

given, when the anis is added and the preparation is finally filtered. The liquid should be put up in small blue or yellow phials. This preparation perfumes the mouth, whitens the teeth and frees the adherent tartar. It also hardens the gums and arrests gingival hemorrhages. For a mouthwash two teaspoonfuls are added to a quart of water.—*Furm Ital.; Boll. Ital.; Report de Phar., Oct.*

TYPHOID FEVER.—Dr. Yeo, of London, gives a tablespoonful every four hours of the following solution: Put one drachm of powdered chlorate of potash into an empty twelve-ounce bottle, add one drachm of strong hydrochloric acid; a greenish colored gas at once begins to come off, composed in part of chlorine. Keep the bottle stopped with the finger for a few minutes, until it has become filled with the gas, then add water, little by little, shaking up the water with the gas at each addition, until the bottle is nearly full. You will now have in the bottle a solution of chlorine, together with hydrochloric acid. To this solution I add sulphate of quinine in the proportion of two to three grains to the ounce, and a little syrup. Useful also in scarlatina maligna.

A CASE OF IRREDUCIBLE LUXATION OF THE HIP-JOINT TREATED BY OPERATION.—The patient, a young man, aged seventeen, had contracted his luxation one hundred and three days before admission to the hospital. Professor Bloch, of Copenhagen, performed resection after Langenbeck's method. The head was found almost entirely separated from the neck by a large fissure, and only connected with it by a small bridge of bone, the acetabulum being filled with fibroid tissue. The whole head was removed, and six weeks later the patient, who before the operation was only able to walk with great difficulty, had the free use of his limb, and nine months later he could walk long distances without any support and sit down comfortably. Shortening, four centimetres.—*Hospitals Tidende.*

CONGENITAL DEAFNESS: A CONTRIBUTION TO THE ETIOLOGY AND PATHOGENESIS OF DEAF-MUTISM.—This work is the result

of investigations based upon the literature of so called congenital deaf-mutism, and on clinical observations in Dr. W Meyer's clinic for ear diseases. The original material comprises altogether two hundred and ten cases of deaf mutism examined in the above-named clinic. Out of these only fifty-four cases could be considered as unquestionably congenital. Among the predisposing causes the author lays especial stress upon heredity and consanguinity of the parents. Among the members of the family of mutes born deaf there very often exist deaf-mutes; these latter seldom appear in the direct ascending line; more frequently they belong to the collateral branches of the family, but with greatest frequency among brothers and sisters of deaf-born children. On the other hand, common deafness is more often observed in the collateral branches of the family, it being rare in the direct line, and most frequent in the direct ascending lines. The author endeavors to ascribe this to ear diseases, which lead to common deafness, and finds corroborative evidence in the pathological changes found in post-mortem examinations of deaf-born, of which the author has gathered forty-six cases from ancient and modern literature, this being a much larger number than has hitherto been collected by other observers. Consanguinity of the parents is a factor of the greatest importance in congenital deafness, the author having found not less than twelve out of his fifty-four patients (22.2 per cent.) to be the offspring of consanguineous marriages, and thus proving the influence of intermarriage in the production of deaf-mutism. Congenital deaf-mutes have, as a rule, more hearing left than mutes with acquired deafness, and the prognosis of the former (though, of course, grave) is undoubtedly better than that of acquired deaf-mutism. The author ends with the conclusion that children born deaf should never be considered as incurable, unless a proper examination and treatment have been resorted to.—*Monog. by Holger Mygind, Copenhagen, 1888.*

ANTIFEBRIN IN INFLUENZA OF THE HORSE.—It may interest your readers to know that the form of influenza now so