

inject as much as 6 or 8 centigrammes of cocaine or stovaine at a time. In the neuralgic conditions of the sciatic nerve attributed to rheumatism, to cold, or to some diathesis, the question was one of radical cure; whereas in the forms, which appeared to be symptomatic of diseases such as syphilis or malaria, or to be due to compression, the treatment must be merely palliative. Sometimes the tender points of Valleix continued to be painful, but this lingering symptom disappeared in a few weeks after the treatment. In some exceptional cases M. Caussade and M. Queste observed that pain disappeared in the distal portion of the lower limb while persisting in the proximal part of the sciatic nerve. There was also a paradoxical effect which deserved notice—namely, the disappearance of the tender points of Valleix, although the ordinary neuralgic pain continued as before. Among more than 30 patients treated as above described, some of them with large doses of the local anæsthetic, there was only one who suffered from toxic manifestations, the symptoms not being at all serious.

Ambulatory Treatment of Fractures of the Femur.

At a meeting of the Surgical Society held on Dec. 29th, 1909, M. Reynier presented a report on the ambulatory treatment of fractures of the femur by means of an apparatus invented by M. Savariaud. Two patients who had made use of the apparatus in question had been shown by M. Savariaud at a previous meeting of the society; they were able to walk after the second day following the accident and they recovered without either any shortening of the limb, any muscular atrophy, or any stiffness of the joints. In applying the apparatus M. Savariaud first anæsthetised the region of the fracture by means of cocaine. A large anterior splint extending from the fold of the groin to the root of the toes was then placed in position and tarlatan impregnated with plaster was applied to the sides of the limb and so arranged that one strip occupied the inner portion of the fold of the groin, while the other was in contact with the crest of the iliac bone. This compound splint was held together by means of plaster bandages and was allowed to become dry, care being taken during the process of drying to make vigorous traction on the lower portion of the limb. As already mentioned, the patients walked after the second day; for 15 days they went on crutches and afterwards used a cane; the apparatus was removed on the fiftieth day. M. Lucas-Championnière and M. Tuffier said that they were not in favour of appliances which enabled patients to walk at an early stage. In their opinion the surgeon's efforts should be directed principally to the coaptation of the fragments which ought to be held end to end as much as possible and to be truly aligned.

Sporotrichosis Arthritis of the Knee.

A case of sporotrichosis arthritis of the knee was recently shown by M. Moure at a meeting of the Société Médicale des Hôpitaux. The disease began as an ordinary hydrarthrosis and subsequently presented the appearance of tuberculous arthritis, with production of a series of suppurating nodules along the thigh. The sporotrichium *Beurmanni* was discovered in a state of purity in the fluid from the joint and in the pus from the osseous and subcutaneous gummata. Rapid recovery ensued on treatment with iodine.

Treatment of Chilblains.

According to M. Jacquet and M. Jourdanet chilblains are caused by a conflict of multiple irritations. In a communication on this subject read at a meeting of the Academy of Medicine held on Jan. 4th they said that one factor in these irritations was the influence of cold or rather of rapid and repeated alternations of cold and heat, whilst another factor consisted of various organic reflexes. The effect of these causes was that the vascular system of the skin suffered from functional impairment with the production of stasis, erythema, engorgement, and ulceration. In treatment the first consideration was exercise and elevation of the extremities. Very frequently—every hour if possible—the patient, sitting comfortably on the edge of a bed, should raise his arms to their full height for several minutes, at the same time making with his hands, and especially with his fingers, rapid and alternating movements of complete flexion and extension. Similar exercises of elevation and movement were applicable to the feet, the patient being either seated or recumbent. During the intervals between these exercises care should be

taken not to let the hands hang down or swing to and fro, and when there were chilblains on the toes the person should keep as much as possible in the horizontal position with the feet raised. Of course, the extremities should be well protected against cold. After a few days of this treatment the local asphyxia diminished, the doughy condition disappeared, and the stiff and swollen fingers resumed their natural condition. Massage might then with advantage be added to the exercises already described, the best form of it being gradual kneading of the tissues.

Treatment of Tuberculosis by Marmorek's Serum.

M. Letulle has for 14 months been making trials of Marmorek's serum in the treatment of tuberculosis, and at a recent meeting of the Société Médicale des Hôpitaux he gave some details of a successful case. The patient was a man suffering from tuberculous pyrexia with bacilli in his sputum and signs of advanced pulmonary lesions. Everything possible had been done for him in the way of hygienic and dietetic treatment. The giving of the injections was soon followed by phenomena of anaphylaxis and a great rise of temperature, which necessitated discontinuance of the injections. Enemata were then resorted to and in eight months 500 cubic centimetres of serum were administered in this way. The patient's general condition was now considerably improved; he had gained in weight, the pyrexia had quite come to an end, the physical signs showed little change, but the bacilli had entirely disappeared from the sputum.

