

the disease was sufficiently localised to warrant operation. Thyroid treatment has been tried without benefit.

Tuberculosis perforans.—A case of this disease is reported by Wallace (*Edin. Med. Jour.*, July, 1896) in a man twenty-three years of age, who, after having suffered from tubercular disease of the ankle and strumous dactylitis of the little finger, developed a painless fluctuating tumour on the right side of the head, just over the anterior part of the temple. On incising the abscess a sequestrum the size of a florin, consisting of the whole thickness of the skull, was found quite loose. A collection of pus separated the dura from the skull for an area of about two inches all round. The edges of the opening in the skull were perfectly smooth. There were no cerebral symptoms at all, doubtless because of the situation (over the frontal lobes), the slow formation of the abscess, and the opening in the cranium. The wall of the cavity was scraped, iodoform gauze was used as a stuffing, and the patient soon recovered.

Craniectomy.—Since Lannelongue, in 1890, first suggested the possibility of bringing about an improvement in the mental condition of idiots by the removal of segments of the skull, and so permitting a freer development of the brain, numerous observations have been recorded, but the results have, on the whole, been very disappointing. Telford-Smith (*Amer. Jour. Med. Sc.*, June 1896) reports the after history of two cases. The first was a fair test case, microcephaly being the only apparent cause of the mental deficiency. An ample amount of skull was removed, the patient was subsequently specially trained and educated, but the result was most meagre, and no more than could be accounted for by the education of the boy. The other case was not one of microcephaly, but one of congenital idiocy. The operation was followed by no improvement whatever. Robertson (*Amer. Med. Surg. Bulletin*, Aug., 1896) also condemns these operations as unjustifiable. Dana and Putnam (*N.Y. Med. Jour.*, Mar., 1896), however, take a more hopeful view of the operation, both having seen "improvement" follow it.

The Treatment of Bone Defects of the Skull.—Bone defects due to trauma, suppurative neurosis, or tumour, may be repaired by one of two methods, viz., auto-plastic or hetero-plastic. Von Eiselsberg (*Verhandlungen der Deut. Gessel. f. Chirurg.*, 1895) has operated on eight cases. Five of the cases were following operations for traumatic epilepsy. Four were treated by auto-plastic operation and one by means of a celluloid plate, and in all successfully. Tuberculosis was the cause of the deficiency in three of the cases. Two were treated with celluloid plates, but in one the plate had to be removed; in the other, as also in a case treated by auto-plastic operation, the results were satisfactory. Eiselsberg considers that the danger of suppuration, both immediate and remote, is an important objection to the hetero-plastic method. In favour of it are the facts that it is easily carried out, especially in young subjects, is almost bloodless, and that no adhesions form between the dura and the plate introduced, a point insisted upon by Fränkel (*Verhandlungen der Deut. Gessel. f. Chirurg.*, 1895.) As regards the technique of the operation, he states: (1) That celluloid is the best material to use; (2) that the plate should be fixed into the diploe; (3) that the plate should always be introduced at a secondary operation; (4) the skin should be lax and sutured without drainage.

Meyer (*N.Y. Med. Jour.*, Mar., 1896) has a favourable opinion of this method of closing apertures in the skull; but Angel (*N.Y. Med. Jour.*, Mar., 1896) is of opinion that the dense fibrous tissue which fills in the gap is sufficient protection.

Exploration of the Brain with a Needle and Syringe through Capillary Holes Drilled through the Skull.—Sonchon (*N.Y. Med. Record*, May, 1896) advocates the exploration of the brain in cases of doubtful diagnosis by means of a small exploring needle passed through holes bored in the skull. He claims that it is simpler and as certain as trephining. Hæmorrhage has not been found to be a risk. In a discussion on this paper Manley, Senn, and Fergusson expressed doubts as to the value of the procedure.

PROGRESS IN OPHTHALMOLOGY.

The treatment of trachoma is still a fruitful subject in the journals. Strouse (*Therapeutic Gazette*, May 15th, 1896) strongly recommends curetting by means of a sharp spoon of 1.5 millimetres in width. Each lid is everted in turn after the application of cocaine, and the whole conjunctival surface involved is thoroughly scraped. When all bleeding has ceased the surfaces are washed with either boracic acid or perchloride of mercury solutions, then touched up with a 2 per cent. solution of silver nitrate. The process is attended with considerable reaction, which is allayed by iced pads. The application of the caustic solution is made each alternate day for eight or ten days; after that it may be varied by using sulphate of copper. Strouse holds that by this method there is much less cicatricial tissue formed than by "grattage" or scarification, so that the mucous surface is restored almost in its entirety, and that the cure is almost invariably a radical one.

