

Complete proctotomy provides free drainage, but there is so much extra scar tissue added that the condition of the patient is worse than before the operation.

Resection with end to end anastomosis is no better, as ultimately the stricture will re-form, on account of the irritation caused by the peristaltic action of the gut at the point of union.

The author speaks of two operations, one for stricture above, the other below the levator ani. For the former he recommends laparotomy in the median line, anastomosis between the sigmoid and rectum below the stricture bringing two peritoneal surfaces together, which he scarifies first, then sutures to insure adhesion, provides for drainage, and closes the abdomen. He now clamps the septum from time to time, by inserting the blade of a specially constructed forceps through the anus into the sigmoid and the other along the rectal wall until it is completely severed.

For stricture below the levator ani, he produces a mucous fistula, by passing a heavy silk thread on an aneurismal needle through the anal opening, carrying it through the rectal wall posterior to the stricture and again into the rectum above the constriction, and tying it loosely. The production of the mucous fistula prevents the formation of scar tissue. The thread is left in three months, at which time a second operation is performed and the stricture severed upon a probe.—Dr. Joseph B. Bacon.—(*Trans. Amer. Pract. Soc., Post-Graduate.*)

THE DIAGNOSIS AND TREATMENT OF CONGENITAL DISLOCATION OF THE HIP.

The author believes that congenital cases of dislocation of the hip are far from uncommon, and are met with in individuals who are otherwise healthy. It is on account of its reputed rarity that it is apt to be overlooked or mistaken for some other affection of an entirely different kind. To confirm this opinion a number of cases are reported. Some were supposed to have spinal disease and others infantile paralysis. The diagnosis depends upon the attitude of the child while standing, the peculiarity of the gait in walking, the prominent hip or hips, shortening of the limb, if single dislocation, pain, delayed walking, limitations in the motions of the joint, crepitation, movement sometimes of the head of the bone over the pelvis, and above all the relation of the head of the bone to Nélaton's line. The writer's plan for treatment is to use by manual or mechanical means all the