Jan. 17th.

SWITZERLAND.

(FROM OUR OWN CORRESPONDENT.)

The Medical Curriculum in Switzerland.

AT two special meetings of the Cantonal Society of Medical Practitioners in Zürich, held in December last, and attended by over a hundred medical men, including nearly all the professors of the Medical Faculty of the University of Zürich, some most important discussions with regard to the reorganisation of the medical curriculum took place. The great interest taken in these discussions was evidenced by the fact that the first one lasted for four hours and the second one for seven hours (from 4 to 11 P.M.). At present the medical student devotes a minimum of five half-yearly terms to the study of botany, zoology, chemistry, physics, comparative anatomy, anatomy, and physiology, and a minimum of five terms to the clinical study of medicine. Two things are at present obvious and call for readjustment—namely, that the student is overworked, and that the time devoted to clinical medical studies should be prolonged, if necessary at the expense of the general preclinical subjects. A proposal to eliminate the study of botany, zoology, and comparative anatomy from the medical curriculum was negated by a large majority. An almost unanimous desire, however, was expressed that the preclinical studies should be reduced to four terms. This should be made possible by instituting special courses of lectures for medical students in botany, zoology, and chemistry which should replace the present lengthy courses of general lectures on these subjects. On the other hand, it was thought desirable that the clinical studies, which would thus last six terms, should be increased by one more term to seven, so that the whole medical curriculum could be completed in five and a half years. It must be mentioned here that the majority of students already extend their studies to five and a half and six years. A proposal to add one year to the medical curriculum which the student should employ in practical work as a hospital assistant was negated by a large majority, as this innovation adopted some years ago in Germany had not proved a success. A motion proposing a reduction of the number of foreign medical students (especially Russians) was not passed, as the statistics compiled by the University authorities showed that owing to stricter rules with regard to matriculation, &c., the number of foreign students had greatly decreased. Two years ago there were 178 foreign students of whom 104 were Russian women, as compared with 102 Swiss students. At present, however, the number of foreigners had declined to 68, of whom 24 were women, whereas the number of Swiss medical students has remained almost stationary (99).

Zürich, Jan. 15th.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

Syphilitic Disease of the Hypophysis.

At a recent meeting of the Ophthalmological Society in Vienna Dr. Lauber showed a patient suffering from a condition which has hitherto been observed and recorded only twice. The case was that of a man, 28 years of age, who had become blind a week before admission to the hospital. Examination showed total amaurosis of the left eye with otherwise normal conditions. The right eye had a visual power of 0.9 and was affected with temporal hemianopsia, but was otherwise normal. The patient confessed to having contracted syphilis four years ago. Amongst other symptoms violent headaches and a polyuria of 13 pints in 24 hours were present. X ray examination showed a deepening of the sella turcica, whereupon a diagnosis of syphilitic disease of the hypophysis was arrived at. Daily inunctions with 8 grains (0.5 gramme) of grey ointment were ordered, and after three weeks a distinct improvement appeared. The treatment was continued for three months, a total of 84 inunctions being given, with the result that when the patient was discharged from the hospital his right eye had become normal, the visual power of the left eye was 1.30, and there was temporal hemianopsia, with atrophy of the optic disc. A few weeks later he returned to the hospital because his sight was again affected. After 35 inunctions of grey ointment his symptoms improved again, so that he is practically now in the same condition as when he left the hospital the first time. The diagnosis has not been made on the living patient before, and as already mentioned only two cases have been hitherto recorded.

Refusal of Payment for Notification of Infectious Diseases by Medical Men.

During the debate in the Austrian House of Peers on the new law regulating medical affairs in this country the two medical representatives amongst the peers—namely, Professor Toldt and Professor Ludwig—moved that a fee of 1 krone (10*d.*) should be paid to the medical practitioner for each case of infectious disease notified by him. Hitherto this kind of work was required to be done free of charge. The entire sum necessary to cover the expenses of this innovation would amount to no more than 75,000 kronen or a little over £3000. The two professors endeavoured to show that this recognition of the medical men's work was more of the nature of an ethical appreciation than a real payment, but the suggestion was not accepted. The attitude of the majority of peers towards our profession was clearly illustrated by the remark of one of the members that "the doctor gets paid by his patient, so the State need not be called upon." The important rôle played by the practitioner in preventing the spread of diseases to the house of a labourer as well as to the mansion of the lordly was promptly explained, but without effect. It must be regretted that once more a hope of the general practitioner has been disappointed.

