

my office. On account of his great weight and the extreme

and the static massage roller was used as strongly as he could bear it for fifteen minutes on the foot, ankle and leg. The patient was seated on a stool on the floor, not on the insulated platform. The roller was attached by the chain to the positive pole of the static machine. This same treatment was followed for five days in succession. At the end of one week he resumed his duties as police officer.

Case II.—A man, aged fifty, who weighs two hundred and thirty pounds, jumped over a fence five feet high. When he struck the ground on the other side of the fence one foot was turned over and the whole weight came down on the bent ankle. The pain was so intense that he fainted away. The accident happened in the immediate vicinity of my office, and the man was assisted there, and the same treatment was given as in the previous case. He attended to his business every day, and in two weeks could scarcely tell which ankle had suffered the injury.

There is no doubt but that in this class of cases the length of confinement to the house may be shortened very considerably by the use of electricity. For commercial travellers, often obliged to stay at hotels at very great expense, the length of time of enforced absolute rest is an important consideration. Accident-insurance companies are especially interested in the length of time during which they must pay weekly indemnities. It is very much for their interest to have the patients in these cases get well quickly. In saying that these patients will recover, when electrical massage is thoroughly used, in half the time required by other forms of treatment, a very conservative estimate is made.—*New York Medical Journal*, Feb., 1899.

THE SURGICAL TREATMENT OF PERICARDITIS

Dr. Brentano has made a study of the cases of pericarditis in the surgical department of the City Hospital at Urban in Berlin, under the directorship of Dr. Korte. He believes (*Deutsche med. Wochenschrift*, No. 82, 1898) that operative interference is indicated only in exudative pericarditis, and here only when the life of the patient is threatened or a purulent inflammation is suspected. He classifies the methods of operation as follows: (1) Puncture; (2) incision through an intercostal space; (3) incision preceded by resection of a rib. There is no point at which puncture can be made with positive safety to the heart. As regards the