Whitman. The backward displacement of the foot accompanied with astragalectomy are the essential features of this operation, and they have been utilized to great advantage in all types of paralytic foot deformities. When successful a firm basis for standing and walking has been secured, and after a few months of supervision the patients have been able to walk without artificial aid, thus probably stimulating the growth of the paralyzed extremity. The improved circulation so increased the warmth of the feet that the tendency to chilblains was lessened.

THERAPEUTICS

UNDER THE CHARGE OF

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Hay Fever and Certain other Local Anaphylactic Phenomena Referable to the Respiratory Mucous Membrane.—HICHENS and BROWN (*Jour. of Lab. and Clin. Med.*, 1916, i, 457) summarize the principles of the present-day treatment of hay fever. They divide the treatment into measures to be taken two to three months previous to the hay-fever season and measures to be taken immediately to control the acute attack. When the patient can be studied beforehand a survey of his habitual surroundings, and skin tests should be made with pollens of such plants that may be considered as having a possible connection with the anaphylactic phenomena. If the attack has already started, treatment should be begun at once with a vaccine representing the pollens most likely to be responsible for the attack. If the treatment does not give entire relief, an exact diagnosis may be made quite independently of the treatment. Hichens and Brown report 63 cases of hay fever treated with pollen vaccines, of which 18 were complicated with asthma; of these 18, 11 were entirely relieved, 3 were considerably relieved, 1 was not relieved, and 3 were not reported. Of the remaining 44 cases, 17 were entirely relieved, 18 were considerably relieved, 4 were slightly relieved, 2 were not relieved, and 3 were not reported. One patient, who was treated in summer and autumn for two years, was apparently cured. The two vaccines used by the authors were, in the spring, a mixture of pollens from red-top timothy, rye, and orchard grass, and, in the fall, the pollen of ragweed alone. They call attention to the fact that in every case the possibility of a concurrent bacterial infection must be taken into account. Cases that present especial difficulty in treatment are those that suffer from hay fever from earliest spring to latest autumn.

Some Observations on the Treatment of Hay Fever.—WILSON (*Laryngoscope*, 1916, xxvi, 937) reports 26 cases of hay-fever treated by the injection of various pollen extracts and 22 cases treated by cal-