Murderous Attack on a Surgeon.

A sensation has been caused in Vienna by an incident which nearly cost a famous surgeon his life. Professor G. Alexander, the well-known otologist, upon whom the title of extraordinary professor has been quite recently conferred, had operated a few years ago upon a man for a "saddle" nose. The patient, however, did not find the result come up to his expectations, and he therefore had a second operation performed by another surgeon, but with no better success. The dissatisfied patient promptly sued both surgeons for damages on the ground of alleged malpractice, but he was non-suited by the court, and all his subsequent appeals to the higher courts were dismissed. He thereupon manifested mental symptoms of the type of paranoia querulatoria, and quite recently attempted to assassinate Professor Alexander by shooting at him twice at close quarters. Luckily the professor escaped unhurt. The incident illustrates one of the dangers incidental to surgical work, since claims for malpractice have been very often raised of late apparently for blackmailing purposes. It is to be feared that the example set by this patient may find imitators, especially if at the trial the jury brings in a verdict of "Not guilty, because of unsound mind." The English friends of Professor Alexander will be glad to hear of his lucky escape.

Destruction of a Hospital by Subsidence and Inundation.

A most unusual and lamentable occurrence took place quite recently in Raibl, a mining district south of Vienna, where there are extensive deposits of coal and metallic ores. Owing to the excavations there had been subsidences of the surface in several places, and a few days ago a small hospital belonging to a mining company, and standing within the threatened area, was observed suddenly to shift its position, after which it disappeared all at once in a chasm and a few minutes later the entire mass of débris and rock was covered by water. No patients happened to be in the hospital at the time, but the medical officer, his family, and the hospital attendants all perished.

The Use of Light in the Treatment of Tuberculosis.

The Austrian Society for the Prevention of Tuberculosis has been making arrangements for the purpose of obtaining accommodation for tuberculous patients in certain mountain villages, where the climatic conditions permit patients of this kind to remain during winter. Thus in the Tyrolese mountains, in Gries, Bozen, Meran, and also in the vicinity of Vienna, at the Semmering mountain range children will be accepted for the so-called light cure as practised in Leysin and reported upon by Dr. Monti. The ultra-violet rays, whether coming direct from the sun or reflected from the snow, are believed to produce a marked effect upon tuberculous conditions which are not too far advanced, and it is stated that the children in the colony of Leysin have been benefited in a degree that justifies imitation of the methods followed in that institution. The children to be sent to the new colonies are selected from the inmates of the children's hospitals, all those showing pyrexia being rejected.

Jan. 17th.

CANADA.

(FROM OUR OWN CORRESPONDENT.)

The Water-supply of Toronto.

It has been decided that the water-supply of Toronto is to be filtered by means of the slow sand filtration process. This decision has given a certain amount of dissatisfaction to some of the citizens who are in favour of ozonisation by the agency of electricity. In Lindsay, a small town of Ontario, there has been installed recently an electric filtration plant to purify the town's water-supply. The principle of the system now in vogue in Lindsay is said to be the same as that of the plants employed in several German and French towns. The process of purifying the water in Lindsay is a modification of what is known as the Siemens Schuchert ozone system. The supporters of this system in Toronto and in Lindsay insist that as a method of water purification it is far superior in efficiency to any, and that it is also the cheapest process known. Erlwein, who is the chief electro-chemist at the Siemens Schuchert works in Berlin, has estimated that with a large plant the cost might be as low as about $\frac{1}{2}$ cent, less than $\frac{1}{2}$ *d.*, per 1000 gallons. At the Fourteenth International Congress of Hygiene and Demography, held in Berlin in 1907, a discussion on the ozone purification of water was initiated by French delegates, and the method was thus commented on by THE LANCET representative: "It is sharply distinguished as being a sterilising and not a clarifying process, and its use presupposes that the water is practically free from suspended organic matter." In a few words, ozonisation of water by electricity is mainly a sterilising process, and as such stated by good authorities to be an extremely efficient one. But before it undergoes this process it must be filtered, through sand or otherwise, to eliminate all solid matter. The fact, however, that ozone does destroy some organic matter is seen in the change which takes place in dark-coloured waters to a greenish-blue. The Toronto Board of Health and its upholders contend that the ozonisation of water has not been tested for a sufficiently long period nor on a large enough scale to warrant its substitution for the slow sand filtration process, which has proved its value by many years of use in large cities and small towns in all parts of the world.

Pollution of the Niagara River at Niagara Falls.

At a meeting of the New York State sanitary officers held recently in Rochester, N. Y., Professor W. T. Sedgwick of the