

congenital dislocation by the same method. The results were satisfactory. The child died of dysentery in September, 1892, and the author was able to secure the pelvis and femora. Excellent photographs of the preparation illustrative of the results and confirming the author's views on the treatment of this disease accompany the paper. A full description of the anatomical and pathological condition is given. The author then enters into a polemical discussion as to his method and that of Lorenz, which is a modification thereof. A comparative table is given showing the chief differences in the two methods (both bloodless) of treating congenital dislocation.

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THE TREATMENT OF THE DYING.—Munk, in the *Practitioner* for July, 1896, speaks eloquently of the use of opium in the last hours of life. He says that under its influence the feeling of exhaustion and sinking referred to the stomach disappears, some color returns to the face, and a placid expression replaces the look of anxiety, the sufferer passing into a gentle sleep from which he awakes refreshed and comforted. He quotes Hufeland in saying that the drug must be administered in such doses as will relieve the suffering, rarely less than a grain for an adult, repeated as often as once in eight hours. It is perfectly safe so long as there is no rigidity or obstruction to the air-passages. Care should be exercised, however, if the heart is feeble. A contracted pupil is also a contraindication, as it implies a state of the brain in which opium will not act well. In cases of gastric distention the hypodermic injection of morphine should be employed.

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ANÆSTHETICS IN ADENOID OPERATIONS.—Dr. T. Helville Hardie (*Annals of Ophthalmology and Otology*), in the course of an interesting article on adenoid vegetation, gives the following reasons for using anæsthetics: 1. The fact that the operation is usually a painful one. 2. A thorough operation, which is by most men considered necessary, cannot, as a rule, be performed without general anæsthesia, except in adults. 3. A burned child dreads the fire, and a child that has a curette or forceps used once will ever afterward retain a decided objection to a second introduction of the instrument. Children, like elephants, have long memories of injuries. In the absence of disease of the heart or lungs, when the growth is not limited to one central mass merely, and when the child is old enough to know that it is being hurt and to remember it, anæsthesia should be introduced. Dr. Hardie concludes as follows: 1. Adenoid vegetations should be