

ture with mathematical precision. It causes a typhoid fever to run its course with a moderate temperature without exposing the organism to any grave dangers. It is, in the opinion of the author, the best antipyretic medication with which he is familiar.

SURGERY.

Electrolysis in Angioma and Goitre.

A paper on this subject was read at the recent medical meeting in Glasgow, by J. Duncan, LL.D., M A., F.R.C.S.E., Edinburgh. It included first the description of several peculiar forms of naevi or congenital capillary angiomas. One was a delicate pink-looking angioma over the cheek of one thigh as high as the buttocks; another, a tumor the size of an orange in a child three months old, and situated behind the ear; and a third, a part of which occupied bone on the outer side of the foot. In each case applications were successfully applied, and the tumors were reduced; in some instances, as No. 2, a complete disappearance taking place.

Several pulsatile tumors were similarly treated, also in a cirroid aneurism, affecting the left temporal artery and extending to the occipital on the same side. In the latter several tortuous branches of the anterior temporal were first obliterated, and after several sittings final and complete success was obtained.

These cases, with others given, may serve to illustrate the value of electrolysis as a means of treatment for vascular tumors. More than two-thirds of Prof. Duncan's operations for vascular tumors during late years have been by electrolysis. The rules for treatment by electrolysis, which is the only treatment possible for naevi, present the following characteristics, viz.: 1, That the growth is extending; 2, that it is important to avoid a scar; 3, that the subcutaneous bears a considerable proportion to the cutaneous part of the tumor. If the growth be not extending, it is unnecessary to interfere, because more than half the total number of the naevi of the mixed and subcutaneous type spontaneously disappear. An artificial dermatitis long maintained may sometimes remove naevi of a port-wine color, but except where the creation of a scar makes no difference and amputation is possible, electrolysis is the only successful and safe method.

Regarding the method of operation pursued by

Prof. Duncan, he states that he works habitually with a current of between 40 and 80 milliamperes; but that is really a matter of small importance. A galvanometer is of no value in operations where the duration is determined by the palpable and visible effect produced. It is very different in cases where you cannot see and feel the gradually increasing swelling, tension, and hardness. Then a means of measuring the amount is essential. Four to eight cells of large size and good electro-motor force are most convenient to work with. It is not necessary to use a large number of cells if both poles be introduced as they ought to be. The body is as good a conductor as acidulated water if the resistance of the skin be avoided. Introduce both electrodes (insulated so that the operation may be truly subcutaneous), but he works chiefly with the negative pole. It is to be remembered that the effect is produced mainly by shriveling up and destroying vascular walls and that coagulation of the blood is a matter of very secondary importance, therefore, he keeps moving the negative pole about and penetrating as many vessels with it as he can, because its destructive effect is more powerful and diffuse than that of the positive. He maintains it in one place just long enough to bring about a radical effect and then to another.

Naso-Laryngeal Intubation in Diphtheria.

Ridge (*Brit. Med. Jour.*) describes the new form of intubation of the larynx, which he styles nasolaryngeal. It consists in the introduction of a gum-elastic, silk catheter into the larynx through the nostril. He has intubated by this method four times in laryngeal diphtheria. Though all the patients died after a few days, the life of each was prolonged by the operation. He has modified his first thought-of method to the following, which he holds has great possibilities: "I have cut off the eye [of the gum-elastic silk catheter], and introduced the end furthest from the eye, which is nicely rounded off and smooth, and, of course without any bone tip. It is slipped along the nostril easily, and the forefinger of one hand guides it into the larynx. I have also procured a smaller long tube of the same material, which slides easily down the lumen of the larger tube, and have made several perforations in the side near one end. This end I propose occasionally to pass into the