

of life. The pessary will act best when the uterus remains bulky and not atrophied. In virgins it is often best to dispense even with pessaries, and turning their attention to the condition of their genitals is most objectionable; the nervous system, if fortified by any means which divert the patient's attention from the local affection, will allow the trifling discomfort of the retroflexion to be well tolerated. Massage is of questionable value; it may increase the patient's nervousness, which is worse than the displacement. When pessaries are used, they will best avail if any pre-existing endometritis or metritis be cured. Fresh retroflexions after child-bed are the most favorable for treatment. Ergot should be first administered, nor should the pessary be applied till the eighth or tenth week, and when the instrument is changed a smaller pessary should be applied. Cutting operations are only justifiable when pessaries can not be borne and do no good. Retroflexion with fixation of the uterus may be left alone in a sterile subject; in a patient anxious to bear children and also suffering from malformation the case is different. The operations above mentioned have not been so generally adopted as to allow of judgment on their justifiability. Schucking's vaginal hysterectomy, which binds the fundus down forward behind the bladder, is bad on theoretical grounds. Freund and Frommel's shortening of the utero-sacral ligaments and forming of adhesions in Douglas' pouch, however, is more in accordance with reason.—*British Medical Journal*.

INTESTINAL ANTISEPTICS.

The Paris correspondent of the *Medical News* states that Professor Bouchard recommends the following in cases of gastric and intestinal fermentation as found in cases of gastric dilatation, in poisoning by decayed or diseased meats, in typhlitis, dysentery and typhoid fever, and in diseases in which there is insufficient renal secretion:

- R Beta-naphthol, finely pulverized ℥ss.
 Salicylate of bismuth ʒij.
 M. Divide in hostia No. xxx.
 Sig. Give from three to ten daily.

Professor Dujardin-Beaumetz recommends the following:

- R Pure bisulphide of carbon gr. xxv.
 Essence of peppermint gtt. xxv.
 Water ʒ xv.

M.

Dr. Huchard recommends:

- R Salicylate of bismuth }
 Salicylate of magnesium } āā gr. lxxv.
 Benzoate of sodium }

M. Divide in hostia No. xx.

Sig. One to be given before each meal.

—*St. Louis Med. and Surg. Jour.*

THE CLINICAL COURSE AND THE PRINCIPLES OF TREATMENT OF CHRONIC ANKLE JOINT DISEASE IN CHILDHOOD.

Dr. Charles L. Scudder says that chronic ankle joint disease usually results in a satisfactory termination of the mechanical treatment based upon established principles is carried out. In spite of these expectant methods, malignant cases of tuberculosis of the ankle joint, whether of primary, synovial or osteitic origin seem to go all to pieces. Tissue is quickly destroyed, great abscesses form and the general health fails. Nature is attempting to get rid of the diseased part, which at first is a purely local affection. A complete excision of this local disease merely interprets Nature's need and assists her. The operation may be performed at the outset of the disease, or as a last resort, or at the first appearance of malignancy. An operation is only justifiable when the evidence of malignancy remains unchecked by proper mechanical treatment. In children of poor parents who cannot give the time and proper care to expectant methods an early operation is justifiable. In determining the evidences of malignancy or need for operative interference the factors to be considered in each individual case are: The age of the patient; the duration of the disease; the previous treatment; the hereditary history; the present appearance of the part; the general condition of the patient; the circumstances of the patient. The operations on cases of ankle joint disease during twenty years at the Boston Children's Hospital warrant the following observations. Primary amputation in children and young adults is never justifiable for chronic ankle joint disease; an aseptic complete excision of the diseased bone is a safe procedure; a partial operation is, comparatively, of no value; gouging and the burr drill are blind methods, and almost worse than useless; the time of the after treatment is greatly diminished; the general health improves rapidly after excision; profuse suppuration and its attendant dangers are immediately checked; the danger from tubercular and septic infection is diminished; the extent of the disease does not contra-indicate an operation for its removal; the result as to usefulness in all cases has been good.—*Boston Medical and Surgical Journal*.—*Occidental Med. Times*.

FOR PERSISTENT DANDRUFF.

Dr. Stephen recommends that we should use a mixture of 3 scruples each of resorcin, olive oil and sulphuric ether, and 6½ ounces of alcohol. To be well shaken and applied to the scalp by a bristle brush, by insinuating it with the locks of hair; the head to be well washed with soap and warm water twice a week.—*Ibid.*