4. Many of these patients could be saved by excising the joint when a decided second stage of hip disease has been reached. Excision is best performed by severing the femur above the trochanter, clearing ont the acetabulum, and maintaining the opposing bones so far apart that their surfaces can resume a healthy condition and the aperture be filled up with fibrous tissue. By this means an excellent false joint if formed, or, if the adhesions become too firm, a good stiff joint.

5. That the advent of the stage of this disease suitable for excision is indicated by repeated formations of abscesses around the joints.

6. That when the supra-trochanteric mode of excision cannot be performed with any chance of success, then the alternative is either continued expectancy or amputation.

7. That it is a great mistake to imagine that all softened bone or infiltrated tissue should be cleared away by the operator. All he has got to do is to clear a space, where the operations of nature, in dealing with diseased or disabled tissues, can be carried out as easily and expeditiously as possible. The operator should remove all manifestly dead tissue, but the doubtful should be left alone to be dealt with by nature.

THE BLOOD IN TYPHOID FEVER.—The systematic examination of the blood during and after acute specific fevers would, we believe, yield results of very high importance, and we recommend such a subject of study to our younger scientists. The investigations should be made from many points of view. Thus, the corpuscular richness, the relative quantity of hæmoglobin contained in each red disc, the state of the fluid portion, both as to its quality and quantity, should each receive consideration. Dr. Frederick Henry, of Philadelphia, has made a partial investigation of the blood during and after typhoid fever. He finds that the number of red discs is about the normal during the fever, but is very much less than normal after the fever. This apparently paradoxical observation is explained on the ground that during the pyrexia the fluid portion of the blood is diminished in quantity, causing a relative plethora. After the fever has subsided, the "water" of the blood again becomes normal, and the red corpuscles assume their proper portion in relation to it. Thus we have a genuine anæmia, which really existed, though masked, during the fever. Dr. Henry is of opinion that patients suffering from typhoid fever should take water as a medicine, as well as to relieve thirst. Similar views have been expressed by other physicians.—*Lancet.*

CANNABIS INDICA AS A NARCOTIC.—H. Lewis Jones, M. B., Cantab., gives the following in the *London Practitioner:*

This drug has proved of great use in a number of cases where I have desired to produce sleep, especially where sleeplessness was accompanied by delirium. In the delirium of typhoid fever and erysipelas, and in delirium tremens, it is most valuable, a few doses being sufficient to give refreshing sleep. It is important to give the drug in sufficiently large doses. Two or three grains of the extract can be taken in the form of pill every four or every six hours; frequently the first dose is sufficient. I now prescribe cannabis indica as the routine treatment in all cases of delirium tremens coming under my care, whether simple or complicating injury or disease.

In only one case has there been complaint of hallucinations. It had been ordered for a case of typhoid fever with much sleeplessness, in an excitable young woman; after two or three doses she asked that the drug might be discontinued, saying that it caused her to see visions of beautiful gardens and the like. All the other patients have been hospital cases. It is possible that among educated people mental disturbance would be more frequent. I have heard of one case where two grains of the extract were said to have made a woman temporarily quite mad. Personally doses of the extract of Indian hemp, up to four grains, produce a mild narcotic effect, the only abnormal sensations noticed being numbness of the extremities and slight mental confusion.

REMEDIES FOR SKIN DISEASES IN THE FORM OF SPRAY.—Dr. Hardaway highly recommends spray as a vehicle in the treatment of affections of the skin. His usual habit is to prescribe a solution of definite strength from which the bottle of an ordinary handball apparatus is filled, and the patient is then directed to throw the fine spray on the parts affected. Any substance that is "sprayable," either in its liquid form (diluted or pure) or in a state of solution, may thus be employed,—*e. g.*, carbolic acid, sulphate of zinc, lotions of grindelia robusta, thymol, liq. picis alkalinus, and fluid cosmoline (medicated or not). In the case of the fluid cosmoline, the tube of the atomizer should be large. The spray finds its greatest range of usefulness in diseases affecting large areas and in that class of disorders accompanied by itching and a more or less unbroken cuticle,—viz., pruritus, urticaria, papular eczema, and the like. In generalized pruritus he had had good results from spraying on a lotion of the following sort: carbolic acid, three to four drachms; glycerine, one ounce; and water, a pint. After the bottle of the atomizer had been filled, he sometimes directs the patient to add from five to ten drops of the oil of peppermint. The atomizer-bottle should be thoroughly shaken before the bulb is compressed, in order to diffuse the peppermint through the mixture, as otherwise it would merely float on top. In many instances the spray is far superior to mopping on lotions with a sponge