

also reports a similar case in the *N. Y. Med. Jour.* Dr. Polk, in the same issue, reports a case of nephrectomy for displaced kidney, which had caused the patient very great pain. The patient passed no urine after the operation, and died on the eleventh day. The post mortem revealed the fact that her *only* kidney had been removed. A new operation for spina bifida is reported by Dr. Mayo Robinson (*Brit. Med. Journal*, March 24, '83). The skin was dissected off and the redundant serous membrane removed. The edges of the serous membrane were then stitched together by silk sutures, and over the sac was placed a portion of periosteum from a living rabbit and the skin brought together. The result was successful. In the *Brit. Med. Journal* for August 18, '83, will be found an article by Dr. Southam, of Manchester, on the treatment of aneurism by the injection of fibrin-ferment. This substance is obtained from blood-serum by coagulating it with fifteen or twenty times its volume of strong alcohol and allowing the mixture to stand for two weeks. The coagulum is then dried, pulverized, and water added to double the original volume of the serum. It is then filtered, and the filtered solution contains the fibrin-ferment. In the case under treatment, one drachm of the fibrin-ferment was injected into the sac, pressure having been first applied above and below the aneurism and continued thirty minutes. The case was not wholly successful, but Dr. Southam suggests that in a similar case it would be well to inject a larger quantity of the ferment and to keep up the pressure for a longer period. A new method of excising the ankle-joint has been devised by Prof. Busch (*Med. Wochenschrift*), in which the joint is opened without dividing a single tendon. An incision is made from one malleolus to the other, passing under the foot instead of over the dorsum. On the sides the skin only is divided, but beneath, the incision extends to the bone. The os calcis is then sawn through from below upwards, the foot strongly flexed and the diseased bones removed. Several successful cases of amputation at the hip by Furneaux Jordan's method, which consists in dissecting out the thigh bone by a vertical incision and making a circular amputation through the soft parts, some distance down. Drs. McLaren and Marshall (*Brit. Med. Journal*) each report four cases, and Mr. Shuter (*Clin. Society, Lond.*) reports a case of sub-periosteal

amputation at the hip by Jordan's method, in which new bone was formed in the stump. A case of total excision of the sternum, for the removal of a sarcomatous tumor, is reported by Prof. Koenig, *All. Wien. Med. Zeit. (Am. Jour. Med. Sciences)*. The left pleura and pericardium were opened during the operation, yet the patient made a good recovery. Dr. Savory (*Lond. Lancet*) describes a modification of Syme's amputation at the ankle-joint, which consists in opening the joint from the front, after making the preliminary incisions, and dissecting out the os calcis from above downwards, thus escaping the only difficulty in Syme's operation, viz., turning back the heel flap over the os calcis. Dr. Walker (*Brit. Med. Journal*) by a mere accident discovered the value of liquor ergotæ in the radical cure of hydrocele. He injected the liquor ergotæ (Battey's) in mistake for tincture of iodine and cured his patient. Since then he has used the remedy several times, with like success. The use of carbolic acid, as recommended by Dr. Levis, of Philadelphia, has also been advocated by several surgeons. Dr. Jonah, of Eastport, Me., has an article in the present issue on this method of treatment. Dr. R. J. Hall, of New York, has also cured five or six cases by the injection of half a drachm of the acid, and prefers it to iodine. Some attention has been paid to Wheelhouse's operation of suturing nerves in wounds, and many successful cases are reported, even after some time had elapsed. Mr. T. Holmes successfully sutured the musculo-spiral nerve five months after it had been severed. He cut down through the cicatrix, and seizing the divided ends, brought them together by catgut and fine silk sutures. Sensation and motion, which had been lost in the parts supplied by this nerve, were in great measure restored. Others have had equally favorable results, in both primary suture in recent wounds, and secondary suturing. A case of ligature of the innominate artery, for aneurism of the subclavian, was reported by Mr. Thomson, of Dublin, which appeared for a time to prove successful, but the patient died on the forty-second day, from secondary hæmorrhage. Kelly's method of reducing dislocations has justly attracted considerable attention. A full description, with illustrations, will be found in our January, '83, issue, and also in the present number. Dr. Wyeth, of New York (*N. Y. Med. Journal*),