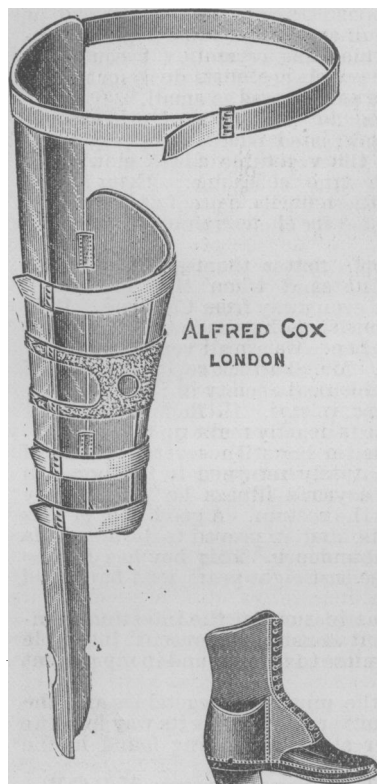


The splints are kept in their place by webbing straps and bandages and by the pocket on the boot, while correction of the deformity is effected by tightening the knee cap and thus pulling the knee outwards.



The pocket on the boot fulfils an important office in the ambulatory treatment. It is formed by a piece of leather sewn on to the outer side of the upper of the boot, and receives and protects the lower end of the long splint, and prevents its displacement forwards, which is very likely to occur without this protection, and then renders the appliance useless.

Children speedily become used to the splints and run about actively with stiff knees, and if the woodwork and straps are made of a dark hue they are not conspicuously unsightly. If it is desired, as usual, to maintain correction at night the same splints are applied, of course, without the boot. By these means the same results can be attained as by the use of "irons" and splints combined; with considerable saving of cost and weight.

I do not claim that there is anything novel in this method except perhaps the boot pocket;

but, having used it for some years and proved its usefulness, I find from inquiries that have been made of me that it is not widely known as regards important details, and I hope that its publication in the BRITISH MEDICAL JOURNAL may be of use to practitioners.

A POLYPOID EXCRESCENCE OF THE TONSIL.

By EUGENE S. YONGE, M.D.,

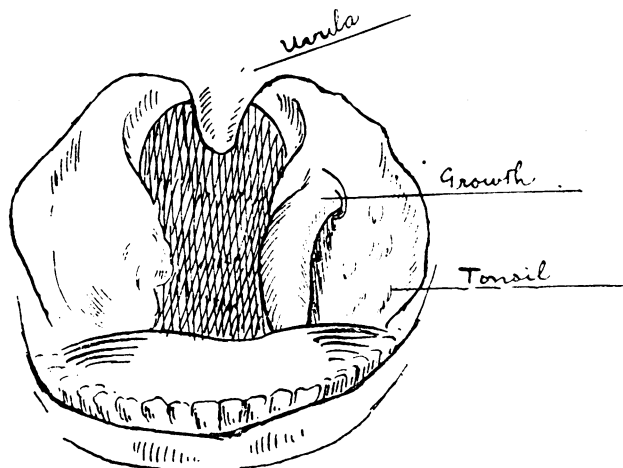
Honorary Assistant Physician, Manchester Hospital for Consumption and Diseases of the Throat.

THE rare occurrence of polypoid outgrowths bearing the characters described below, and springing from the tonsil, and the liability of such excrescences to be mistaken clinically for benign neoplasms of that gland, led me to think that the record of an example may possibly prove of some interest.

The patient was a girl, aged 18, who came under my care, at the Manchester Hospital for Consumption and Diseases of the Throat, complaining of recurrent attacks of sore throat. Both tonsils were found to be moderately hypertrophied, and to the upper and anterior surface of the left tonsil a smooth, pinkish, elongated, mobile structure was seen to be attached (see drawing). It lay close to the tonsil, and its tip was hidden by the upper surface of the tongue. The outgrowth, together with a portion of the tonsil, was removed by the guillotine.

On microscopic examination the structure was found to be covered by epithelium, which was squamous on the surface and cylindrical in its deeper layers, and which consequently was similar to the epithelium covering the tonsil. The main portion of the growth was composed of lymphoid tissue, arranged practically as in the tonsil, but in addition there were a large number of dilated lymph vessels.

The pathogenesis of the condition appears to have been that a portion of the follicular tissue of the tonsil developed a precociousness, in the direction of overgrowth, which was not shared by the remainder of the gland, although the whole



Polypoid growth of tonsil.

organ was in process of hypertrophy. The extruded portion, being helped in its exodus by the action of the faucial muscles, finally assumed a pedunculated form, and owing to the constriction at its base the lymph vessels became much dilated—to such an extent indeed that the condition might be designated a lymph-angioma of the tonsil.

I am much indebted to Professor Delépine, of Owens College, Victoria University, for his kindness in examining the outgrowth and for giving me his opinion as to its nature.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

THE TREATMENT OF DYSENTERY.

IN view of the varying methods of treatment of dysentery proposed during the recent correspondence on this subject, may I be allowed to refer to or revive one or two expedients—which have been found valuable by myself at least—in the amœbic variety of the disease?

I am unaware if local treatment is in any degree largely resorted to, but while doubtless some of the newer astringents might be adopted with an equal advantage, douches every four hours of a solution of tannic acid ʒss to a pint of warm water have been found of great use in rapidly diminishing the number of the evacuations and speedily mitigating the distressing tenesmus. Hot hip baths have value in relieving the hypogastric discomfort and local smarting. They may be resorted to before the douche is practised. The ordinary indiarubber syringe can be used where a douche or enteroclysm is unavailable. This, with perhaps a little opium by the mouth, rest in bed, and a strictly milky diet should comprise a routine which, in the lighter forms of the malady, affords prompt and permanent relief.

Sorrento, Italy.

H. B. TREHANE SYMONS.

WOUND PRODUCED BY EXPLOSION OF A "SPARKLET."

THE following case illustrates the great explosive properties of the soda-water sparklet so much used in South Africa. During Lord Roberts's march through the Ventersburg district of the Orange River Colony, a Boer girl, aged 12, found what she took to be a cartridge, but which was in reality an ordinary sparklet, and in trying to open it with a sharp nail