect; never read lying down or stooping.
5. Little study before breakfast or directly after a hearty meal; none at all at twilight or late at light.
6. Great caution about study after recovery from fevers.
7. Light abundant, but not dazzling.
8. Sun not shining on desks or on objects in front of the scholar.
9. Light coming from the left hand, or left and rear, under some circumstances from in front.
10. The book held at right angles to the line of sight, or nearly so.
11. Frequently rest by looking up.
12. Distance of book from eye about fifteen inches.—*Journal American Medical Association*.

SOME OF THE ABUSES OF ETHERIZATION.

Dr. George F. Shrady, of New York, concludes an article upon this subject with the following résumé:

1. In commencing the administration of ether, the gradual method is to be preferred.
2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.
3. After the stage of primary anæsthesia is

reached, the more pure ether vapor the patient breathes the better.

4. The shorter the time of anæsthesia, and the smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.

5. The more evenly it is administered, the less shock to the patient.

6. Anæsthesia should be entrusted to experienced administrators only.

7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.

8. The minimum amount of force should be employed to restrain the muscular movements of the patient.

9. Mixed narcosis is often advisable for prolonged operations.

10. The utility of the galvanic battery, in threatened death, is yet to be proven.

11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermatic stimulation, inhalation of nitrate of amyl, and inversion of the body.—*Medical Record*, February 23, 1889.

GONORRHOEA.

Many are troubled with the difficulty with which this disease is combated. If it only be considered as an inflammation of a mucous membrane with a specific or microbic cause, the appropriate treatment becomes simple enough. We will first consider treatment by injections. Sulphate of thallin, four grains to the ounce of distilled water, is said to cut short the disease with a few applications.

We have found excellent results from one grain each of cocaine, morphine, atropine, chloral hydrate, sulphate of zinc, and sulphocarbonate of zinc to the ounce of distilled or rose-water. After the acute stage has subsided, withdraw the cocaine first, then the atropine, and then the morphine, continuing with the chloral and the zinc salts as long as there is any irritability of the urethra.

The king of injections for lingering subacute gonorrhœa or gleet, is the following: R Ext. hydrastis fld., f ̄ j; bismuthi subnitratis, ̄ j; boroglyceride (50 per cent.) mucil. acaciæ, aa f ̄ ss. M. Sig. Use as an injection.

The constitutional conditions to be considered are plethora and debility. Plethora increases the intensity of the inflammatory stage and protracts its duration. The only remedy necessary is saline laxatives during the stage indicated. Debility prolongs the subacute stage and favors chronicity. Tincture of the chloride of iron (always given some time before meals) is the most appropriate remedy for the condition, commencing with the beginning of the subacute stage.

As internal treatment, the sulphide of calcium should be given from the start, and during the