

ingly rare. According to M. LeDentu, there exists no authentic case on record.

M. Nicaise, at the same session of the Society, gave notice that he shortly intended to report a case of hydatids of the prostate. —*L'Union Méd.*

**REDUCTION OF DISLOCATED FEMUR.**—Dr. Samuel Logan, of New Orleans, (*Gaillard's Med. Jour.*) re-asserts the plan proposed by him some years ago to reduce, by manipulation, luxations of the femur. He was induced to do this by the recital of the difficulties incurred and the means taken to overcome them in a case by Dr. C. Johnston, of Baltimore. This difficulty, mentioned by Mr. Callender, consists in the slipping of the head of the femur around the rim of the acetabulum during the process of the ordinary manipulative means for reduction, thus lodging the head of the femur either into the thyroid or sciatic-foramen, instead of into the acetabulum. This danger may be obviated, according to Dr. Logan, by making use of the anterior border of the pelvis as a fulcrum by which the head of the femur may be lifted over the rim of the acetabulum. When the thigh is fully flexed upon the abdomen, the limb, at the junction of its middle and upper third, impinges upon that portion of the pelvis just below the anterior superior spine of the ilium. Forced flexion now lifts the head of the femur, and rotation, outward for any form of posterior, and inward for any form of anterior dislocation, will throw the bone into place. An analogous idea has occurred to Dr. George Sutton, of Indiana, who suggested an artificial fulcrum of the arm of an assistant, or a roll of cloth placed in the groin. Both plans resemble the ancient method of placing a pillow between the thighs as a fulcrum for a similar purpose.

**BLENNORRHAGIC PERIURETHRAL TUMOURS.**—M. Mauriac concluded a paper read before the *Société de Médecine de Paris*, as follows:—

1. The glandular apparatus, including the glands of Méry or Cooper, and their accessory glands, is sometimes inflamed in the course of blennorrhagia.

2. The acute process nearly always ends in suppuration, and the formation of abscesses.

3. When Méry's glands are alone affected, which is the usual course, the affection terminates very constantly in a perineal abscess.

4. When the process is confined to the accessory glands, the tumour is situated beneath the curve of the urethra, at the summit of the scrotal region between the testicles.

5. Here, also, suppuration is the rule, but the glandular engorgement may, however, proceed to resolution.

6. In its chronic form it constitutes a large tumour, hard, ovoid, knobby, not fluctuating, which occupies the middle portion of the scrotal region, in the midst of which it remains firm, and which only forms fortuitous adhesions with the testicles and epididymis. The duration may be very long.

7. In its sub-acute form, after a sudden invasion and rapid increase, the inflammatory phenomena all at once cease, and complete resolution is effected in a few days.

8. Active intervention is unnecessary in the two last forms; a moderate antiphlogistic medication suffices and favours the cure, which, however, may take place spontaneously. In the phlegmonous forms, on the contrary, the tumour must be opened very early, even before fluctuation is apparent.

9. Whatever their form and tendency, these urethro-scrotal tumours, although proceeding directly from the canal, are evolved outside of it, and cause it no damage. M. Mauriac has not seen them open into the canal when they were purulent, nor form urethral fistules.—*L'Un. Méd.*

**KERN'S CATAPLASMS.**—In the session of October, 1882, of the Berlin Medical Society Drs. Senator and Schlesinger advocated *sapo viridis* in the form recommended by