

while in other cases, especially those where the compensation is insufficient, the action of the heart is interfered with, and great care has to be used in giving sulphonal to such patients. In doses of from three grains and a half to seven grains it may be safely used to prevent excessive sweating.

A NEW METHOD OF TREATING FRACTURED PATELLA.—At a meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom which he had operated by a novel method to secure bony union in case of a fracture of the patella. The skin over and around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed, there was no sign of irritation, and the temperature had never been above normal. As the fragments seemed well united, the needles were withdrawn, a plaster-of-Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint, it would be desirable to aspirate.—*Med. Rec.*

GUNZBURG'S METHOD OF DIAGNOSIS IN DISEASES OF THE STOMACH.—Toward the end of the year 1889, Gunzburg announced his method for determining the digestive power of the gastric juice (*Semaine Medicale*, 1889 Annexes, p. xciv.) Dr. Marfan, chief of the clinic of the *Faculté de Paris*, has studied this method, and his results confirm those of our *confre*re of Frankfort-on-the-Main. The iodine reaction in the saliva of healthy persons appears almost invariably an hour and a quarter after the ingestion of the capsule. If the reaction appears sooner than this, it denotes an exaggerated digestive power; if it does not appear until later, there is

insufficiency of the gastric juice. Dr. Marfan insists on some points in technique. The trial meal does not to him appear to be very important, provided the capsule is given one hour after the meal. The discovery of iodine in the saliva is made in the following manner: The patient expectorates in a glass; a weak solution of starch is intimately mixed with the sputa; then a few drops of fuming nitric acid (no other acid will do) is added; when the saliva contains iodine, there is produced a reddish color at first, then blue, of iodide of starch. Dr. Marfan does not continue the search longer than three hours; if the iodine reaction is not then produced, a very marked insufficiency of the gastric juice is inferred. From a trial in over 40 cases, Dr. Marfan believes that the method of Gunzburg will prove of great practical service.—*La Semaine Medicale*, March 12, 1890, p. 42.

SIMPLE METHOD OF REDUCING DISLOCATIONS.—Dr. Julius Kremer, of Waitzen, has described a new and simple method of reducing dislocations of less than two weeks' duration, in which the result is effected easily, without the use of anaesthesia or extension and counter-extension. The object of this method is to avoid the muscular contractions, which offer the greatest obstacle in other methods of reduction; this is obtained by a sudden jerk, which by its swiftness evades the contractions. The procedure is modified according to the nature of the dislocation; Kremer describes that for the reduction of a shoulder dislocation as follows: If the surgeon is a small man, the patient is seated upon the floor, but if the surgeon is of large stature, upon a footstool; an assistant kneels by the side of the patient, and steadies the patient's shoulder by placing his forearms together upon it. The surgeon then raises the patient's arm until some slight resistance is felt, not enough to produce pain, and then, in the case of a left-sided dislocation, he grasps with his right hand the patient's arm from the outer side about its middle, and with his left hand he grasps the arm just above the elbow from the inner side, so that the patient's forearm rests upon the operator's left forearm. The arm is then suddenly jerked;