Stephenson (*Brit. Med. Journal*, July 11th, 1896) records an outbreak of mucopurulent ophthalmia in

the Central London District School, and demonstrates how prompt isolation may quickly rid a school community of such a danger. Between April 12th and April 25th twenty-five children became affected, and of these twenty-two came from one ward and the other three from dormitories close by. The success of the treatment is the more pronounced when we find in no case was there any corneal involvement or any sequelæ. The writer of this article had occasion last year to deal with an outbreak in an industrial school whose habitation was an old hulk; the hygienic conditions were such that there was great danger of the trouble becoming endemic. Whilst the school-room was a well-aired structure erected on the deck, the dormitories were the ordinary 'tween-decks of an old man-of-war, with barely standing room. The boys used towels which were common to squads. Fortunately, there was at one end of the ship, and completely isolated from the rest, a well-appointed hospital ward, and by strict isolation and rigid inspection of the whole ship's company

daily, the progress was in a short time arrested, and there were no bad results.

Dr. W. H. Bates (*New York Medical Record*, March 28th, 1896) advocates the use of a glass syringe in all cases of acute or chronic lachrymal disease, and deprecates the use of astringents and antiseptics. He maintains that better effects can be obtained from the use of water, the syringing being kept up till clear fluid comes away. The process must be a somewhat trying one, as he says that in some cases as much as a pint must be so used at a sitting; as further he says it must be done daily, and that chronic cases required it to be continued for months, it hardly seems a practical suggestion, as few patients would have the patience to undergo the treatment.

In France there are some 38,000 to 39,000 blind persons, and it has been estimated that from 30 to 40 per cent. of these were due to ophthalmia neonatorum. The subject was under discussion at the French Society of Ophthalmology (*The Medical Week*, May 8th, 1896), and Dr. Hone, of Buffalo, advocated the putting in force in France of some such stringent law as holds good in the United States, and affects twenty millions of inhabitants. Amongst its provisions we note the following:—

"1. If a midwife or nurse having charge of an infant finds that one or both eyes of said infant are red or inflamed at any time during the two weeks immediately following birth, the midwife or nurse is to report the fact in writing within six hours to the health officer or any legally qualified practitioner of medicine in the city, town, or district in which the parents of the child reside.

"2. Each infraction of the law is punishable by a fine not to exceed 500 francs, imprisonment during a period not to exceed six months, or both fine and imprisonment."

Dr. Hone's proposal did not meet with full approval from those present, some considering that it would be looked upon as an interference with personal liberty, but the compulsory notification was considered to be most wise. It is said to have acted most beneficially in Switzerland, where it has been in force since 1865.

A writer (*Journal des Pratiques*, Jan., 1896) points out that there is a great tendency to recurrence in styes largely due to auto-inoculation. Great care should be taken, therefore, that the edges of the lids shall be kept thoroughly cleansed with some antiseptic both at the time of the occurrence of a sty and for some time after.

Chibret (*Société d'Ophthalmol de Paris*, Feb., 1896) recommends an alcoholic solution of methyl-violet in the treatment of infected corneal ulcers. He applies a 10 per cent. solution on a probe enwrapped with cotton wool directly to the ulcerated part daily. The stain which it imparts to the tissues lasts a considerable time—twenty-four or more. The application causes no great pain. He deprecates the use of the cautery as unnecessarily increasing the area of scar tissue. He also recommends instillation of solution of cyanide of mercury hourly. If hypopion is present he withdraws the pus by opening the anterior chamber.

Van der Bergh (*Indian Med. Chir. J.*, April, 1896) strongly advocates treatment of these cases with tincture of iodine, applied in the same manner as Chibret uses the methyl-violet, twice daily. He uses afterwards atropine and a compress bandage.

