sed liquid behind the retina, and a radical cure of the detachment of the retina being the consequence. In some cases the detachment of the retina is limited to only a portion of this membrane. The portion undetached continues to receive the impression of luminous rays; the detached portion acting like a screen, prevents the luminous rays reaching that part of the retina which has preserved its sensitiveness. To improve the vision the luminous rays which enter the eye must not be allowed to be absorbed by this screen, but should arrive at the portion of the retina which remains *in situ*. In enlarging the pupil by iridectomy a greater number of luminous rays reach the fundus of the eye, increasing the intensity of the image. In affording the new pupil a position directly the reverse of that occupied by detachment of the retina, the luminous rays which traverse the new pupil are not arrested by the screen represented by the detached portion. Hence, if the detachment is in the upper part of the retina, the artificial pupil should be practised below; should it be in the lower part, the pupil will be above. Dr. Fano cited several cases of his clinic to show that medicinal treatment is of little or no avail in this affection, and although iridectomy does not effect a thorough cure, yet, the vision is considerably improved and it may prevent the malady progressing.

Sparteine is the name of another new substance just introduced by Professor Sée into the armamentarium of therapeutics. At a recent meeting of the Academy of Sciences the learned Professor described sparteine as an alkaloid obtained from the *Sparticum scoparium*, which was discovered in 1850, by Stenhouse, so that strictly speaking it cannot be termed a new substance, but a new remedy. M. Sée experimented with the alkaloid in the form of sulphate, and the following effects were the result: The first was an improvement in the action of the heart and pulse. In this respect it is equal to digitalis or to convallamarine, but its effects are more decided, prompt, and durable than either. The second effect is the regulation of the rhythm of an irregularly acting heart; in this respect no other drug is said to be compared to it. The third effect observed is that of increasing the rate of the cardiac contractions, thereby rendering a slow pulse more frequent, thus acting like belladonna.

All these phenomena appear within a few hours after the administration of the drug, and last for three or four days after its suppression. During this time the general strength is increased, the breathing becomes easier, but the urinary function alone does not appear to be influenced by the alkaloid in moderate doses. The indications for its administration are sufficiently clear, that is, the sulphate of sparteine may be usefully employed in all cases of weakness of the myocardium, whether it be the result of an alteration of its tissue, or whether it has become insufficient to overcome the obstacles to the circulation. When the pulse is irregular, intermittent, arythmical, the sulphate of sparteine rapidly restores it to its normal type. When the circulation is slackened, the alkaloid appears to immediately overcome this functional trouble, maintaining or increasing, at the same time, the strength acquired by the muscle. Although the sulphate of sparteine may be considered a new remedy, yet the plant from which the alkaloid has been extracted had for a long time been employed in medicine. The young sprouts, the flowers and seeds are diuretic and purgative. The plant was considered very efficacious in the treatment of dropsies, gravel, albuminuria, and affections of the heart.

Listerism, or the so-called antiseptic method of dressing wounds, is now scarcely ever employed in surgery; but there is no doubt that in other forms than the spray the antiseptic method has such advantages that a surgeon would be considered culpable of neglect if he excluded it from his practice. Its employment in the hospitals in the times of peace is attended with little or no difficulty, but on the field of battle it is a very different matter. To overcome the difficulty Dr. Bedoin, principal medical officer at Vincennes, proposes that all wet or moist dressings should be rejected, as well as pulverulent dressings, as being impossible to be properly applied, and recommends the employment of tissues previously impregnated with some antiseptic substance, such for instance as ungummed filtering paper, gauze, lint, or jute, as being the most inexpensive. These tissues are steeped in a solution of carbolic acid, boric acid, or of corrosive sublimate, then dried. The dressing consists in the direct application of these leaves on the wound, the whole being covered with layers of gutta-percha and fastened with a bandage. The tissues thus prepared are inexpensive, very light, and not bulky. By this means the asepticity of the wound is ensured, and it permits of the employment of the more classical antiseptic dressing when once the soldier has reached his permanent ambulance. Some of these leaves may be arranged under his cuffs, and the sick-bearers may be supplied with a few packets of them which they may apply themselves. A. B.

DOMESTIC CORRESPONDENCE

THE ETIOLOGY OF ACUTE CORYZA.

Dear Sir:—The fact that rhinitis, pharyngitis, laryngitis and bronchitis or so-called catarrh are caused by micro-organisms and not by cold, was forcibly impressed on my mind about two weeks ago. For the last month there has been a great deal of wet weather in Pittsburgh, and this, together with the fact that many of the streets of the city have been dug up for the purpose of laying gas and water pipes, setting free these micro-organisms, which, as I believe, have been the cause of a sort of endemic of catarrh which has been prevailing here for the last month. These micro-organisms seem to have found their favorite lodgment in the mucous membrane of the nose, pharynx, larynx or lungs, thereby causing the numerous cases of catarrh which have been prevailing in our vicinity recently.

