

CYCLING AND THE SADDLE.—Bicycles have taken the country and the world by storm and are fast coming into universal use. That they have accomplished no end of good none will dispute; that they have brought with them certain evils, though not perhaps understood by people in general, is distinctly recognized by the medical profession. This does not result from any defect necessarily inherent in the bicycle, but from faults in its construction, particularly in the saddle employed. Speed has been quite generally the object primarily aimed at, the health of the rider being given very little consideration.

From a medical standpoint bicycle saddles are, as a prominent New York physician expressed it in a recent article, "physically and morally injurious. The entire weight of the body comes on the soft tissue of the pelvic floor. The sensitive tissues, subject to such pressure and irritation, must suffer, and the evil cannot yet be estimated."

As all physicians are well aware, few persons afflicted with urethral, prostatic or bladder trouble are able to ride a bicycle without materially increasing the difficulty. This must be distinctly charged to defective saddles, and the same cause will produce disease in perfectly healthy people. Hence the importance, the absolute necessity, of using a proper saddle cannot be exaggerated.

As the writer referred to aptly expresses it: "A perfect saddle for either man or woman is one that will maintain the body in an easy and proper position. It must be a surface large enough to receive the tuberosities so that the weight come on the gluteal muscles. It should have, like an army saddle, a hole in the center, to relieve any injurious pressure. This will prevent urethritis, prostatitis, prostatic abscess and costitis. The saddle should allow pedaling without needless friction. The rider should have a firm yet elastic seat."

In the Christy Saddle Messrs. A. G. Spalding and Bros. have secured a bicycle saddles that fully meets all the demands and satisfies at once all medical and scientific requirements without losing any possible advantage in other directions.

It is molded in strict anatomical conformity to the parts of the body with which it comes in contact; comfortable yet firm cushions are employed and so adjusted as to properly receive the bony prominences of the pelvis. These cushions, which are removable, rest upon a perforated base, and with a free circulation of air through the horn of the saddle, insure a cool seat, a most important consideration from the standpoint of comfort as well as hygiene. The frame is made of metal and maintains its correct position under all circumstances. The saddle is easily adjusted at the proper angle. Numerous testimonials from eminent surgeons declare this saddle to meet all medi-

cal requirements, while eminent riders give it the highest praise.

HYSTERICAL BREAST.—Gilles de la Tourette (*Nouv. Icon. de la Salp.*, vol. 8, p. 107) says this hysterical affection of the breast consists in a temporary or permanent enlargement with distinct hyperesthesia of the integument. During the attack there are various local vaso-motor disturbances which vary from simple congestion to distinct edema, and which at times perhaps terminate in cutaneous gangrene. The hyperesthesia is sometimes so intense that the patients cannot endure the contact of clothing. It is sometimes permanent, but there are always exacerbations produced by the causes which ordinarily aggravate hyperesthetic zones (intense emotion, menstruation, etc.); at the same time that the hyperesthesia increases, the breast becomes the seat of prickly, lancinating pains and a burning sensation, at times very intense; it becomes swollen, sometimes to double the normal size, and the nipple is in a state of erection. Not infrequently at the height of the attack there is a convulsive seizure, or at least an indication of the same, consisting of a feeling of strangulation, dizziness, and other cephalic phenomena. The appearance of the integument is variable. There may be white, red, or cyanotic edema. In the more simple cases the tumefaction disappears with the pain, but very often, especially if the attacks are frequent, the swelling persists to a certain degree and is always accompanied by more or less hyperesthesia. During the attack all palpation is impossible, but in the intervals one or two tumors, only slightly tender to pressure, may be discovered by deep pressure.

The diagnosis may be difficult even during the intervals, but is much more so during the attack, particularly if cutaneous gangrene with ulceration is added to the former symptoms. It is possible that secondary infection may be grafted on to the spontaneous gangrene, producing suppuration, swelling of the axillary glands, etc., but this is exceedingly rare.—*Med.*

General anesthetics are used far too often. As two per cent. boiled solution of cocaine hydrochlorate injected, with a sharp needle, into the skin, not under it, will enable one to perform such operations as castration, the removal of non-malignant breast tumors, even if they are as big as a cocoanut, many herniotomies, where there is strangulation, and the removal of almost any subcutaneous tumor up to four pounds in weight. Intra-abdominal work, however, to be well done, requires general anaesthesia.