mote, for restoration renew, the functions of the flexor longus pollicis." The tendon of this muscle subtends the plantar arch in the same relation that a bow-string has to a bow, and must exercise a most important influence on the flexible arch. The writer has obtained the most satisfactory results on himself, as well as others, by treatment based on these lines.

The exercise he recommends is to bring the foot to extreme tiptoe, the knee and hip to full extension, and then, after a pause, to suddenly and vigorously draw downward. This he obtains by raising a weight by means of a cord running over pulleys, by turning a wheel placed so high that the handle is with difficulty reached when at the highest part of the cycle, by pumping, if the handle is placed high enough, or by bell-ringing.

He believes that in flat-foot supports do more harm than good by preventing free action of the short flexor muscles. He is "equally certain that for knock-knee they are in principle wrong, and in practice unnecessary. So also of tenotomies in either deformity. Osteotomies and resections," he says, "I can only regard as unwarrantable mutilations."—*N. Y. Med. Jour.*

PELVIC CELLULITIS IN THE MALE.—In a recent number of the *Tidsskrift for Pract. Med.* Dr. Skjeldrup describes a case of pelvic cellulitus in a man fifty years old. The first symptoms in this case were vomiting, flatulence, constipation, abdominal tenderness, and tympanites. There was some pain over the cæcum, and resistance, on palpatation and dullness on percussion at the same point. Examination per rectum showed a tolerably hard tumor situated in the left hypogastrium; it was easily felt by bimanual palpatation. An aperient was given, with quinine and iodide of potassium, and wet compresses over the abdomen, for some days. The patient did not improve, the abdominal pain and distension became greater, the difficulty of passing flatus and fæces increased, and the patient was becoming more and more emaciated. An œsophageal tube was passed up to the sigmoid flexure, and a warm enema given producing a scanty evacuation. The tube was bent by the tumor, which displaced the gut backwards. The enema was repeated two days later, resulting in the copious evacuation of foul-smelling fæces. The patient then began to improve, and after a few more injections fæces were passed naturally. At the end of a month there seemed to be but a slight infiltration anterior to the rectum. The tumor, while it existed, was of an irregular shape, and sometimes appeared to be firm elastic and tender. In 1885 Dr. Muir of Selkirk published a case of pelvic cellulitus in the male.—*Jour. Am. Med. Assoc.*

UNTOWARD EFFECTS OF CASCARA SAGRADA.—Dr. C. M. Fenn relates in the *Therapeutic Gazette* for August his experience with the use of this drug, which he believes to be "not a harmless laxative, adapted for general and protracted use, but an irritant cathartic, requiring in its use great circumspection and care." As this is at variance with the estimate of the drug in the opinions of most observers, we will quote several of Dr. Fenn's unfortunate experiences in his use of the remedy. He noticed obstinate vomiting, violent cramps, bloody stools, and, in one instance, in which death occurred from cerebral anæmia and valvular disease of the heart, the patient had been taking a strong decoction of the bark, to the effect of which Dr. Fenn ascribes the existence of large patches of ecchymosis found in the mucous membrane of the stomach. This patient was seventy years of age, and very feeble; and the irritant action of the drug upon the gastric mucous membrane was believed to be the exciting cause of the fatal attack of cerebral anæmia. It may be worthy of note that in the greater number of cases the drug was used in combination, and in cathartic rather than small repeated doses. The latter plan of administration has proved most successful in the experience of most observers, and is rarely accompanied by any disagreeable effects other than a moderate degree of cramping pain.—*Epitome.*

GONORRHŒA—ITS TREATMENT IN THE FEMALE.—In a paper read before the Cincinnati Academy of Medicine, the writer says:

The following treatment has been instituted in a number of cases under my care: The vagina is thoroughly cleansed by the use of an alkaline solution. The solution should be strong and at a temperature ranging between 43° and 46° C. This procedure has a two-fold object: First, to remove as much of the vaginal epithelium as possible; second, to relieve the hyperæsthetic condition of the parts. The patient should now be placed upon the table, with the buttock elevated. After warming and oiling, a Ferguson's speculum should be carefully introduced. A tampon saturated with boro-glyceride is placed in contact with the cervix, and we now proceed to pack the vagina with acidi boraci, withdrawing the speculum as the process advances, until the entire canal is filled. If excoriations exist about the external genitalia, the labia should be separated and a piece of lint, previously dipped in boro-glycerine, placed between them. The application of a T bandage, or napkin, completes the first sitting. This dressing should be allowed to remain *in situ* for a period of thirty-six hours. After removing the dressing and using the vaginal douche, a solution of the hydrarg. chlor. corr., 1 to 1,000, should be used as an injection. The dressing is re-applied in the course of eight or ten hours. Seventeen cases under my care have been subjected to this line of treatment. Five of them were primary cases, two had had the