Many operators have attempted to graft portions of clear cornea on to the human eye, but so far with no practical success; the corneal graft may live, but sooner or later it has always become opaque. It was first attempted by Rieke (*American Med. Surg. Bulletin*, April 18th, 1896) in 1823. Thirty years later Nussbaum tried to insert an artificial cornea of glass, which fitted like a stud in the opaque cornea; it gave only temporary vision, and speedily started inflammatory mischief. Wolfe, Hippel, Argyll Robertson, among others, have all succeeded in getting grafts to live, but only to become subsequently opaque.

Suker (*Toledo Med. Rept.*, 1895) has experimented on the lower animals, but, although readily getting union and maintained vitality in his grafts, there was no permanent transparency. It would be of inestimable benefit if some method of keratoplasty could be devised.

For pterygium Deschamps (*Med. Chronicle*, May, 1896) recommends curetting of the cornea over the area from which the pterygium has been detached. He says it is necessary to remove all the deeper attachments to the cornea, and that this does it as effectually as the thermo-cautery, and without leaving a scar.

Simple chronic glaucoma is probably one of the most disappointing of all eye diseases to deal with, but the general opinion amongst ophthalmologists seems now against operative procedure. The name itself is, perhaps, a misleading one, and it might be better to adopt the suggestion of Knies (*Arch. of Ophthalm.*, XXIV., 2), and call these "cases of optic nerve atrophy with excavation." Abadie (*New York Med. Journal*, April, 1896) deprecates all operative interference, and advocates systematic and prolonged use of miotics. He uses eserene and pilocarpine, or both, daily, and also gives fifteen to thirty grain doses of bromide of potassium, and on alternate days, quinine. This is continued for a month, and then suspended for eight days and resumed.

Another suggested treatment, galvanism, finds an advocate in Pilgrim (*Ann. of Ophth. and Otol.*, IV., 2). As he uses pilocarpine at the same time it is, as he admits, doubtful as to what extent the galvanism is to be credited with the favourable result. He considers that a catalytic action is set up, by means of which the products of malnutrition are destroyed, and restoration of function takes place by the changing of the perverted to a healthy nutrition.

An extremely interesting discussion took place at the meeting of the French Society of Ophthalmology (*Medical Week*, May 15th, 1896) in May last, on "Extraction of the Crystalline Lens as a Prophylactic Measure against High Progressive Myopia and detachment of the Retina." The subject was introduced by Dr. Vachar, who pointed out that the originator of this procedure was the Abbé Desmonceaux, who used it in 1776. Referring to an objection raised at a former discussion that a patient, myopic to the extent of 25 or 30 dioptries, is still highly myopic after removal of the lens, he pointed out that, as a result of experience, he agreed with the observations of Eperon, that after this operation a myope of 20 dioptries becomes emmetropic, and one of 30 dioptries has a reduction to three dioptries. He urged that the operation should be performed when there is rapidly progressing myopia between the ages of twelve and sixteen. It may be done any time after the age of three, if there is staphyloma, and the number of dioptries of myopia exceeds that of the patient's years. Only one eye should be operated on, preferably the one more seriously affected; the other might be subsequently operated on if the myopia continued progressive.

After 30 years of age a myope of over 15 dioptries is peculiarly liable to detachment of retina, and in these cases it should unhesitatingly be performed.

Dr. Abadie said that the indication for the operation is commencing macular choroido-retinitis or other fundal changes.

Chibret spoke of excellent results obtained in high myopia. He performs discission with a broad cysto-

some and extracts by means of a syringe four or five days later. Galezowski thought the operation justifiable only when the myopia exceeds fifteen dioptres. Both he and Pflüger agreed that macular lesions were an indication for operating.

NEW APPLIANCES AND THINGS MEDICAL.

[We shall be glad to receive, at our Office, 28 & 29, Southampton Street, Strand, London, W.C., from the manufacturers, specimens of all new preparations and appliances which may be brought out from time to time.]

NEW CATHETER.

(MESSRS. MAW, SON, AND THOMPSON.)

The accompanying illustration shows a new form of catheter made at the suggestion of Mr. Tom Smith by Messrs. Maw, Son, and Thompson. The body of the catheter is of fine soft rubber with a solid end, but the upper half is stiffened with a quill to facilitate the manipulation during introduction and to enable it to be held with greater ease. The advantages of a really soft catheter of this nature over what are usually called soft catheters, but which are nearly as irritating to the mucous membrane as the silver variety, are as obvious to the patient as to the surgeon. This new form of catheter appears already to have many advocates, and in a short time will probably become the general possession of practitioners.

