The biliary fistula, by relieving the retention, may change the whole aspect of the case, if the other organs are not too seriously injured. It is, however, where the biliary passages are infected that this operation renders the greatest service, permitting thorough antiseptis, which may be subsequently followed up by a choledochotomy, if persisting symptoms indicate it.

The Treatment of Backward Dislocation of the Thumb.—HUTCHINSON (*British Medical Journal*, January 15, 1898) reviews the treatment of this dislocation and the anatomical relations of the parts, and, while insisting that there is nothing absolutely new in the treatment advised, shows that in many cases the following method of treatment is available and satisfactory, and that it is often overlooked in compiling text-books on surgery, and is apparently unknown to many surgeons :

His advice is : 1. In backward dislocations of the first thumb-phalanx, a careful trial should be first given to the manipulation method described so well by Mr. Farabeuf and others.

2. If this fails a tenotome should be introduced from the dorsum, behind the projecting base of the phalanx, so as to divide the glenoid ligament and allow the sesamoid bones to slip on either side of the metacarpal head.

3. This method of section divides no important structures, is perfectly safe if aseptic precautions be observed, and will not interfere with the subsequent utility of the joint. It is, therefore, preferable to all methods involving a palmar incision.

The Treatment of Chronic Ulcers of the Leg.—V. LANGSDORF (*Centralblatt für Chir.*, November 20, 1897, No. 46) describes the following method, which has resulted in his hands in rapid and permanent healing.

The first step is thorough antiseptis of the wound and surrounding skin ; this he procures by first washing the entire leg with soap and water and carefully drying it. Then the area of the wound is covered with calomel, which is converted into a thick paste by mixing it with water. Over this paste salt is strewn and thoroughly mixed in. A gauze and cotton dressing is then applied. The action of the salt upon the calomel produces sublimate. This nascent sublimate is very active, and for three or four hours produces an intense burning, which gradually subsides.

After twenty-four hours the wound is dressed, and a dry wound free from unhealthy granulations is found, which is perfectly aseptic. The pain which had accompanied the inflammation and infection in the surrounding skin margins is almost entirely cured by this dressing. The application of unguentum basilicum, with rest in bed, produces a speedy covering of the wound with new skin. Exuberant granulations are touched with crystals of copper sulphate. If there is an area which refuses to heal, toward the end of the treatment, the author applies a healing ointment to a sterile piece of cardboard, holding it firmly in place with a compressive cotton dressing and bandage. After complete cicatrization the whole lower leg, including the foot, is placed in a fixed dressing for two weeks. The resulting skin is very firm, and does not have the tendency to break down which is so often seen in these cases after other forms of treatment.