

Narcotic Addiction.—Alexander Lambert (*J. A. M. A.*) says the alcoholic or morphinist is a man acutely or chemically poisoned and that these patients smoke to excess. Their only chance is to stop tobacco and then they must be unpoisoned. The treatment briefly is the persistent administration of belladonna mixture in small doses and thorough elimination by some form of mercury. The mixture is as follows:

In making the mixture a 15 per cent. tincture belladonna must be used.

In Lambert's personal experience about 75 per cent. remain free from further addiction.

Fracture of Neck of Femur.—Royal Whitman (*Med. Record*) gives an exposition of the abduction treatment of fracture of the neck of the femur. This should be adapted to the anatomy of the part. As one has no control over the inner fragment, adjustment can be assured only by contact of the outer fragment to it. In complete fracture of the neck of the femur, the patient is anesthetized and lifted to a sacral support, with the shoulders resting on a box of equal height, while the extended limbs are supported by two assistants. The assistant holding the injured limb then abducted it to the anatomical limit (normal inclination of the head of the femur of about 130 degrees permitted a range of abduction of the hip about 40 to 50 degrees, a movement directly checked by contact of the upper border of the neck with the projecting rim of the acetabulum) to illustrate the normal range, which varies in different individuals and at different ages, and indirectly to fix the pelvis by direct bony contact. The operator first flexed the thigh to disengage the fragments. The assistant then extended the limb, and by natural traction overcame the shortening, as demonstrated by the relation of the trochanter to Nelaton's line, and by measurement. He then, under traction, abducted it to the normal limit, the operator meanwhile lifting the thigh from beneath. Inspection should now show absolute correspondence between the extended limbs, as to abduction, rotation, length and position of the trochanters. In this attitude the injured part was securely fixed by a plaster spica, extending from the nipples to the toes. The sequence in manipulation is as follows: (1) Disengagement of the fragments. (2) Complete reduction of shortening by traction in the line of the body. (3) Abduction to a degree that should make the capsule tense. (4) Fixation in complete extension. So-called impacted fractures might be treated in the manner described.