Maccall's experience as the one most nearly approaching the truth. Cases which only come once to the hospital during the first week of the disease become classed with those which have no ulcer, although many of them no doubt have it developed later; indeed, as a matter of fact, the ulcer does not appear until the paroxysmal stage has existed for some days. The average length of attendance at the hospital of those having the ulcer was 6.5 weeks; but, among those not having it, it was 4.8 weeks.

The following table shows the numbers having the ulcer at different ages.

During first year ..	No. having Ulcers.	
.. .. .	..	0 out of 10
.. second year ..	..	4 " 14
.. third year ..	..	7 " 16
.. fourth year ..	..	5 " 14
.. fifth year ..	..	7 " 15
.. sixth year ..	..	2 " 5
.. seventh year ..	..	2 " 8
.. eighth year ..	..	0 " 2

Among the 84 cases, 45 were females and 39 males, and the ulcer of the frænum was present in 16 out of the 45 females, and in 11 out of the 39 males.

From the foregoing table it would appear, that the third, fourth, and fifth years are the ones during which the ulcer most frequently occurs.

That the cause of the ulceration is due entirely to the friction of the soft parts against the teeth I have myself little doubt, and can entirely indorse what Dr. Maccall says on this point. I have never seen the ulcer in a child before the lower incisors were cut, and, in two cases, where the lower incisors had entirely disappeared in children of three or four years respectively, the ulcer never appeared, although repeatedly looked for.

The manner in which children cough is a very important point in the production of the ulcer. Some children instinctively protrude their tongues as far as possible—especially is this the case in those of three or four years old, in whom the pharynx is small; but with older children the necessity for the protrusion of the tongue is not so urgent, and they have also, in one sense, a greater command over it; hence, in these latter, the ulcer is not so frequently formed. The time, also, at which the ulcer usually first appears, viz., during the second and third weeks, and its coincident disappearance with the spasmodic stage, is exactly what the mechanical theory requires.

Perhaps the inflamed and swollen orifices of Wharton's ducts, opening as they do on each side of the frænum near the central line, have been mistaken for the commencement of a follicular ulcer; but this condition, I take it, results also from mechanical irritation. That the symptom is an important diagnostic one I think all are agreed, and its simple explanation does not detract one whit from its value.

THE TREATMENT OF ANKYLOSIS OF THE KNEE.

By SAMPSON GAMGEE, F.R.S.E.,

Surgeon to the Queen's Hospital, Birmingham; Fellow of the Royal Society of Edinburgh, of the Society of Surgery of Paris, and of the Academy of Medicine of Rome.

In consultation with Mr. E. P. Turner, I was requested on the 4th inst. to visit a delicate youth, aged 15, whose left knee had been immovable for many months. The leg was at a right angle with the thigh, and the head of the tibia slightly displaced backwards. The joint could not be moved in any direction. Two days afterwards, while the patient was under ether, I attempted forcible extension, with the only effect, at first, of making very tight all the tendinous structures about the joint. With a tenotome I successively divided all the hamstrings, including the ilio-femoral ligament, and, with the assistance of Mr. Turner and my dresser Mr. E. Johnston, at once straightened the limb. To judge from the force employed, and from the successive loud cracks, the adhesions must have been in great part bony. The joint was wrapped in cotton-wool, and a plaster of Paris case applied. I did not interfere until the tenth day, when we found the wounds all healed, and the straightened knee cool and painless.

This plan of treatment, with the occasional addition of section of the rectus femoris, is one which I have repeatedly adopted in similar cases, since I first saw it practised at Naples in 1852 by my distinguished friend Senator Professor Palasciano.* As a general proposi-

* *Memorie ed Osservazioni di Chirurgia pratica sulle Anchilosi* del Dr. F. Palasciano. Un volume con dieci figure incise in rame. Napoli, Stabilimento Tipografico di G. Gléja. See also *Rapporto sul Metodo di Cura delle Anchilosi del Ginocchio del Dottor Palasciano fatto da una Commissione dell' Accademia Medico-Chirurgica di Napoli. Rendiconto dell' Accademia*, tom. v. Febbrajo, 1851.

tion, it may be safely laid down—that forcible extension of ankylosed joints, immediately after subcutaneous division of contracted muscles and tendons, is a method of treatment which admits of much wider application than it has yet received.

