

most accurate approximation and coaptation of the margins of the wound. After excision of the breast he relies entirely upon the horsehair suture. The wound is covered with a small compress of hygroscopic gauze wrung out of a solution of 1 part of carbolic acid and 7 parts of glycerine. Over this a compress of common gauze or cotton is placed, and the whole retained in place with a flannel bandage. This dressing is allowed to remain for a time, when it and the sutures are removed. The bowels are kept quiet for a week, when a gentle laxative is administered. Catheterization is avoided whenever the patient is able to pass the urine without assistance.

N. SENN.

DOMESTIC CORRESPONDENCE

"RECTAL SURGERY MADE EASY."

Dear Sir:—In a former article in THE JOURNAL I exposed the "systems" of rectal surgery practised by numerous Western itinerants and charlatans. In that article I referred to the little rectal "pockets and fringes" or "pockets and papillæ," described by various standard authors, and well known to anatomists as existing at the base of the columns of Morgagni, just above the verge of the anus. A writer of certain lectures and essays on the subject had claimed these as being mainly his own discovery, and urged that they were "lesions," and fearfully bad ones at that; in short, that they should always be snipped out when found. I maintained, on the other hand, that these minute organs were natural, and composed of healthy mucous membrane and connective tissue. I remarked, however, that, like other organs of the body, they sometimes became diseased and required surgical attention, but were not themselves diseases requiring to be split and snipped in ordinary cases.

The *Peoria Medical Monthly* avers that, by admitting such occasional disease and need of surgical attention, I concede all that the author of the essays claims. The editor of the *Monthly* is mistaken as to what had been promulgated. The writer of the essay on "Pockets and Fringes," or "Pockets and Papillæ," as he elsewhere calls them, has shown no disposition to hide himself or his ideas in a corner. He has expressed himself fully on every possible occasion, and loudly makes the following claims:

1. That, as to these "pockets and papillæ," "no mention of them can be found in current literature;" though they are described in various works, both old and new.

2. That these little natural irregularities are "lesions," of the most fearful, health-destroying power.

3. That "they always occasion a spasmodic contraction of the sphincter ani."

4. That "their removal is invariably attended by improvement;" though many patients have got worse instead of better under the treatment.

5. He says: "I am now, as I was two years ago, in favor of removing these rectal pockets under all circumstances, and in all cases in which they are found."

6. He remarks: "I look upon these conditions as being the most mischievous of rectal disorders."

7. He emphasizes with italics the following: "*In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that produce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation in the rectum or the orifices of the sexual system.*" He adds in substance as he proceeds, that while piles, fistulæ, etc., do more or less injury, the principal part of all the above-mentioned obstinate diseases of every part of the body are caused by the "pockets and papillæ" of the rectum, and that the snipping of them out is "invariably attended by more or less improvement." Were good old Hahnemann alive, this etiology of one of his followers would make his hair stand on end.

The writer has made some special rectal dissections in this connection, and may have occasion at a future time to show how the peculiar banded arrangement and loose submucous connections of the thin mucous membrane of the part tend to deceive the unwary examiner.

EDMUND ANDREWS, M.D.

6 Sixteenth St., Chicago, May 5, 1887.

GALVANIC DOSAGE.

Dear Sir:—I have no wish to enter into the controversy that seems to be raging between several of your correspondents on the subject of galvanic dosage, but a statement made by Dr. Martin in his article on the "Treatment of Fibroid Tumors of the Uterus by Electrolysis," which appeared in your issue of April 23, is so remarkable as to call for correction in the mere interest of humanity.

Really strong currents are now becoming possible by the use of direct dynamo circuits or of secondary batteries of sufficient electromotive pressure, and should some physician while using them put Dr. Martin's directions about dosage in practice, the result would be most disastrous to the patient. The particular statements referred to, which appear also in Dr. Martin's letter in the same issue, are those in which he claims to have applied currents varying from 250 to 1000 milliampères without unfavorable results, and even as much as 10 ampères (10,000 milliampères) without giving excessive pain. Since Dr. Martin takes occasion to describe a milliampère meter in his paper, which he states to be correct and evidently uses himself, the extraordinary nature of these claims remained a mystery until the last paragraph of the third section of his paper (page 450) was scanned. He there states that his 1000 ma. were obtained from a battery of 115 gravity cells. Such a thing is utterly impossible, for these cells present an internal resistance of at least 10 ohms apiece—more often 13 to 15 ohms. Placing it at 10 ohms, the total internal resistance of the battery of 115 gravity cells would be 1150 ohms, and with the electromotive pressure of each cell taken as one volt (which is rather high) the greatest amount of current