

strain enforced by the present educational programme, which leaves out of consideration the peculiarities of the child's nature and the elementary principles of scientific hygiene. The overstrain brings about an increased irritability of the brain, and consecutive disturbances in the cerebral circulation. Professor Bystroff emphatically insists on the imperative necessity for permanently admitting medical men to conferences of school-boards. Of palliative measures, he mentions methodical gymnastics, mild aperients in well-nourished children, steel in the anæmic, bromides, inhalation of oxygen, and, in severe cases, a temporary discontinuance of all studies.—*British Med. Jour.*

RADICAL OPERATION FOR HERNIA.—An improved operation for the radical cure of hernia has for some time past been practised by Drs. Svensson and Erdmann, surgeons to the Sabbatsberg Hospital at Stockholm. A ligature is applied to the neck of the hernia, and the sac is cut off below the ligature, the contents being previously examined by means of an incision into the sac and returned; or, if only omental, excised together with the sac. In congenital hernias the upper part of the sac only is removed, and where the large bowel is included in the hernia and adherent to the sac wall, this, after being separated from the surrounding tissue, is returned, together with the large intestine, and the rents of Poupart's ligament united by sutures. The dressing employed is iodoform and boracic acid, the wounds being washed with sublimate solution. Since this has been substituted for carbolic gauze, abscesses which used to occur frequently, have become rare. Of the forty-eight cases thus operated on, none of which were selected, thirty-eight were permanently cured—at least no return of the hernia occurred within six months; and in the cases where a return did take place, which amounted to 20 per cent., the condition was very much less painful and distressing than it had been previous to the operation. The Sabbatsberg Hospital has now been opened six years and a half, and during that time 300 cases of hernia have been admitted, about 200 of these being operated on with the knife; a milder procedure, consisting of alcoholic injections, being employed in most of the earlier cases. Not a single case proved fatal, though some of the hernias were very large, some reaching within three or four inches of the knee.—*Lancet.*

BRIGHT'S DISEASE WITHOUT ALBUMINURIA.—A subject which, it may be remembered, was brought prominently under notice by the late Dr. Mahomed—viz., the occurrence of renal disease without the symptom of albuminuria—was discussed by M. Dieulafoy at a meeting of the Paris Hospitals'

Medical Society on the 11th inst. (*Le Progrès Médical*, No. 25). He described four cases, which exhibited for many weeks, or even months, some of the most marked symptoms of Bright's disease, such as vomiting, oppression, headache, œdema of the ankles, the "bruit de galop," itching, digitiform, ocular and auditory derangements, and a new sign termed by M. Dieulafoy cryæsthesia—a sensation of extreme coldness limited to the extremities, especially the lower limbs, or to the knees. In not one of these cases was a trace of albumen found in the urine except during the last days of life. Such cases were contrasted with others of so-called "physiological albuminuria." As a means of diagnosis M. Dieulafoy suggests a test which is obviously inapplicable for clinical purposes. It is founded on Bouchard's observation that normal urine is a toxic agent to such a degree that, injected into a vein of a rabbit's ear, it will produce a fatal result when administered in the proportion of 50 cubic centimetres per kilogramme, whereas a much larger quantity (150 and even 285 cubic centimetres) of the urine of Bright's disease is required to produce the same result.—*Lancet.*

TREATMENT OF COLLES' FRACTURE BY A NEW METHOD.—This consists in putting up the fracture with the hand extending nearly to a right angle with the arm, and supported by a wire splint. If the forearm is placed on a flat splint so that the fingers are flexed over the end, it will be noticed that the radius does not touch the splint at all, and the ulna only on its upper third. If, however, the hand is lifted until fully extended, the radius will touch the splint at its lower end, the thenar and hypothenar eminences of the hand being lifted out of the way. The flexors act at their best advantage when the hand is thus extended, and regain flexibility and strength rapidly when the splint is removed. When the hand is clenched it moves quite perceptibly to the ulnar side of the arm. In the treatment of this fracture, the flexor muscles should be placed at their best advantage, the extensor muscles should be placed at their greatest disadvantage, and the end of the radius should be brought down upon the splint.

To accomplish these ends it is only necessary to bend a piece of ordinary telegraph wire, first into the shape of an ordinary hair-pin, then bend up sharply about two and a half inches of the closed end, flattening somewhat the top of the bend so that the fingers may rest easily upon it at their articulation with the hand. The ends of the wire are fastened with a strip of tin curved to fit the arm, and with a second strip under the end of the radius.

Dr. Keene reported three cases in which his splint fulfilled all the conditions of success, avoiding pain and swelling during treatment, and