the excised portions; that continuous sutures were employed; and that catgut was used instead of silk. The mucous membrane was also left unstitched. While clamps are strongly recommended by Kocher and other surgeons, and while I might not hesitate to employ them where there was difficulty in approximating the incised portion of intestine, I think I have seen paralysis, with consequent delay in healing, induced by their use. That the continuous suture is alone permissible I have no doubt whatever, as it is rapidly applied, and is much more likely to induce perfect approximation than the interrupted. I used the ordinary catgut, which I have always prepared, to resist the action of the tissues for three weeks, and I am of opinion that leakage from stitch abscess is less likely to follow with gut than with silk.

In conclusion, I would suggest that rapidity of operation—in this case sixty minutes—contributes enormously towards a successful result. This is another advantage of the continuous stitch. The diminution of shock by a rapid operation, with the small amount of chloroform absorbed, renders the patient less liable to post-operative sickness and its attendant complications.

VALERIANATE OF ZINC IN HAY FEVER.

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THE following notes of a case of typical hay fever, in which the administration of valerianate of zinc was followed by a cure, to all intents and purposes, may prove interesting.

The patient, a strong, healthy young man, aged 32, a chartered accountant and stockbroker, consulted me early in 1893, when I learned that he first suffered from symptoms of the disease when he was 16 years of age, and that ever since then he had suffered regularly every summer, with greater or less severity according to the weather. The attacks began about the middle of June, and lasted about three weeks or a month, the duration of the seizures depending on the dryness of the summer. The patient, a most intelligent and observant man, has studied the whole matter very thoroughly, and is of opinion that the cause of the trouble in his own case is the emanations from grasses, and especially hay, when seeding.

Sometimes the attacks were so severe as to incapacitate him for business, and to necessitate confinement within doors. When at the seaside or in town there were never any symptoms or signs of the disease. He has two business offices, one in a large commercial city in Scotland, and the other in a large town some seven miles distant. Between these two places he has to travel at least twice a day. The country through which the railway runs consists mainly of fields, many of which in summer time contain hay, grasses, etc. It has frequently happened that he has left one station feeling perfectly well, but has had an attack in the train when passing the fields, which has disappeared when he reached the other station.

Unfortunately, I have never had an opportunity of examining this patient's throat and nose. Prior to the employment of the treatment I suggested, the only remedies used were local. These sometimes relieved the symptoms, but only for a very short time. Several medical men were consulted, and they advised him to be near the sea during the usual time of the attack. No internal medication was advised.

There is a history of nervous affections in the family, and the patient himself is distinctly neurotic. It was this which led me to prescribe valerianate of zinc as a nerve tonic to "brace up" an unstable nervous system.

Early in 1893, I prescribed for my patient as follows: 1. Valerianate of zinc pills, 3 grains in each; one pill to be taken three times a day after meals; to be commenced a full month before the onset of the attack was expected, and to be continued for at least a month after the usual time of onset. 2. As local palliative measures, if required: (a) a 5 per cent. watery solution of hydrochlorate of cocaine, to be used as a spray to the nose and throat; and (b) a snuff composed of bismuth, morphine, etc.

In the summer of 1893 he wrote: "I took the pills but I also kept at the seaside during the time I usually had the trouble, so I could not say positively whether it was due to

your prescription or to the precaution I took of being near the sea that I had almost no hay fever."

On August 20th, 1894, he wrote thus: "I promised to let you know how I fared this summer with my annual enemy, hay fever. I took the pills as directed and used no other remedy whatever, with the result that I had scarcely even an indication of the disease. This year I did not go near the seaside, and the result has been as I have stated. This leaves no doubt in my mind that the pills are a positive preventive of the disease, at least so far as I am concerned."

I received another letter from him on July 24th, 1895, from which I quote the following: "I am very glad to be able to report that I had almost no trouble with the hay fever fiend this summer. Only one day for an hour or so I had some of the symptoms. You must remember, too, that this summer has been a specially trying one for those troubled with the disease, the hot dry weather favouring a development of the symptoms. There is no doubt whatever that the pills are a certain preventive" (in this particular case).

A BULLOUS ERUPTION FOLLOWING THE ADMINISTRATION OF ARSENIC.

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A LADY, aged 48, rather delicate and anæmic, consulted me on May 14th, 1894, on account of sacral pain and debility. I prescribed a mixture containing ferri et ammon. cit. gr. vii, liq. arsen. $\mathfrak{m}$ v, potass. iodid. gr. vi, sp. chloroform. $\mathfrak{m}$ v, to be taken three times a day.

On May 21st I was called to visit her on account of an eruption on her hands. There was some general œdema of both hands, with redness; and on the palms and fingers were numerous small deeply imbedded vesicles. The eruption was preceded by, and associated with, sensations of irritation and tingling, which became almost intolerable, and prevented sleep. The first symptom had been noticed two days before I visited her, that is, four days after commencing to take the mixture above mentioned. During the next week the vesicles enlarged and coalesced, forming bullæ, some of them three-quarters of an inch in diameter. Some of these ruptured spontaneously; others were opened with scissors; the contents of the vesicles and bullæ never became purulent, but consisted of an almost clear serous fluid. In the course of about three weeks the skin of the parts affected was exfoliated or cut off. The new red skin was dry from the first, never discharging like an eczematous surface. The patient was completely unable to use the hands for nearly a month, but at the end of that time they were practically well, except for slight tenderness and stiffness. The eruption affected the whole palmar surface of both hands; and the fingers were affected on the dorsal surface of the last two phalanges, as well as on their sides and their whole palmar surfaces.

When first consulted about this eruption I considered the question of its possible causation by the arsenic or iodide which had been given. The definite and limited symmetrical distribution of the lesion seemed against this view of the case. Moreover, there was the history of an exactly similar eruption about two years previously, which was attributed to anæmia, etc. Thus I came to the conclusion that the drugs given could not have caused this attack. I had never seen any eruption like it; but on consulting Crocker's *Diseases of the Skin* it appeared to me that the rare disease described there under the name of "pompholyx" corresponded in almost every particular with the appearances observed. The character and distribution of the eruption, and further, the fact of recurrence, were all in agreement with the view that the case was to be placed under this heading. Accordingly I diagnosed the case as one of pompholyx, and ventured to predict to my patient that the attack would probably recur.

On March 27th, 1895, I prescribed for the same patient a mixture containing liq. arsen. $\mathfrak{m}$ iij, potass. iodid. gr. v, sp. chloroform. $\mathfrak{m}$ iv, to be taken three times a day. She was then convalescent after an attack of typhilitis, and was complaining of shifting "rheumatic" pains. Four days later I was again called to see her on account of a similar attack to the one already described. The hands were in precisely the same