behind under the sacrum and having it held in this position.

Mr. Lloyd recommends this method with full confidence, having employed it in four cases of amputation at the hip-joint, one excision, one nerve-stretching, and one exploratory operation. He considers it perfectly satisfactory.—*Lancet.—Phil. Med. Times.*

INJECTION OF PEROSMIC ACID.—PROF. WINIWARTER reports the case of a man with a soft sarcoma in the right side of the neck as large as a baby's head, and adherent to the vessels and nerves of that region. As it could not be operated upon, Prof. Winiwarter decided to practice injections of perosmic acid. For fourteen days he injected daily about three drops of an aqueous solution (1 to 100) of the acid, at the end of which time the tumor was completely broken down. The broken-down parts mixed with sero-pus, were evacuated by an incision, which rapidly cicatrized. One month after treatment was begun there was no trace of the tumor. The skin was intact, and there were no symptoms of local inflammation. This treatment was afterwards adopted in a similar case of sarcoma of the shoulder, in a number of cervical tumors, in cervical adenitis of scrofulous origin, etc. It was also employed in glandular tumors of a carcinomatous nature. The dose in some cases was as much as half a syringeful. Several years ago Dr. Moore used acetic acid in similar cases in the Middlesex Hospital.—*Gaz. Méd. de Nantes.- -Med. News.*

TREATMENT OF STYES.—Louis FitzPatrick, L.R.C.S., in the *Lancet*, says: The local application of tincture of iodine I have found, after many trials, to exert a well-marked influence in checking the growth of the stye. This is by far preferable to the nitrate of silver, which makes an unsightly mark, and often fails in its object. The early use of the iodine acts as a prompt abortive. To apply it the lids should be held apart by the thumb and index finger of the left hand (or a lid retractor, if such be at hand), while the iodine is painted over the inflamed papilla with a fine camel-hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours is sufficient, and I have never seen a single instance in which, after this treatment has been resorted to, the stye continued to develop itself.—*Louis. Med. News.*

DIAGNOSIS OF LINGUAL ULCERS.

CHIEF POINTS.	CARCINOMATOUS.	SYPHILITIC.
AGE.	Usually after 4 years. Excpus.	U'sually before 45 Excpus.
SITE.	Usually on one side Tends to invade floor of mouth.	On the upper surface often in middle line.
EDGE.	Defined, infiltrated, hard, everted.	Less defined, may be excavated and sloughy, not infiltrated or everted Another s. myositis inter-titial and diffuse
PAIN.	Constant. Darting into ear, etc	Comparatively slight
FIXITY.	Marked, from tendency to invade floor of mouth	Not marked
GLANDS	Submaxillary lymphs soon involved, and hard.	Glands affected less rapidly, and to a much less degree. Post Cervic as well as Submax Goes less hard.
PROGRESS	Steady. Often rapid. Resists treatment.	Slow. Often stationary Amenable to treatment
ORIGIN	In a slight abrasion, a fissure or crack, wart (rare).	In a "lump"
PREVIOUS HISTORY AND CONCOMITANT SIGNS.	Perhaps of irritation.	Of syphilis

—*Brit. Med. Journal.*

LOOSE BODIES IN THE KNEE JOINTS.—These bodies, familiar to all surgeons, are believed by Dr. Oliver Pemberton (*Lancet*, May 19, 1883) to be due to a chipping or breaking off of the joint surface, and that as time goes on the loose body thus produced is found to present appearances according to its age and, as it were, to the extent of wear and tear in movement it has undergone: at one time being cartilaginous or fibrous, or osseous or mixed, as the case may be, the ultimate shaping and structure of the body being doubtless greatly influenced by the predominance of the rheumatic habit.

He removes them by incision.—*Med. and Surg. Rep.*

GOODELL ON ADMINISTRATION OF ETHER.—One of the chief lessons I have learned from my experience during the year is to administer ether. Hitherto I have, in common with most American surgeons, given this anæsthetic by a closed cone in such a manner that the patient breathed her own air over and over again. I am now disposed to think that this is a very unsafe mode, and that to it is due, in large measure, the alarming prostration of the patient while undergoing the operation. For instance, among the twenty-five cases of last year, cases 70, 71 and 82, presented such profound symptoms of shock that the operation had to be suspended until hypodermic injections of brandy and of ether