produced by nervous influences of permanent or mostly passing character, such as excessive fear or fright, is in the estimation of the author, one of the most important contra-indications against the use of chloroform.—*N. Y. Med. Record*, April 23, 1887.

VI. Tannic Acid as a Surgical Dressing. By T. J. HUTTON, M. D. (Fergus Falls, Minnesota). Tannic acid forms an excellent dressing in three classes of wounds: (1). Incised wounds—applied after the sutures are inserted, or adhesive plaster is applied, if the wound does not require stitching. (2). Small wounds of irregular form and recent occurrence. (3). Wounds of moderate size in compound fractures. Wherever applicable, it excels all other dressings in the following respects: (a), convenience; (b), cheapness; (c), cleanliness; (d), efficiency. It is always ready and requires no mixing or measuring, and has neither smut nor smell. The author has used it with perfect satisfaction for sixteen years. The mode of application is simply to keep the wound covered with the powder. Healing under this dressing requires about one-third of the time demanded by liquid, oily or salve dressing.—*Jour. Am. Med. Assn.*, April 30, 1887.

JAMES E. PILCHER (U. S. Army).

VII. Coffee to Disguise the Odor of Iodoform. RICHARD NEALE, M. D. Dr. Neale says it is objectionable (1) because the deodorization does not last (2), because it is difficult to grind it fine enough. He recommends macerating the coffee in hot lard or vaseline. All the deodorizing powers are absorbed and an unirritating ointment can be prepared.—*Brit. Med. Jour.*, May 21, 1887, p. 1,095.

C. B. KEETLEY (London).

OPERATIVE SURGERY.

I. Kocher's Method of Ankle-Resection from an External Transverse Incision. By Dr. F. DUMONT (Bern). The many methods of resecting the ankle-joint are, D. suggests, owing to the limited applicability of each. He here describes the method practiced in Kocher's clinic since 1883, and claims that it gives a complete exposure of the joint. It is, therefore, suitable in most cases where the operation is indicated.

The foot being held at its normal right angle, an incision is made from the tendo Achillis, with a slight downward curve over the tip of the external malleolus to the extensor tendons. After dividing skin and fascia the peroneal tendons are exposed, tied with two loops and divided between. This last cut also opens the external part of the talo-crural joint. The ligamentous attachments to talus and calcaneus are then severed, and the joint capsule prepared from the anterior and posterior side of the tibial joint surface as far towards the internal malleolus as possible. The foot can now be readily dislocated inwards, care being taken not to break off the internal malleolus. The interior of the joint is now exposed in its totality. After excision of the diseased parts the foot is again brought to its usual position and the tendons sutured. For this suture he has a special method. The thread bears a needle at both ends. These are passed into the side of the tendon near the end—a little distance apart—and then out through the central part of the cut surface, in again through the corresponding points of the other cut surface and finally out where the free ends of the thread are tied. The advantage of this is that the suture does not easily cut through. The wound is now closed and treated as usual.

This method closely resembles that of Reverdin, except that the latter also divides the tendo Achillis and does not suture the peroneal tendons. In four cases Kocher has performed arthrotomy on this plan for tubercular disease of the ankle-joint in children. The results after from one and three-fourths to two and a half years' observation of the cases were excellent, though, of course, some slight stiffness of the joint usually remained. A fifth case, of his own—girl of 16 years with fungous synovitis—also gave a good result, though motion in the joint had not been recovered up to 14 mo. p. o. All the patients were able to walk well again.

The method is specially recommended for cases where all parts of the joint are affected.—*Arch. f. klin. Chir.*, 1886, Bd. 34, Hft. 2.

WM. BROWNING (Brooklyn).

II. A Rapid and Easy Method of Excision of the Hip Joint. By MILTON JOSIAH ROBERTS, M. D. (New York). This