

TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR.

C. E. Thompson, Scranton, concludes that the teachings and writings of surgical authors have been rather discouraging to the general practitioner on this subject.

That in all cases of fractured femoral neck, firm bony union and useful limbs may be anticipated.

That age is not a counter indication to treatment nor to obtaining bony union.

That the patient is best treated by reducing the fracture and immobilizing it.

That this is best accomplished under anesthesia and by the use of the plaster-of-paris spica.

That the immobilization should be continued for a long time, and three months should elapse before allowing weight on the limb.

The Buck's extension with weight and pulley is not sufficient immobilization to obtain bony union.

That the use of apparatus in these cases is expensive hard to obtain when needed, not so efficient in immobilization, and less convenient for the patient and nurse than plaster-of-paris spica.

That the operative treatment in old and neglected cases has succeeded beyond all expectations and deserves a place in surgery among the radical cures for troublesome conditions.

That the patients who usually suffer from the accident being old and enfeebled is a good reason why the physician should make their declining years as peaceful and pleasant as possible.—*Four. A. M. A.—St. Louis Med. Rev.*

ADRENALIN, THE NEW HEMOSTATIC.

By DR. ENRIQUE LOPEZ, Havana, Cuba.

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I have used the solution of adrenalin chloride, 1 : 1000, in operations, and I have also applied it variously in my ophthalmologic clinic. For the use of patients at home I prescribe a solution having the strength of 1 : 5000.

I have used it for differentiating doubtful cases of iritis and sclerotitis ; sometimes the inflammation slowly disappeared under the application of the solution. In cases of congestive disorders of the eyes I have prescribed a collyrium of adrenalin chloride, of the strength of 1 in 5000, to be