

results were as good as were obtained with the alkalis. They believed that all cases ran a regular course, and all had a tendency to end in a week or nine days, or in a fortnight, or else in the classical period of six weeks. But when you come to the salicylic acid treatment, there is no question as to its power. When you see, as we frequently do here, the greatest relief produced within twenty-four hours by the administration of ten-grain doses every two hours, and you find at the same time a great improvement in the appearance of the joints, I think that we get here not only a "post hoc" but a "propter hoc" argument to justify us in attributing the improvement to the use of salicylic acid.

**OSTEOTOMY FOR GENU VALGUM.**—Osteotomy for genu valgum was discussed at the International Medical Congress, and Macewen's supracondyloid osteotomy was acknowledged by all to be the most satisfactory one. Professor Ogston gracefully acknowledged that his own operation (fracture of the internal condyle) did not yield as good results as Macewen's simpler and safer operation. Professor Schede said that, with German surgeons, he had accepted Macewen's operation as the best. He differed from Dr. Macewen in doing his operation in one respect—he did not use but one chisel, and considered the withdrawal of the instrument from the wound a serious matter, in that it led to an unnecessary disturbance of the parts, and frequently some difficulty occurred in reintroducing the chisel. He thought that in many cases the tibia, rather than the femur, was involved, and in these cases he preferred his own operation (section of the tibia). Mr. Bryant complimented the gentlemen on the manner in which they had given up their pet operations, and had accorded to the supracondyloid operation (Macewen's) its just value.

**INTRA-CAPSULAR FRACTURE OF THE FEMUR.**—Dr. W. M. Fuqua is of the opinion that the "do nothing" plan of the older surgeons, in these cases, is wrong, and should be abandoned. Experience has shown that bony union can be had, and he thinks that every effort should be made to bring it about. He is satisfied that many of these fractures are through the inter-trochanteric lines, and therefore amenable to the reproductive influence of the periosteum. In the *American Practitioner* for October, 1884, he relates a case where, after ten or fifteen days' confinement to bed, he adjusted a well-fitting "*Sayre's short splint*," and placed the patient on his feet, having first lengthened the sound leg by the addition of an inch cork sole. With this appliance, and a crutch and cane, the patient walks about just as in a case of chronic disease of the coxo-femoral articulation. If the tendency to eversion, or possibly to inversion, be great, then "*Sayre's long splint*" would be required, night extension to be made by weight, and the

splint to be used during the day.—*Med. and Surg. Reporter*.

**REDUCTION OF SUBCORACOID DISLOCATIONS.**—Reduction of subcoracoid dislocations, as directed by Kocher, is accomplished as follows: Patient, sitting up, the forearm is fixed to a right angle with the arm, the elbow pressed firmly to the side of the chest; the arm rotated outward until firm resistance is met with; then the arm rotated inward. The last movement is one of restitution, and carries the shoulder opposite the one dislocated. These manipulations resolve themselves practically into two movements—outward rotation and flexion. Dr. C. A. Jersey (*New York Medical Jour.*, December 8, 1883) says the advantages of the method are:

1. The control obtained over the humerus by the position of the forearm.
2. The advantage obtained by the relaxation of the edges of the rent in the capsular ligament.
3. The absence of the necessity for the employment of an anesthetic.
4. The absence of pain to the patient and of discomfort to both surgeon and patient as compared with other methods.—*Medical Herald*.

**TREATMENT OF BOILS.**—Dr. John Aulde, following the suggestions of Dr. Sidney Ringer, has met with most satisfactory results by adopting the following plan. The diet is to be regulated and if constipation exists, a teaspoonful of magnesia sulph. in a glass of cold water should be taken every morning before breakfast:

R Calcii sulphidi . . . . . grs. iij.  
Sacch. lactis . . . . . grs. xxx.

Misce bene et div. in chart., No. xxx.

Sig. Five powders daily at intervals, between meals.

By this method beginning boils will be aborted, and those far enough advanced to threaten a siege of several weeks and successive crops, will soften and heal in such short time that the patient will be surprised at the result. When they can be obtained, granules containing one-tenth grain are to be preferred to the powders. The urine should be examined for sugar, as boils and diabetes often go together.—*Summary*.

**GUMMA OF THE BREAST.**—Prof. S. W. Gross, says the *Medical Bulletin* (August), brought a case of gumma of the breast before the class last season, which was interesting, both because of the infrequency of its occurrence, and of its resemblance to malignant disease. Gumma of other parts of the body are met with almost every day in hospital practice, but it is extremely uncommon to find this manifestation of the syphilitic poison on the female breast. The patient, who was twenty-eight years old, and appeared to be in good health, complained