

needs support, for which digitalis, used differently according to varying indications, is the principal remedy.

This line of treatment is held to independently of the exact valve affection. It requires tact and experience to adjust it to the individual case. But when adjusted the results are excellent.—*Da Costa, Amer. Jour. of Med. Science.*

PERSPIRING FEET.

In recent numbers of *The News* we have quoted several applications for fetid perspiration of the feet, last among which was a five per cent. solution of chromic acid, used in the German army, and which has since proved successful in ninety-two per cent. of the cases upon which it was tried. The *Gazette des Hopit.* of July 23rd gives two additional formulæ, which are proved to be the most efficacious in overcoming this stubborn affection. Dr. Bardet gives one formulæ, which is as follows:

R. French chalk.....	40 parts.
Subnitrate of bismuth.....	45 “
Permanganate of potash.....	13 “
Salicylate of soda.....	2 “ —M.

This powder should be dusted daily into the stockings. The feet should be washed every morning and evening, and after washing, rubbed with alcohol.

The second method of treatment, which is recommended by Dr. Unna, is as follows:

R. Ichthyol.....	5 parts.
Turpentine.....	5 “
Zinc ointment	10 “ —M.

This ointment should be applied after the feet have been bathed in water to which a little vinegar, mustard, or spirits of camphor has been added. During the day they may be dusted with the following:

R. Powdered mustard.....	1 part.
French chalk.....	30 parts.—M.
— <i>Med. Progress.</i>	

TREATMENT OF GANGLIONS.

Ganglion is the name given to an enlarged bursa which is developed in connection with one of the tendons, being most common on the back of the hand, or on the extensor tendons of the thumb. It forms a little hard swelling on the back of the joint, and often causes a degree of weakness of the hand which seems out of all proportion with the seeming triviality of the affection.

In olden times the treatment of ganglionic swellings was to give it a smart blow with a book or other body. We adopt in a great preference to this coarse and old-fashioned treatment which was not only less certain and more painful but unnecessarily rough and unsurgical, the follow-

ing, which rarely fails to obtain an early, if not an immediate cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst we would pass vertically into the center of the tumor a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. We therefore then apply a well made, thick compress of lint, and strap it down tightly with good plasters, and lastly apply a roller. In forty-eight hours the wound is healed, and the ganglion is seen no more. We are led to allude to this subject, by the fact that during the last six months we have seen a dozen or more of these little bodies—more than we had before seen in as many years.—*Massachusetts Medical Journal.*

THE TREATMENT OF GONORRHOEA.

In the *Medical Record* for July 20, 1889, Dr. E. P. Rice summarizes as follows his method of treating gonorrhœa. The patient should be placed in the recumbent position, and, after lubricating an ordinary soft rubber catheter with five per cent. carbolic oil, introduce as far as the prostatic portion of the urethra. In acute cases it may be necessary to inject a little five per cent. solution of muriate of cocaine, if pain is produced. Now insert into the free end of the catheter an ordinary glass syringe, having a nozzle with an opening sufficiently large to allow the liquid to pass through easily, which will be about the consistence of an ordinary emulsion, and should be made as follows:—

R. Acid. boric.....	3iii.
Glycerini.....	3i.
Mix, and rub well together, and shake well before using.	

Pour about two drachms of this mixture into the syringe, having previously withdrawn the plunger. Now, gently insert the plunger, and force the liquid into the catheter, which is held in place by the thumb and forefinger of the left hand; the forefinger of the right hand should be used to force in the plunger. After all the liquid has passed out, gently withdraw the catheter, stripping it at the same time in order to force all the liquid into the urethra. Let the patient remain in the recumbent position for minutes longer, the whole operation lasting generally about fifteen or twenty minutes. This treatment should be repeated every day for the