CHLOROS. AN ANTISEPTIC AND DEODORIZER.

(UNITED ALKALI CO., LIMITED, EXCHANGE BUILDINGS, LONDON.)

Among the host of new antiseptics being daily put before the public, one is apt to forget the old and well-tried varieties. For instance, Chloros, which is really hypochlorite of soda with 10 per cent. available chlorine, is one of the oldest deodorizers known to science. Before the meaning of antiseptics was known hypochlorite of soda was largely used for domestic purposes for cleaning closets, drains, &c. Its germicide powers have more recently been accurately gauged and found to be most effectual in the case of pathogenic as well as other varieties of bacteria, and that, too, in very dilute solution it may be safely relied upon for killing many germs commonly met with. In addition, its oxidising or deodorizing powers are peculiarly useful in the case of offensive odours arising from defective drains, cesspools, and other sources. The advantages of Chloros are that it is not an active poison, it leaves no insoluble residue, and it does not stop up drains or stain porcelain or earthenware.

TRITIKOLA BISCUITS, TRITICUMINA BREAD AND FOOD, &c.

(MEABY AND CO., LIMITED, READING.)

We have received samples of the above from Messrs. Meaby and Co., and after trial and examination of the preparations we are enabled to report most favourably on all the specimens which have been submitted to us. The Triticumina bread is now so well known to the public and to the profession that we can add little that is not already familiar. It is a brown

bread of fine quality, containing all the constituents of the entire grain, and consequently a higher percentage of

phosphates than is present in ordinary wheaten bread. The percentage of soluble carbohydrates also compares very favourably with that of ordinary bread. For invalids and those of weak digestion Triticumina bread has the following advantages; It is highly nutritious, can be easily digested and absorbed, and is free from coarse particles of bran and other forms of indigestible cellulose; and further, after a daily consumption during some years, we still hold none other so palatable. With regard to the Triticumina food, being a malted food of excellent quality, it is suited for young children and invalids, who are unable to digest ordinary farinaceous foods, consisting of unaltered starch; in addition it contains a high percentage of phosphates and albuminous substances. The Tritikola biscuits are quite a new departure in preparations of this kind, since they possess sustaining qualities which make them of peculiar value as a concentrated food and tonic for those undergoing heavy exertion on the march, or on other occasions. They have been particularly recommended for cyclists undertaking long rides, and being capable of being packed into a small space or carried in the pocket, they appear to us to be well adapted for this purpose. It is claimed for them that they are prepared from malt, albumen, farina, caffeine, saccharine, and extract of kola nut, and we have proved to our satisfaction that their complex composition is a most happy combination of nutritive and tonic principles, and such as to be highly appreciated by those enduring great muscular fatigue.

URANIUM NITRATE PALATINOIDS.

(MESSRS. OPPENHEIMER AND CO., LIMITED, 14, WORSHIP STREET, E.C.)

We have received samples of the above preparation. Salts of uranium being particularly nauseating must, when prescribed, be administered in some carefully-disguised form. The palatinoids of the nitrate contain a dose of two and a-half grains, Uranium nitrate has lately acquired a considerable reputation as a drug which exercises some control over the excretion of sugar in Diabetes Mellitus, and Dr. West's recent paper on its applicability in this intractable disease will probably induce many practitioners to give it a trial. Messrs. Oppenheimer's elegant preparation is, therefore, well timed, and will probably be in extensive demand.

A SLING FOR CARRYING COMPRESSED GASES.

Mr. Abbot, of Aberford, Yorkshire, has devised a sling for carrying a cylinder of compressed oxygen, for the use of rescue parties in case of colliery explosions. His personal experience in going down with the rescue parties after the frightful colliery explosion at Michlefield in May of this year not only convinced him of the great restorative value of oxygen in cases of poisoning by after-damp, which is now known to owe much of its evil effects to carbonic oxide, but also of the practical impossibility of dragging large cylinders over the wreckage so often encountered under such circumstances. Small cylinders are required, provided with the necessary face piece, and so slung as to leave the arms of the operator free. These requirements are well met by the sling contrived by Mr. Abbot, which is made by Messrs. Reynolds and Branson, of Leeds.

