

on the right side from disease of the right ear, and 12 on the left from disease of the left ear, and in one case there was abscess on both sides following disease of both ears. Similarly, of 61 cases of thrombosis of the lateral sinus, 35 were met on the right side and 26 on the left. Of 23 cases of meningitis from ear disease, 17 affected the right side and 3 the left. Adding these together, we have a total of 115 cases, of which 70 were on the right side, 44 on the left side, and 1 bilateral. Korner traces the greater frequency on the right side to the fact that the groove for the lateral sinus passes further forwards and outwards into the petrous and mastoid bones on the right than on the left side. The bony wall separating the sinus from the mastoid antrum is therefore thinner on the right side. Added to this is the fact that in brachycephalic skulls the anterior cerebral fossa is considerably nearer the mastoid antrum than in the dolichocephalic. In the former, cerebral complications of ear disease more readily ensue than in the latter.—*Deutsche Med. Zeitung.*

ACETANILID AND ANTIFEBRIN.—The *Journal* has several times called the attention of its readers to the fact that antifebrin and acetanilid are identical chemical products. Then why should physicians continue, as some of them do, to prescribe the "proprietary" antifebrin, which costs at wholesale twenty-five cents per ounce, while the non-proprietary acetanilid costs but seventy-five cents per pound, or not quite five cents per ounce. *Notes on new Remedies*, published by Lehn & Fink of New York, points out the fact that the German government does not protect the manufacturer of "antifebrin," and that his product is sold in that country at about thirty-five cents per ounce, which would make the price here—freight and duty added—fifty cents per ounce. The moral of this is that American physicians should always prescribe the non-proprietary acetanilid.—*Indiana Medical Journal.*

FOREIGN BODY IN THE BRAIN.—The following case was recently the subject of a coroner's inquest:—W. R., aged 38, came to the hospital complaining of weak-

ness and shortness of breath. It was found that there was œdema of the legs and albuminuria, and patient was admitted. On further examination he was discovered to have extensive phthisis of both apices. He gave a history of an old injury to the head, for which he was treated as an in-patient at St. Bartholomew's Hospital. He had not suffered from headache, vomiting, fits, or any other cerebral symptoms. Ophthalmoscopic examination showed that the fundus was normal in both eyes. There was slight alcoholic tremor of the hands. At the *post-mortem* examination, on opening the skull, a portion of the blade of a penknife, about three-quarters of an inch in length, was found impacted in the left temporal bone, passing down into the fissure between the middle and inferior frontal convolutions, to which its plane was parallel. The dura mater was thickened around the site of puncture. There was no injury to cerebral tissue. On examining the outer table the point of entry was found to be covered with scar tissue. There was an old, pale cicatrix on the scalp.

THE DRY METHOD OF OPERATING.—Dr. W. W. Van Arsdale, in the *Annals of Surgery*, describes a dry method of operating as practiced by Dr. Landerer, of Leipsic, and reported by him in a paper before the late Congress of Surgeons in Berlin. The method consists in not allowing a drop of fluid of any kind to come in contact with the wound during the operation. The hands of the operator and the field of operation are cleansed first with soap and water and then with a 1-2000 solution of sublimate in alcohol. As soon as the first incision is made no more fluid is allowed to come in contact with the wound. Sponging is done with pieces of sublimated (absorbent) gauze, and all parts are kept tamponed with it, except at the point where the surgeon is working. Hemorrhage is much lessened by this method; hardly any vessels in the muscles require ligation. As soon as the operation is finished and the larger arteries are tied, the wound is to be kept tamponed for a few minutes with gauze, after which it presents absolutely dry surfaces, and is in excellent