

limb is tied off about four fingers' breadth above and below the middle joint with a soft bandage; then (in the arm) the median vein is exposed, its blood further expressed, and 100 cc. of a  $\frac{1}{4}$  per cent. solution of novocain injected. Anaesthesia is immediate and suffices for the resection of the joint. After the operation the whole limb below the upper bandage is absolutely analgetic, although not always anæsthetic. In the leg the saphenous vein is chosen, and for resection 150 cc. of novocain solution are injected. Amputations and sequestrotomies are also quite possible.

For fear of intoxication the blood must be allowed into the limb only gradually; first, the lower bandage is removed; then the upper is gradually loosened until bleeding begins, then tightened while the wound is sutured. The anaesthesia disappears within a few moments after removing the upper bandage.

Hochenegg, of Vienna, demonstrated a cured case of pituitary tumour. The patient was the subject of acromegaly; the tumour was removed by the nasal route with a temporary resection of the frontal sinus. After chiselling through the body of the sphenoid he was able to scoop out the hypophysis, enlarged to about three times its normal size. Three weeks after operation there was great improvement in the headache, which eventually disappeared; vision was improved; and the acromegalic phenomena were beginning to disappear. As early as the tenth day after operation it was observed that the hands were smaller and the fist could be closed. Upon discharge of the patient it was found that his boots had become much too large, so much so that he had to put on three pairs of stockings.

Borchardt, of Berlin, demonstrated two cases of cerebello-pontine angle tumours, in which the tumour had been successfully removed. Up to the present he has operated on seven of these cases, four of which have been successful.

Küttner, of Breslau, reports eighteen intrathoracic operations, nine times by Sauerbruch's method of plus pressure and nine times by Brauer's method of minus pressure. The majority were tumours of the chest wall. There were also such cases as gunshot wounds of the lung, bronchiectasis, lung fistula, and two primary lung cancers, with one carcinoma of the œsophagus in the thoracic portion. Küttner believes the method is a decided step in advance. Physiologically both methods are of equal value, but he considers the method of plus pressure more convenient and pleasant for the operator.

Graff, of Bonn, demonstrated a case of *pseudo-leukæmia infantum* cured by extirpation of the spleen. The child at operation was fifteen