The fact that quinine taken internally in 5-grain doses has been the most effectual treatment in these

cases of catarrh, has further induced me to the belief that parasitic organisms are the cause of the so-called catarrh. How quinine operates as a parasiticide, whether locally, or more remotely by the circulation, I am unable to say; but I am pretty confident that it acts effectually. It has been my custom to prescribe 5 grains of sulphate of quinine three times a day for two days, and the cold then would be pretty thoroughly broken up.

These facts I offer as bearing out the suggestions as to the etiology of acute coryza given by Dr. Austin Flint, Sr., in an article in THE JOURNAL, of November 14, 1885.

JOHN M. BATTEN.
73 Sixth Ave., Pittsburgh, Pa., November 16, 1885.

BOOK REVIEWS.

ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES, for the Fiscal Year 1885. 8vo, pp. 179. Washington: Government Printing Office. 1885.

There is much interesting material in this small pamphlet. The first twenty-four pages contain the official report of the Secretary of the Treasury, the most interesting part of which is a description, by the architect, of the new Marine Hospital at Baltimore, which is to consist of eight buildings. Six of of these will form the Hospital portion proper, three being houses for executive business, for the Assistant Surgeon, and for the boiler, engine, dining-room, kitchen, etc., and three being ward buildings. All of the principal floors are on one level, and are connected by wide and spacious verandas, which extend entirely around the ward buildings. The wards proper are 30 feet wide, 109 feet long, and 16 feet high at the sides, and each will accommodate twenty patients. Each ward has two diagonal wings, which can be isolated from direct communication, one containing water-closet, bath and lavatories, the other a smoking-room. The buildings are to be heated by steam or hot water from the boiler room. The ground-plan of the hospital is nicely shown on a large folding sheet. When completed this will be the seventeenth hospital in the Marine Hospital Service.

Passing over an extensive statistical statement to the report of surgical operations during the past year, we find that the femoral artery has once been successfully ligated for popliteal aneurism. In a case of gun-shot wound of the popliteal vein both ends of the vein were tied. In a case of neuralgia and loss of function of the ulner nerve, 1¼ inch was dissected, the operation resulting successfully. Five operations on the knee-joint are reported; one for suppuration of the patella bursa, one for synovitis, two for suppuration of the joint, in which the bone was scraped, and one for loose cartillage. Three operations on the skull are reported; one for fracture, in which the skull was trephined, with a fatal result, and two successful cases of removal of necrosed bone. Four operations of excision of joints were divided between one excision of the elbow for necrosis, with good results, one of the hip for morbus coxæ, fatal, one for ankylosis and caries of the knee, with good result, and two successful resections of the ankle for caries and necrosis. Two successful operations for stricture of the rectum, one by incision and one by divulsion, are recorded. We can see no good reason why the names of the operators are not given, as well as a few other particulars concerning the more severe operations. As it now stands, the tabulated statement is absolutely valueless for reference.

Following the list just mentioned are some "selected cases from hospital practice." The first paper under this head is on *Cases of Peculiar Forms of Fever* by Passed Assistant Surgeon John Guitéras, and is a most interesting account of some of the peculiar forms of fever observed in the Southern portion of the United States. The second paper is a report of a case of resection of the ulner nerve for neuralgia and loss of function, which has already been mentioned. The nerve was brought together by two fine catgut sutures. The wound healed by first intention. The pain disappeared entirely from the time of the operation, and three weeks afterwards sensation began to return in the little and ring fingers; a month later in the muscles supplied by the nerve; "and six months after the operation the hand had so far recovered that the man was enabled to whittle out a miniature merchant-man with the injured (right) hand." The operation was performed in the Marine Hospital Dispensary, Portland, Oregon, by Assistant Surgeon Arthur D. Bevan. Passed Assistant Surgeon A. T. Armstrong reports an interesting case of *Syphilitic Disease of the Pons Varolii*. In the substance of the pons was a spherical cavity about one centimetre in diameter. Cerebral symptoms first appeared two years after he came under treatment for secondary syphilis. "He complained of having suddenly been troubled with pains in his head and dizziness when he was in a high place. His pupils were equal in size . . . . and no incoördinate movements in walking." Two months afterwards he still complained of dizziness, and of cephalalgia (Feb. 28). On April 11th he was admitted to the hospital with paralysis of the right arm and leg, which commenced gradually on the day before. On April 13th there was complete right hemiplegia, with difficult speech on account of involvement of the tongue. On the 17th he had a fit, somewhat cataleptic in character, "the most marked feature being perfectly rigid muscles." This state lasted about half an hour. He died comatose on April 21st. The cavity in the pons, already mentioned, involved the median line, but was mainly to the left of it, and was 3 centimetres below the anterior surface. "There is one etiological factor for consideration. Syphilitic degeneration of the anterior coats was not noticed in this case. In December, 1883, necrosis of the left alveolar process of the superior maxilla commenced. Probably this caused disease of the left superior maxillary nerve. This degeneration extended backwards, and in December, 1884, when the first cerebral symptoms were noted, had effected the point of