I am heterodox enough to flex the arm to a right angle and let the patient wear it in a sling, and the result is as satisfactory as if a front straight splint were applied for a month.—*Brit. Med. Journal.*

OBTURATOR HERNIA.—Very interesting statistics on this rare affection are to be found in a pamphlet on "Hernia" by Dr. B. Schmidt, published in 1882 as part of Pitha and Billroth's well-known series. The cases where obturator hernia has been diagnosed during life are reduced to twenty-five; of these, seventeen were subjected to operation, eight were relieved by taxis, but only five altogether were saved by the two methods of treatment. Dr. Hasselwander of Hausham, in Bavaria, records in the *Aerztliches Intelligenzblatt* a successful case of operation for strangulated obturator hernia. The patient, a country-woman, aged 65, had suffered for three days from colicky pains, constipation, and flatulence. On two occasions, she had been seized with vomiting. Her appetite was bad, and she felt pain in the left foot.

When first examined, her face showed an anxious expression, her tongue was furred, her body emaciated, and her urine was highly albuminous. The abdomen was distended with flatus. No hernia could at first be detected. There were itching sensations in the left thigh, and numbness in the entire extremity. On closer examination, the depression, plainly marked on the right side, over the adductor longus in Scarpa's triangle, was almost effaced on the left, where the same region was painful on pressure. On deep palpation, an indistinctly circumscribed hard smooth swelling was found on the inner side of the femoral vessels, over the adductor longus. On vaginal examination, fulness could be detected within the left side of the pelvis. Partial reduction was effected; but the symptoms became very serious a few days later, so that an operation at length had to be performed. The adductor longus was laid bare by an incision extending from below the pubes for three inches along the line of its outer border. That muscle was then cleared of the cellular tissue lying in its anterior aspect, and drawn inwards. The fibres of the middle part of the pectineus were divided, and a well-circumscribed swelling was in this manner exposed. The existence of hernia being now certain, the entire incision was enlarged, upon which very troublesome venous hæmorrhage occurred, and it proved difficult to control throughout the remainder of the operation. The external pubic arteries were drawn aside. The swelling was about the size of a pigeon's egg, and very tense; but it fluctuated slightly on pressure. Its surface was of a purple colour. Some strong adhesions were separated by the fingers. By the aid of blunt instruments used with great precaution, the sac of the hernia was opened; its outer layer was aponeurotic; its inner coat consisted of a thick œdematous tissue, easily lacerated. There was no fluid in the sac, and the intestine lay immediately against its inner wall. On widening the incision in the sac by laceration till it became of a sufficient width, the intestine was found to be deeply congested and very tense. The finger was then passed into the neck of the sac, very sharply constricted by the border of the obturator foramen and the ligamentous tissue in the neighbourhood of that region. Incisions were made in the inner and lower borders of the neck of the sac, by means of a straight probe-pointed bistoury. The intestine was then carefully replaced. Only the end of the little finger could be passed into the foramen. The venous hæmorrhage, the depth of the incision, and the lateness of the hour at which the operation was performed, apparently without the aid of any artificial illumination, made the operation very difficult. The wound was covered with an antiseptic plug. The patient passed a motion in the night, and was henceforth relieved from all intestinal troubles, though convalescence was prolonged through suppuration of the wound, the result of the damage done to the cellular tissue in Scarpa's triangle, and its extensive infiltration with venous blood. The patient at the end of six weeks was completely restored to health.—*Brit. Med. Jnl.*

BILLROTH'S IODOFORM DRESSINGS.—Iodoform is employed:

(*a*) As a powder sprinkled over wounds, as upon the perineum, by means of Dr. Wölfler's iodoform duster.

(*b*) As gauze, which may be either (*a'*) dry, "hydrophile," or (*b'*) adhesive. For the preparation of hydrophile iodoform gauze (*a'*), a coarse, unbleached muslin, which has been deprived of its fatty particles, is placed in a basin, washed with carbolic acid, and is sprinkled with iodoform in form of powder