

and finally, when the patient came under the writer's care, an osteomyelitis of the lower extremity of the femur demanded operative interference. The bone was trephined and pus and necrosed bone removed. The patient made a complete recovery, but some time later, while under massage, felt a sharp pain that extended into the joint. This was in April; in December he was again admitted to the hospital, where it was discovered by the aid of the Röntgen ray that a fracture had taken place at the seat of the former operation. It was surprising that this fracture should have given so little annoyance, and that a pseudarthrosis should have persisted, without consolidating, for so many months. An operation would have been the treatment adopted by many surgeons, but fifty-five days of complete immobilization sufficed to produce firm bony union, as demonstrated by a skiagraph. It is a case that demonstrates the value of conservative surgery in appropriate instances.

The Immediate Correction of the Deformities Resulting from Pott's Disease.—GOLDTHWAIT (*Boston Medical and Surgical Journal*, July 23, 1898) gives the following as the conclusions which he has derived from his experience with this method:

It has been clearly shown that similar operations have been performed at different periods in previous centuries.

The operation, as simplified by the writer, has been performed in a number of cases, upon which the paper is based. An apparatus is described by which it is possible to accomplish the correction without the necessity of a large number of assistants, and which makes it possible to apply the plaster-of-Paris jacket with marked hyperextension of the spine. No unpleasant results have been experienced, and in five cases in which paralysis was present the recovery was almost immediate.

In cases which begin acutely the operation seems to promise a moderate diminution of the existing deformity, and with the method of after-treatment as advised it is probable that the course of the disease will be shortened and that the usual increase of the deformity will be avoided.

In cases in which there is marked deformity the operation is justifiable at times, in order to secure better respiratory and digestive action, as well as to improve the position of the spine. In these cases considerable relapse is to be expected, owing to the extensive destruction of the bones and the imperfect osseous repair which takes place in tubercular disease.

The Treatment of Vicious Positions of the Femur after Coxalgia.—PHOCAS (*Rev. d'Orthopédie*, September, 1898) summarizes his views on this subject as follows:

1. In spite of all the other therapeutic measures proposed for the bad positions following coxalgia, linear subtrochanteric osteotomy should be considered the operation of choice.
2. In certain particular circumstances mechanical correction or arthrectomies are procedures that may be advantageously employed.
3. Rarely other forms of osteotomy may be employed.
4. Subtrochanteric osteotomy may, in certain cases, be employed with advantage in the treatment of coxalgia in the course of its development.

5. Bilateral subtrochanteric osteotomy may be advantageously employed in cases of bilateral ankylosis of the hips, especially if the limbs are fixed in a crossed position.

The Curative Power of Antivenomous Serum.—CALMETTE (*British Medical Journal*, May 14, 1898), in referring to a criticism of the antivenomous serum which he has discovered and prepared, says that it antagonizes the action of all venomous poisons, and that the reason certain others have not secured results equally as good as his is that they have not taken into full account the difference in weight between the animals experimented upon, and have therefore not used the serum in doses proportionate to the weights and resisting power of the animals employed.

The author also maintains in the most emphatic manner, and in spite of adverse criticism, that the serum of an animal hypervaccinated against a very active venom can, when injected in a sufficient quantity, prevent the death of an animal inoculated with fatal doses of venom of other serpents.

The Cure of Extrophy of the Bladder by Cysto-colostomy.—TUFFIER (*Gaz. Hebdom. de Méd. et de Chir.*, July 14, 1898) gives the following details of an operation which he has performed successfully, with relief of this troublesome condition :

1. The entire mucous surface of the bladder is dissected free, with the exception of the vesical trigone and a small margin of mucous membrane. Special care must be taken in the upper portion, where the peritoneum is closely associated. Rigid sounds are passed into the ureters, which facilitates their dissection for some distance upward. The entire field of operation is then carefully protected by aseptic cloths.

2. The peritoneal cavity is then opened as low down as possible, the sigmoid flexure is drawn out with as little traction as possible, forming a hernia through the peritoneal opening, which is closed about it. The intestine is then opened by a longitudinal incision as if for an artificial anus.

3. The vesical trigone is then sutured to the borders of this opening, thus adding a portion of the bladder to the intestinal wall. Mucous membrane is sutured to mucous membrane and the muscular coat of the bladder to the sero-muscular coat of the intestine. Either silk or catgut may be employed.

4. The cutaneous and aponeurotic layers are then sutured together.

For a few days a fistula may persist from which fecal matter and urine are passed; it, however, will close spontaneously.

Four months after the operation the abdomen is completely healed, with a deep depression where the bladder had been. The urine passes entirely by the intestine. There is no abdominal pain, no sign of intestinal inflammation, and no pruritus ani. The patient has five or six stools a day without any inconvenience. The general health is good, and there is no indication of renal involvement. The condition resulting from the operation is therefore much to be preferred to that obtained by any other operative procedure.

Prostatectomy by Combined Suprapubic and Perineal Methods.—WATSON (*Boston Medical and Surgical Journal*, May 5, 1898) describes an operation in which both lateral lobes of an hypertrophied prostate were removed