THE OMISSION OF SODA-SALTS AND ALCOHOL IN THE TREATMENT OF GOUT AND RHEUMATIC GOUT.

By JOSEPH DREW, M.B.Lond., Beckenham.

THE following observations in the treatment of gout and rheumatic gout are given by one who has suffered much during the past twenty years from these diseases; and since, by the measures adopted, he has been free from any attack for more than a year, not to mention the great improvement in general health both of mind and body, he hopes some of the readers of the BRITISH MEDICAL JOURNAL may be induced to test on their patients, or on themselves if necessary, the decided efficacy of the treatment recommended.

The writer, born of parents free from gout, was seized with his first attack in the right ankle-joint at the age of thirty, and then suffered recurrences, at unequal intervals, in the right or left great toe and foot. As time passed on, the disease returned more frequently, until in some seasons it appeared as though the *materies morbi* was formed as fast as it was eliminated; and it became evident that a constitution otherwise healthy, although perhaps never one of the strongest, was fast losing its powers of life.

It will not be necessary to give the preceding and accompanying symptoms of each paroxysm, as they have been so truly and eloquently described by Watson and other classical medical writers; but one sign is unique according to the reporter's experience, and probably deserves a note in the history of this troublesome complaint. As soon as an attack became imminent, sudden congestion of the glottis and larynx occurred, with necessarily difficult breathing. If sleep supervened only for a few minutes, inspiration became so noisy (chiefly whistling) that it awoke the patient and alarmed the attendants. This disagreeable symptom continued until local inflammation was established in either foot, and the mucous membrane, relieved by derivation, was allowed to resume its proper function.

As in most cases of gout, rheumatism soon came to assist in the crippling process; the hands became so stiff and the joints so prominent, that the fist could with difficulty be closed, or a firm grip given. There was not only interstitial extravasation of urate of soda, but also considerable thickening of the phalangeal bones from repeated periarthritis.

Neither will it be necessary to report all the remedies taken during this long period, for a man who can truly say, "*in hæc re, plus scio quam vellem*," would be sure to try every agent that had ever been recommended or suggested.

And now the interest of the case begins, for the resolution was taken to give up completely the use of every alcoholic beverage. In former years, malt liquor had been relinquished, and with good results for a time; then wines too were added to the list; and last of all, in August 1877, spirits were suddenly and entirely banished. After a week or two of purgatory, the good work began, and has continued without intermission up to the present moment; so that the patient not only has been free from any attack of gout, but has felt and still feels better in himself than he has been for the long period of twenty years or more.

After waiting patiently for all that recuperation which the *vis insita natura* was able to accomplish, there still remained the stiffness of the hands and the periosteal thickening of the phalanges, which nature, unassisted, could not entirely overcome. Suddenly, about five weeks ago, whilst eating a morsel bountifully seasoned with salt, the thought occurred, "Can chloride of sodium be right for a gouty system, when cakes or biscuits or tea made with soda, or even soda-water (when containing that alkali), will produce an attack of this disease?" Certainly not, theoretically; for an atom of oxygen united with the sodium will present to the uric acid of the blood the worst poison it could possibly encounter.

The idea once started, it was, of course, immediately carried into practice, and chloride of sodium was placed in the *Index Expurgatorius*. Salt was omitted as an article of diet, not merely as a condiment, but avoided in salted meat or any other suspected comestible. The result in four or five weeks has been astonishing: most of the stiffness has passed away; rings that had been laid aside can be worn; and the phalangeal bones have almost returned to their primitive size and shape.