

wound open, or, what may be offered as a compromise, to stitch the bladder walls partially together, leaving opening enough to allow the drainage tubes to pass out. The abdominal wound I do not expect to heal by first intention, but I do find that by using the two sutures healing is assisted by preventing the wound from gaping. The upper part of the wound in two of the cases, though, did heal by first intention. The patients can be allowed perfect freedom of movement on the back or sides immediately after the operation.

That the rectal bag has been of great advantage in the high operation no one can help admitting, but its use is not without danger. Rupture of the rectum has been reported many times, and not from over-distension with large quantities of fluid, but from the straining produced, putting the distended bowel at a great disadvantage, and a weak one in imminent danger of rupture. Foreign bodies in the rectum, or interference with the rectum, even when the patient is well under an anæsthetic, especially chloroform, are very often followed by straining. *The position is important*; that of Trendelenburg does away with the use of the rectal bag, and allows the bladder to be more accessible to the operator. It also allows the peritoneum to draw away, and thus reduces to a minimum one of the great bugbears of the operator. Should the peritoneum, however, be any accident by opened, close it as in any abdominal section, and all should be well.

In conclusion, gentlemen, I apologize for the length of the paper; but if it will induce a discussion that will result in throwing additional light on these interesting and common cases, I shall feel that the time has not been idly spent.

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SUBSTITUTE FOR OPIATES.—Dr. Portier (*La Semaine Médicale*) recommends the following as a substitute for the preparations of opium:

℞ Hydrochlorate of cocaine . . .	cgms. 50
Phenacetin	gms. 1.5
Exalgine	cgms. 50
Salicylic acid	gm. 1.

Divide into ten powders. Take one powder every two or three hours until the pain ceases.

—*Med. and Surg. Reporter.*

SYNOPSIS OF THE PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE AMERICAN ORTHO- PÆDIC ASSOCIATION.

BY B. E. M'KENZIE, B.A., M.D.

The association met at the New York Academy of Medicine, Sept. 20, 21, and 22, 1891, Dr. Benjamin Lee, of Philadelphia, president, in the chair. After the address of the president, a lengthy programme of nearly forty papers was taken up. Necessarily, many papers were read simply by title, and will appear in the transactions.

The hip-joint received a large share of attention, there being presented a paper by Dr. A. M. Phelps, of New York: "Experiments Demonstrating the Etiology of the various Deformities in Hip-joint Disease." A large number of dissections had been made and were shown. It was claimed (1) that in early hip disease *flexion* and *adduction* occur because the fibres of the joint capsule run in a direction downward and inward, so that in the position assumed the fibres are relaxed, and the inflamed joint is thus put at ease; (2) that when flexion to the extent of 20 degrees has occurred the external rotators, represented by the gemelli and obturator group and the glutens maximus, do not continue to act as external rotators, but as adductors, and that the anterior portions of the glutei and the tensor vaginæ femoris now act as flexors and internal rotators; (3) there being now but little opposition to the adductors and internal rotators, the limb assumes the position of adduction and flexion in which it is found in the advanced stage of hip disease.

There was but little exception taken to the propositions laid down by Dr. Phelps, and it was uniformly conceded that the paper was a most valuable contribution to the anatomy and surgery of the hip-joint.

Other contributions on this subject were: "Adduction Following Fracture of the Neck of the Thigh Bone," Dr. Hodgins, St. Louis; and "Report of a Case of Spontaneous Dislocation of the Hip-joint," Dr. B. E. McKenzie, Toronto. A woman, 21 years of age, in rather poor general health after the birth of her first child, suffered from subacute rheumatism, and was confined to bed two months. During that time