

fein and camphor, and suggests the following formula:

Pilocarpinae hydrochloridigr. iii.
Aquae q. s. ad. sol.	
Aetheris—aa5 v.
Spirits lavandulae—aa	
Alcoholis5 viii.
Aquae ammoniacae5 ss.

M. Sig.—Rub into scalp well once a day as directed. (J. M. K.)

TREATMENT OF SYPHILITIS MUCOUS PATCHES IN THE THROAT:

(*Journal A. M. A.*, June 6, 1908, page 1915.)

Dr. J. Philip Kanoky recommends the following: First mop the surfaces dry with cotton swab; then paint plaques with tincture of iodine, immediately following this application with a two or three per cent. solution of bichloride of mercury in water on cotton swab. Patient is cautioned not to swallow the solution and in about five minutes to rinse the mouth and throat. Two or three applications are sufficient to heal and he believes this treatment is more effective and reliable than applications of silver, methylene blue, chromic acid, lactic acid, and acid nitrate of mercury.

In addition to the above I will state that the regular treatment for mucous patches at

Blackfriar's Hospital for Diseases of the Skin, in London, is the application of a two per cent. solution of the cyanid of mercury. (J. M. K.)

TREATMENT OF URTICARIA.

Finch, *New York Medical Record*, Feb. 22, 1908, page 301.

The author uses creosote exclusively as follows: Give four minims in elastic capsule with two minims in an enteric pill as an initial dose, followed every fifteen or twenty minutes by two minims in capsules until effect.

In the recurrent or chronic forms, creosote may lessen the frequency of the attacks or cause them to cease. In these cases two minims are given after meals, and four minims in an enteric pill. One case of nine years' duration has been thus treated five years, and the patient goes weeks and months without an attack. In violent cases he advises the administration of five grains of Turpeth's mineral with a little water for emesis, giving a high enema at the same time. Should the enema fail, he gives subcutaneously 1-34 grain of atropine. Oedema of mucous membranes should be treated with inhalation of amyl nitrite, with the local application of adhenaline. Some cases, which have failed with other remedies, have yielded to creosote.

(J. M. K.)

SURGERY

A CASE OF RECURRENT CANCER OF THE BREAST SPONTANEOUSLY RECOVERED.

*Translated in full from *La Presse Medicale*, June 3, 1908.

"M. Cheyne relates the observation of a woman fifty years old who entered the hospital in 1901 for cancer of the right breast. She

presented on the breast a hard round mass, measuring 75mm in diameter, adherent to the pectoralis major. The nipple was retracted. The skin was red, but not ulcerated. One could feel several glands in the axilla as well as in the neck. The author practiced total excision of the breast and the pectoralis major, cleaning out the axilla and the subclavian triangle. The destruction of tissue was sufficient to demand skin-grafting. The patient

left the hospital with an excellent cicatrix a month after operation. The microscope demonstrated the tumor to be cancer. About one year later the patient returned with several nodules in and under the skin, especially abundant on the right side of the thorax and the upper abdomen. Microscopic examination of those nodules was not made, but their malignant nature was beyond question; there was a diffuse infection of the skin. A thorough operation being impossible, she was advised to have double oophorectomy, which was not accepted; however, four years later, the patient wrote that since her menopause the nodules had disappeared, and her general condition improved. She had had no treatment; she had simply replaced her usual drink, beer, with lemonade. A minute examination of the patient fully confirmed her words."

(W. A. B.)

HODGEN'S SPLINT.

Dr. Geo. S. Brown, of Birmingham, Ala., in *Surgery, Gynecology and Obstetrics*, for May, under treatment of fractures of the thigh or other painful affections of the lower extremity, discourses at length on his improved Hodgen's splint for these conditions.

The splint conceived by Hodgen was a modification of the Nathan Smith anterior splint, but as described by him was difficult to keep in order and troublesome to adjust. These are perhaps the reasons for the limited use it has been given. The principle of the splint is "to suspend the limb from the bed and to utilize the weight of the limb in making extension." The amount of pull depends upon the weight of the limb and the angle the suspension cord makes with a perpendicular dropped from the point of suspension.

The points of improvement over the original Hodgen splint as described and pictured in many text-books, are:

First—The substitution of a solid piece of

cloth for the roller bandage to support the limb.

Second—The use of four separate pieces of cord with "tent blocks" on each instead of two supporting cords.

Third—Measuring the amount of traction by means of an ordinary spring scales.

Fourth—Elimination of the foot-block of Buck, attaching the adhesive plaster which has been applied to the limb to two wire loops at either corner of the distal extremity of the frame.

The splint is made of 3-16 inch iron or No. 4 wire, all in one piece except the loop at the proximal end. The author does not, as has been suggested, use a "right" or "left" by making the outer side of the frame longer than the inner, nor does he use the adjustable length. A stock of three lengths will serve every purpose.

The frame of the splint should be at least two inches longer than the limb, but will answer well if four to six inches longer. The distal extremity is about four inches wide and the proximal about six, the ends of the latter being connected by a loop or arch sufficiently large to pass well over the limb. There are six small loops of smaller wire soldered on the splint. Two at either angle of the distal extremity for the attachment of the adhesive which has been applied to the limb, and for the attachment of the muslin hammock. The remaining four loops are for the support of the splint and are attached, two on either side, to the frame; the two proximal loops being about seven inches from the perineum or proximal extremity of the frame, the two distal about twenty-one or twenty-two inches from the proximal extremity. The supporting cords are of hard one-eighth inch material and are equipped with tent-blocks. These cords are held by the hook of a spring scales, which in turn is fastened to a large sash-cord and tent-block hanging from a pulley-wheel in the ceiling. Before pinning the muslin hammock, the splint is bent to an angle of about 170