the stagnating and decomposing secretions from irritating the diseased mucous membrane and perpetuating the discharge—Pacific Medical and Surgical Journal.

PROPOSED MODIFICATION OF PIROGOFF'S OPERA-TION. - At the recent congress of Russian practitioners, Professor Tauber described and demonstrated on the dead subject an operation for removal of the foot, which he believes has several advantages over Pirogoff's amputation Standing on the outer side of the limb, he commences an incision at the insertion of the tendo Achillis, and carries it forward just below the external malleolus to the dorsum of the foot, and then vertically downwards on the inner side in front of the heel. When the middle line of the sole is reached, the incision is carried along it backwards and prolonged upwards to the starting-point at the insertion of the tendo Achillis, a flap having thus been cut consisting of the inner side and half the sole of the heel. joint is then opened, the external ligaments being first divided and then the internal. The astragalus is seized with the bone-forceps and removed, and the anterior part of the foot cut off by Chopart's line, nothing being left but the os calcis, the soft coverings of which on the inner aspect are untouched. The os calcis is seized with the boneforceps and turned so that the articular surface is towards the operator. The forceps are now taken by an assistant, who holds them tightly; the operator then saws the bone longitudinally in two; the outer half, which is free, is removed, the inner half remaining attached to the flap. The ends of the tibia and fibula are then sawn off just above The cut surfaces of these will be the malleoli. found to correspond almost exactly with that of the os calcis, which is now brought into apposition with The advantages claimed for this operation are: 1. The posterior tibial artery itself is untouched, only its branches being divided. 2. The insertion of the tendo Achillis, as well as its bursa, are not injured. 3. Surfaces of the os calcis and of the leg bones correspond very nearly to one another.—Lancet.

MEDICAL NOTES—Prof. Parvin regards an absolute milk diet as the very best means of treating albuminuria of pregnancy.

Prof. Bartholow recently practiced at the clinic the deep injection of cholorform, in two cases of chronic sciatica.

Prof. DaCosta prescripes the following for lithæmia:—

R. Liq. potass. arsenitis, . . . . 3 j Tinct. ignatii amar., . . . . 3 ij Tinct. cinchonæ comp., q. s. ad . 3 iv. M.

Sig.—Teaspoonful after each meal.

In acute conjunctivitis, the following solution is a favorite one of Dr. Fox's:—

R. Acid. boric., . . . . . . gr.xij
Zinci chlorid., . . . . . gr.iij
Aquæ camph.,
Aquæ destillat., . . aa . . fɔ̃ij. M.
Sig.—Use as lotion for eyes.

Prof. Bartholow advises the following combination for irritation of teething children and infantile colic:—

R. Potass. bromid., . . . . . gr.v Olei anisi, . . . . . . gtt. ½ Mistuæ asafætidæ, . . . . f3j. M.

Sig.—Pro re nata.

Prof. Da Costa, at the Pennsylvania Hospital, showed a case of aneurism of the arch of the aorta, immensely benefited by iodide of potassium and rest in bed. The tumor was greatly lessened in size, and all the bad symptoms, dyspnæa, vertigo, nausea, were ameliorated.

Prof. Da Costa recently had at the clinic a protracted case of catarrhal fever affecting the gastro-intestinal mucous membrane, simulating typhoid. There was some abdominal tenderness, the mind was dull and heavy, but the temperature was very irregular, tongue heavily coated; nausea and vomiting a marked symptom; the bowels were constipated, and no eruption was ever found. The patient was almost cured by a regulation of diet, attention to secretions, calomel and quinine. She will now keep the bowels open with oleum ricini and take a light bitter tonic, as:—

R. Acid, phosphorice dil., . . . f 3 j

Tinct. cinchonæ comp., . . . f 3 ij

Elixir. simpl., . . . . . f 3 j. M.

Sig.—f 3 j before each meal.

Prof. Bartholow prescribed for a case of simple anamia, which had resisted the ordinary treatment of iron, exercise and food—

Sig.—3 j, after each meal, and take before each meal, tinct. nuc. vomicæ, gtt. x.

Exercise in open air about three hours after eating. An occasional purge in the form of the official pill of aloes and ferrum, or if there be flatulency, of aloes and asafætida.

At Prof. Da Costa's clinic recently was a case of gastro-intestinal catarrh and enlarged liver. The enlargement was due to a fatty change in the cells, and a fibroid thickening of the intercellular substance, resulting from a chronic congestion of the organ. These cases are frequently associated with gastro-intestinal eatarrh. Jaundice is usu-