New Method of Treatment for Backward Dislocation of the Hip.—Elgart (Centralblatt für Chirurgie, August 22, 1903) states that the method consists in anesthetizing the patient, who is then placed upon the floor, and then the operator should get down on one knee and place the dislocated limb over his thigh, and then, while an assistant securely holds the patient's pelvis, the operator should grasp the ankle with one hand and make traction, while with the other hand clasped on the thigh, the femur should be rotated inward and the leg pressed outward. In a bad case of backward dislocation this was followed on the first trial by perfect reposition. The method differs from Kocher in that, by placing the dislocated limb over the operator's thigh, much more pressure can be brought to bear, and, as a result, the reduction becomes easier.

The Lotheissen Method of Radical Cure for Femoral Hernia.—Gilli (Centralblatt für Chirurgie, August 8, 1903), after giving in detail the method employed, states that his experience has shown that the separation of the falciform process and of Poupart's ligament in these cases of irreducible hernia distinctly simplifies the condition of the hernial sac, as well as shortens the time of operation. The technique consists in making an incision parallel to Poupart's ligament, then exposing the sac of the hernia, which should be separated from its attachments at the edge of the ring. Then the aponeurosis of the external oblique should be separated and a Kocher sound should be passed between the sac and the falciform process until its tip appears at the abdominal side of the inner crural ring. The inguinal ligament and the falciform process can then be separated on the sound. After this separation the sac of the hernia may be easily isolated. The advantages of the method are: 1. That the separation is accomplished under the eyes of the operator, and there is no necessity for blind, uncertain work with a hernia knife, and any bleeding which may occur can be easily controlled. 2. In case of bad strangulation, the contents of the hernia are exposed to full view and can be thoroughly inspected before being replaced within the abdominal cavity. Experience has shown in cases where general anaesthetics are contraindicated that this method may be used with great satisfaction under local anaesthesia.

Physostigmine in the Treatment of Intestinal Atony.—Guglielmo Curlo concludes from his laboratory and clinical experiments that this substance (1) manifests an excitant action upon the intestinal
muscles which results in spasm with increased peristalsis, (2) it is especially indicated in all forms of coprostasis due to intestinal atony, being contraindicated in spastic conditions, acute and chronic intestinal catarrh, and mucocomembranous enterocolitis. (3) On account of its spastic action in increasing the tone of the intestinal muscles it is an excellent remedy for meteorism. (4) The maximum daily dose which can be given without symptoms of intolerance is from $\frac{1}{4}$ to $\frac{1}{2}$ grain, but the usual dose is one-half of this quantity. (5) Myosis and salivation mark the point of tolerance of the remedy. (6) The preferable salt is the salicylate, and it is best administered as a pill.—La Riforma Medica, 1903, No. 37, p. 1009.

Action of Hæmolytic Sera—Dr. Robert Muir discusses this question from several points of view, detailing a number of experiments and methods of experimentation from which he derives the following conclusions: (1) Immune body and the complement differ markedly from each other in their mode of combination and in the firmness of their union. (2) Immune body can be in part separated before hæmolysis from red corpuscles containing multiple doses. (3) When red corpuscles containing multiple doses of immune-body are hæmolized by the minimum dose of complement the surplus molecules of immune-body remain attached to the receptors of the red corpuscles and can be in part separated. (4) Complement either after its union directly with cells or indirectly through the medium of an immune-body cannot be separated again. (5) Each dose of immune-body taken up by red corpuscles, in addition to the hæmolytic dose, leads to the taking up of an additional amount and corresponding amount of complement necessary for hæmolysis may be used up. (6) When red corpuscles containing multiple doses of immune-body are fully saturated with complement, immune-body can still be separated. The immune-body thus obtained comes off alone and not in the combination I. B. + C.—Lancet, 1903, No. 4172, p. 451.

Nauheim Treatment in Chronic Affections of the Heart.—Dr. Leslie Thorne, basing his conclusions on an experience with the Nauheim methods during the past seven years in London, divides his cases of heart disease into four groups: (1) those who will be cured; (or) benefited very greatly by the treatment; (2) those which cannot be cured, but can be greatly benefited; (3) the doubtful cases, and (4) unsuitable cases. Of the cases which will be cured or benefited very greatly by the treatment, the dilated, enfeebled, and irritable heart, a sequela of influenza, is one of the most promising, and it is also one that, in many instances, resists treatment by drugs, rest, or change of air, so that the unfortunate sufferer often becomes a chronic invalid with nothing but a broken and almost useless life to look forward to. He believes it no exaggeration to say that the Nauheim treatment often gives a new lease of life to these cases, though if they are of a severe type they may require two, or even three courses, at intervals of nine months to a year to restore them to health. Another class of cases which belong to the first group is that of the dilated and enfeebled heart produced by the raised arterial tension present in the circulation of patients suffering from rheumatic or gouty diatheses. This slowly but continuously acting pressure produces in time an overloaded and overworked heart,