functional result of operation is bad in the recorded cases. The patients must use crutches for the rest of life. The prognosis as to life following upon operation is good. All cases recorded have recovered after operative interference.—*Zeitsch. f. Chir.*, bd. 27, heft 5 and 6.

V. Traumatic Luxation at Both Hip Joints. By DR. PAUL NIEHAUS (Bern.) The author reports a case of double luxation at the hip and has collected 26 cases with literature including his own of the same accident. Of these cases the head of the femur on both sides was thrown forward (obturatoria) in 4 cases and in 4 cases the head of the femur on both sides was thrown backward (iliaca). In the remaining case the head of the femur held different positions on either side. In twenty cases reduction was successful. In four there was no relief. One case (author's) died not as a consequence of the luxation but the means of relief (resection.) Causes of these luxations were various generally a trauma pushing the trunk violently forward or backward. In one case a force falling on the sacral region while the body was bent forward and the thighs balancing in an extremely abducted position on the feet. Again external violence imparting a severe twist to the pelvis will produce the above accident.—*Zeitsch. f. Chir.*, bd. 27, heft 5 and 6.

HENRY KOPLIK (New York).

VI. Cure of Acute Osteo-Myelitis of Neck of Femur; Recovery with Unimpaired Joint. By N. C. MACNAMARA (London.) A strumous looking lad, æt. 9, about 14 days before admission received a severe blow over the region of the great trochanter of his left femur. At the time of the accident there was no external bruise, but he suffered great pain at the seat of injury, especially when he attempted to move the limb. On admission the temperature was 103°; the left thigh was slightly flexed and abducted; any attempt to move the limb caused violent pain in the joint. The thigh was not swollen, but the depression along Poupart's ligament was obliterated from effusion into the joint and surrounding tissues. Ice bags were applied over the joint without any relief, and a splint fixed to the limb. Two days after admission, the symptoms having increased in severity,

an incision was made from behind the great trochanter into the joint, so as to afford drainage as the boy lay on his back in the bed. On examination of the joint with the finger, the neck of the femur felt rough and bare; and the tip of the finger could be inserted between the neck of the bone and the epiphyseal cartilage when the patient's leg was abducted. While this was being done a small quantity of pus escaped from the wound. This pus was found to be swarming with staphylococci. The operation was done under strict antiseptic precautions, and a drainage tube was retained in the joint. The boy passed a good night, the pain having almost completely disappeared. The dressings were removed on the fifth day after the operation, and the drainage tube on the 12th. In the course of six weeks he was discharged, being able to walk without the slightest inconvenience, and the movements of the hip joint being perfect. In some remarks which the author appends, attention is drawn to the good results which can be obtained from early interference in cases of acute inflammation in growing bones.—*British Medical Journal*, July 14, 1888.

H. PERCY DUNN (London).

VII. The Results of Orthopædic Surgery in Pes Varus.

By DR. G. KRAUSS, JUN. (Darmstadt.)—This is a very exhaustive critique and review of the various methods, non-operative and operative, of the treatment of club foot. The author draws on the material of Krauss, senior, for the support and illustrations of conclusions tending to favor almost exclusively the methods of treating club foot with apparatus. The author concludes that the weight of opinion tends to hold in an unfavorable light the operation of cuneiform resection of the tarsus. One case is cited where the wedge-shaped resection having been performed without result, relief was sought in the orthopædic methods (splints, shoes, etc.).

The talus extirpation also is unsatisfactory. There remains the treatment advocated in Germany by Krauss by means of orthopædic apparatus. The operation of Phelps, the author thinks, is still too young to command any positive opinion as to its true position. There is nothing new brought forward in the paper.—*Deutsch Zeitsch. f Chir.*, bd. 27, heft 3 and 4.