

the axis of the thigh, and is pushed in until it strikes the head of the femur or the neck just below the head; when guided upwards over the head it enters the joint. Büniger directs the injection to be made as follows:—From the place where the femoral artery crosses the ramus of the pubes a line is drawn to the tip of the trochanter, and the needle is entered at the point where this line crosses the inner border of the sartorius muscle. It is then carried directly back into the joint." The back of the joint can be reached from the posterior border of the great trochanter.

During the longer intervals of injection the patient may be sent to the country, or to some health resort. The venous congestion (Bier's bandage) is to be continued throughout the treatment. Operative measures should only be undertaken when these conservative methods have had a fair trial and are unsuccessful. "The experience in Professor Mikulicz's Clinique has been that the operations, since these conservative methods have been in use, have not only been much fewer, but also much less serious. . . . The actual number of cures by its use is equal to that attained by the ordinary operative methods, while the functional results which it gives are decidedly better and the mortality is less. Only in adults, with a fixed patella, is primary excision preferred to the conservative measures which have just been indicated."

As to the dangers of this method there is not much to say. General reaction may be absent, or there may be nausea, fever, headache or faintness, "Locally, nothing may be felt or there may be considerable swelling and pain." Both iodoform and glycerine are capable of producing toxic symptoms, but care in regulating the proper dosage will avoid such an accident.

METASTATIC PYÆMIA FROM TRIVIAL CAUSES.

(*Practitioner*, May 1899.)

This paper is an interesting account, with commentary of a case of pyæmia, the source of infection being apparently a boil on the back of the neck. The patient was an unusually robust man of sixty-five, who had never suffered from illness. The fatal illness began on Oct. 3rd. 1898, and the initial symptoms were those of a chill, with general malaise, and gastric catarrh. The possibility of enteric fever was also present, but renal symptoms soon set in, with retention of urine, which when withdrawn was found to contain a small amount of albumen and of sugar but no tube casts. Within a week, however, tube casts were