not pulsatile or reducible, and no aneurysmal souffle could be detected. palpation, crepitation, like the sensation imparted to the fingers when rubbed over a bag containing starch or snow, was detect-This "sensation amidonee ou neigeuse" is also familiar in cases of bursæ containing melon-seed bodies. At first, hygroma of the bursa of the psoas and illiacus tendon, dropsy of an empty and closed hernia sac, and suppurating tubercular adenitis were diagnosed. Pus was removed by aid of a Pravaz's syringe, so that the third of the above-mentioned diagnosis appeared correct. On incision, however, hydatids escaped freely from amidst the pus. The proper wall of the hydatid cyst was surrounded by a thick capsule of sclerosed tissue. This capsule was partly dissected away, partly scraped with a Volkmann's spoon. Free suppuration retarded convalscence. On December 4th, 1888, the patient came once more under the care of M. Reclus. other swelling had developed, rather larger than the first and external to the of the operation. It lay cicatrix immediately outside the femoral vessels; no pulsation was communicated to it. This swelling was soft and fluctuating, but the characteristic starch-bag feeling on pressure did not exist. It was dissected away entire, not without difficulty, as it adhered to the iemoral artery. Verneuil has collected records of nine cases of hydatids in the groin. Dupuytren nearly took a cyst of this kind for a femoral hernia. Gosselin has described An irreducible, fluctuating, two cases. non-inflammatory tumor in Scarpa's triangle may be reasonably suspected to be Puncture does not always hydatid. prove its nature, as it may contain pus. The starch-bag sensation on pressure is not constant, as this case proved in a remarkable manner. The recurrence in M. Reclus's case was due either to imperfect scraping of the adventitious capsule at the first operation, or (more probably) some minute independent cyst or diverticulum of the main cyst which was overlooked.

THE RUSH AFTER NEW REM-EDIES.

The roseate hues which commonly tint accounts of the marvellous actions of new remedies in the early dawn of their discovery are not unfrequently disappointing when more closely criticised. They have too often an unpleasant fashion of fading away when robbed of the glamour and dragged into the prosaic daylight of routine. The natural tendency of those who have been tempted with delusive hopes is to keep a discrete silence over their failures, or to attribute their lack of success to an imperfect selection of appropriate test cases, or to some mysterious difference in the composition of the remedy employed when the original statements were made. It is so hopeless, as a rule, to attempt to prove a negative that the failures of new remedies are to be gauged by silence rather than by direct statements. It is very rarely that comparative results of treatment are steadily accumulated and published to show the inefficacy of some much-vaunted system. Hence it is extremely difficult to arrive at satisfactory conclusions about many new drugs, of which the most that can be said is that they have been lauded, as was remarked in an article upon "Phenol in Enteric Fever" in our last issue, as "the greatest discovery of modern therapeutics." It is much to be desired that those who on good grounds have arrived at definite negative conclusions should collect and publish their observations to remove false impressions, and to save others from going though the same tedious and disappointing process. An old story represents a professor advising his pupils to be eager in their use of new remedies "while they still possess curative powers," and it is to be feared that there is but too much truth in the sarcasm. The tendency of modern therapeutics is to seek restlessly and continuously for some new thing, discarding as useless much that has stood the test of time. And for this the medical profession is not solely to blame. The craze for domestic medicine has been such that people who read their prescriptions frequently express lack of confidence in the skill of