

five, or even ten grains, five times daily, if necessary to produce the desired effects. He prefers caffeine to any of its salts. Dr. Fenwick (*LANCET*) in a paper on "Venesection in Heart Disease" says he is convinced that in valvular stenosis great benefit is to be derived from occasional blood-letting, if dyspnoea, pain, or urgent symptoms be present; also in cases of valvular incompetency if urgent dyspnoea, or cyanosis exist; and in cases of acute pericarditis or endocarditis. In *Wien Med. Woch.*, Dr. Benyan recommends the use of iodoform in the treatment of diphtheria. He applies it locally in powder, pure, to the patches of membrane with a camel's hair pencil every two hours.

In the field of surgery, general and orthopædic, much valuable and important work has been accomplished. Nerve stretching in cases of locomotor ataxia, obstinate cases of sciatica, neuralgia, etc., which is still on its trial has been practiced frequently during the past year, but the results have been far from uniform in favor of the procedure. In some instances fatal results have followed the operation. Sponge-grafting has received attention from Dr. Hamilton (*Edin. Med. Jour.*). Noticing carefully the part played by a blood-clot or fibrinous exudation in the healing of a wound, as compared with the process of vascularization on a granulating surface, it occurred to him that if he could employ some dead porous animal tissue it would in course of time become vascularized and replaced by cicatricial tissue. He therefore introduced small pieces of clean sponge, in a wound under treatment. The sponge was prepared by washing out the calcareous matter by means of dilute nitromuriatic acid, and subsequently washing in liquor potassæ and carbolic acid solution 1 to 10. After a time the interstices of the sponge were filled with organizing tissue, and as soon as it became vascular the epithelium spread over it and the healing process was gradually completed. In intractable cases of club-foot, Mr. Davy, of London, removed a wedge-shaped portion of the tarsal arch by means of a fine saw, the wedge in most cases including a portion of the astragalus, os calcis, cuboid, and scaphoid bones. Although it seems a somewhat severe operation, the results obtained by Mr. Davy would seem to warrant the procedure in certain intractable cases in patients not too young. Bony union results, but even should that fail, fibrous union would suffice. Dr. Phelps, of Chateaugay,

N.Y., recommends a new operation for club-foot, which consists in dividing *all* the resisting tissues across the sole of the foot down to the bones, and leaving the wound open, to heal by granulation. He claims very good results by this treatment, but it seems entirely too severe, and is not likely to find many advocates.

Several cases of gastrostomy have been recorded during the year. Most surgeons recommend stitching the stomach to the abdominal wall and leaving it thus for four or five days before opening, while Dr. Kraske (*Centralblatt*), on the other hand, advises immediate opening, on the ground that there is danger of the contents of the stomach escaping through the stitch punctures and exciting peritonitis. Prolapsus ani has been successfully treated by M. Vidal, by means of injections of ergotine into the protruding parts. He recommends this plan in long-standing cases, and says a cure may be expected in a few weeks. Mr. Haward (*Clin. Society, London*), reports a case of splenectomy for enlargement. The operation was most successfully and skilfully performed, but the patient, while the wound was being closed, showed signs of collapse, but was revived by artificial respiration, and subcutaneous injection of ether. Five hours after the operation vomiting commenced and she died the same evening. Mr. Marshall (*Lancet*); has performed an *unsuccessful* operation for excision of cancerous stricture of the descending colon, which he terms "colectomy," to designate the operation. The diseased mass which was removed with a piece of the intestine, was about one inch and a quarter long. Mr. Bryant has also performed a very successful operation for the removal of an annular stricture of the descending colon. The operation was the ordinary one for colotomy. This operation Mr. Bryant states was the first of the kind done in England. Mr. Harrison, of Liverpool, (*Lancet*), describes a new operation for the radical cure of varicocele. He exposes the cord by an incision about an inch in length, and separates the veins which are each tied in two places by a catgut ligature. To the small veins about the epididymis he applies the thermo-cautery. Dr. Sidney, (*Lancet*), recommends the subcutaneous application of ligatures to the veins when required in the treatment of varicocele, varicose veins of the leg, etc. Three antiseptic agents have been introduced into surgery, viz., glyceroborates of calcium and sodium,