

## TREATMENT OF CERTAIN SPRAINS.

In an article in the *University Medical Magazine*, Dr. D. Hayes Agnew calls attention to certain cases of persistent lameness which have been ascribed to sprains of the ankle, and treated as such with but temporary benefit. The lameness returns on the patient's resuming exercise.

In these cases the trouble is not in the ankle joint, but in the sheath of the tendon of the peroneus longus muscle. This will be easily evidenced by pressure along the course of the tendon, between the external malleolus and the base of the metatarsal bone of the little toe. There is little, if any swelling; pain will also be experienced on forcibly abducting the foot. The differentiation from ankle sprain is comparatively easy, for here there is diffuse swelling about the joint, especially in front, and unusually severe pain on flexing and extending the foot. When the tendon and its synovial membrane are involved, a Dupuytren splint should be applied on the outer side, fixing the ankle and holding the foot in an abducted position. The tendon is thus relaxed and pressure is taken from its canal. With rest and anodyne applications the inflammatory trouble will subside in a week or ten days. The patient must not now be allowed to walk around in an ordinary shoe. A number of plies of leather are to be applied on the outer side of the sole of the shoe, gradually thinning off toward the inner side of the foot, and relieving the tendon from pressure. Such a shoe should be worn for some time, and only restored to its original form by gradually removing one layer of leather at a time from the sole.—*International Journal of Surgery*.

## CHRONIC PHARYNGITIS.

The following is said to be a good application :

R Ergotini.....gr. xv.

Tinct. iodini.....3 i.

Glycerini.....3 i.

M. S.: Apply thrice daily with a camel's hair pencil.—*St. Louis Med. & Surg. & Journal*.

## SALOL IN ACUTE TONSILITIS.

In a recent article on this subject, Dr. Jonathan Wright quotes Gouguenheim's conclusions on this subject as the most satisfactory summary. They are as follows: 1°. Salol acts beneficially in acute anginas of whatever cause. 2°. It quiets the pain and dysphagia with the greatest rapidity. 3°. In quieting the pain it may shorten the duration of quinsy. 4°. It lowers the temperature. 5°. In nearly all cases it diminishes the duration of the angina. 6°. In order to attain those results, the dose should not be less than four grammes (sixty grains) daily.—*St. Louis Med. and Surg. & Journal*.

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## CONVOCATION OF BISHOP'S COLLEGE.

The 20th annual convocation for the conferring of degrees in medicine was held on Tuesday 31st ult, in the Synod Hall, and was one of the most largely attended in the history of the College, most of the leading ladies of the city being present. The Chancellor Mr. Henneker, read an excellent address which was listened to with marked interest.

The valedictorian for the faculty was Dr. McConnell, who touched upon the most important scientific discoveries of the day, and concluded by giving the graduates some excellent advice, among other things telling them that they would do well to spend the next two or three years in either going to Europe, or else in perfecting themselves in the use of the microscope. He also pointed out the value of a knowledge of French and German. Dr. Woods on behalf of the graduates read a bright and cheering address in which he thanked the professors for all the trouble they had taken during their four years study. He also referred in feeling terms to the many acts of kindness shown them by the Faculty, and especially by the Dean who was beloved by all. When Miss Ritchie went up for her diploma there was