

selves. The choreic symptoms gradually increased, and had continued to increase up to the time I first saw her. Her symptoms were latterly accompanied with hot flushings during the day, and sleeplessness during the night. She had been under medical treatment during the whole time, but without any relief.

Having noticed that Chloral Hydrate was recommended in certain nervous diseases, I determined to test its efficacy in this case. I accordingly prescribed a full dose every night, and ordered it to be taken during the day if necessary. I also prescribed Zinc Sulph. with Ext. Belladonna in the form of pills twice daily, with an occasional mild purgative dose of Podophyllin and Rhubarb. She showed signs of improvement directly she began the use of the Chloral Hydrate, and the treatment was continued. In a very short time the symptoms entirely disappeared, and she is now quite recovered.

THE RADICAL CURE OF HERNIA.

Dr. Vans Best proposes a simple operation for the radical cure of hernia that requires neither the invagination of the parts, nor the use of plugs or buttons, whether of India-rubber or split shot. The steps of the operation are these: He uses a rather long-handled, flat nevus or hæmorrhoid needle, well bent (quite a semicircle) from shoulder to tip, of one and a half inches in diameter, not too wide, and sharpened on both sides from one-third of an inch from the point. This needle, with a plain dissecting forceps and strong salmon-gut, is all that is required for the operations. After chloroform has been fully given and the hernia reduced, the thigh must be adducted and flexed. The finger, as usual, is introduced *quite within the internal ring*, carrying the integument in front of it up the canal, whilst an assistant draws the skin of the abdomen firmly over towards the opposite groin. The threaded needle is then passed close to the finger, a small piece of wax having been moulded on its point (instead of a cannula): the handle of the needle is raised, and the point pushed through the internal pillar and the abdominal parietes, close within the internal ring. The portion of gut on the convex side of the needle is seized by the forceps of the assistant, and the