

surgical interference should be followed by success in the greater majority of such cases. This should consist in opening and thoroughly draining the inflammation of the space of Retzius just as soon as it appears, and if possible the calculus should be removed. If of small size it should be removed through the fistulous tract, but if the stone is large or the fistula is small, long, or tortuous the calculus should be removed by either the perineal or suprapubic routes, and of the two the perineal route is, as a rule, the method of choice.

**The Primary Suture Treatment of Fractures.**—VÖLCKER (*Centralblatt für Chir.*, 1902, No. 26) states that it is an assured fact that a good result in a case of fracture depends upon the replacement of the fragments, and the experience of the last few years has shown that under careful asepsis one may cut down on the fractures when there has been a bad result, break up the adhesions, freshen up the ends of the bone, and then place and maintain the fragments in good position by either wires, or screws, or some other appropriate appliance. Experience in the Heidelberg clinic has shown that the indications for the operative treatment of subcutaneous fractures are only limited. In many cases, especially those of separation or fracture of the epiphyses, is the operation a difficult one, and in every case there is the danger of infection. The cases so treated, as a rule, unite much more slowly than when not sutured, and a fistula may result. The principal indication for the use of the primary suture is in those cases of compound fracture where operative interference is a necessity. This operation is indicated in double fractures of the same limb. Experience has shown that those fractures where one is most anxious to get a good result, as in those involving a joint, the primary suture method has not proved to be a success, but future experience may prove that it will have some value in this type of cases.

## THERAPEUTICS.

UNDER THE CHARGE OF

REYNOLD WEBB WILCOX, M.D., LL.D.,

PROFESSOR OF MEDICINE AND THERAPEUTICS AT THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL; VISITING PHYSICIAN TO ST. MARK'S HOSPITAL,

AND

SMITH ELY JELLIFFE, M.D., PH.D.,

PROFESSOR OF PHARMACOLOGY AT THE COLLEGE OF PHARMACY; CLINICAL ASSISTANT AT THE VANDERBILT CLINIC (COLUMBIA UNIVERSITY), NEW YORK.

**Physiological Action of Male Fern.**—DR. W. SCHAUB has been experimenting on the extract of male fern, the active ingredients of which are now considered to be fillicic acid, flavaepidic acid, albaspidin, aspidinol, and derivatives of phloroglucin. By experiments on frogs he found that the lethal dose for fillicic and flavaepidic acids was 2 mg., and for aspidinol and albaspidin 1 mg. for every 50 grammes of body weight of decomposition