points out 1, that a conservative treatment may prove successful even in seemingly hopeless cases of a neglected ichorous inflammation of injured large joints. As is known, Esmarch, Volkmann, Billroth, Kolomnin, Albert, Heitzmann and other authorities recommend under similar circumstances, either resection of the joint or an amputation of the limb above the articulation affected; 2, that a successful issue in cases like the above adduced must be attributed solely to adoption of strictest antiseptic rules; 3, that in every one and all of those seemingly hopeless cases, the surgeon's moral duty is to make an attempt at preserving the patient's limb, before resorting to any grave mutilation as involved by resection or amputation.---*Proceedings of the Arkhangelsk Medical Society for 1887*, vol. ii, 1888.

VALERIUS IDELSON (Berne.)

II. Contribution to the Surgery of the Joints. By P. SENDLER (Magdeburg). The author gives at length the histories of fifteen operations on the knee in 13 patients. Most patients being children two and a half to four years of age, adults, twenty to thirty-five years. Fifteen operations were performed, the disease affecting both knees in two patients. Four of these operations were arthrotomies; with two exceptions tuberculosis was the indication for operative interference. In five cases in which an attempt was made to obtain favorable ankylosis four were successful. In those cases where tuberculosis of both knee-joints was present ankylosis was desired in one knee only and obtained. There is nothing new brought forward in the paper.—*Deutsch Zeitschr f. Chir.* bd. 27, heft. 3 and 4.

HENRY KOPLIK (New York).

III. "Resectio Dorsalis Tarso-Metatarsea." A New Operative Procedure. By R. GRITTI. This operation is designed for the removal of the basis of the metatarsal and the adjoining tarsal bones. The operation is performed as follows: A cross incision of the skin is made over the instep, somewhat above the basis of the metatarsal bones; at each end of this an incision is carried, the one along the outer and the other along the inner border of the foot. These, when completed, should mark out a letter H. The two rect-