

peritonitis. The case was an unfavorable one for operation on account of the long duration of the illness, and the repeated attacks of jaundice.

The third case is reported by MR. BALLS-HEADLEY. The patient had suffered for seven months before operation with a tumor in the right hypochondrium, and dragging and aching pains. She had not had jaundice. Examination showed a fluctuating and freely-movable tumor in the region of the gall-bladder. The abdomen was opened and six ounces of dense bilious fluid were removed by a trocar. The opening in the gall-bladder was then enlarged, and the cavity was explored by the finger. The walls of the gall-bladder were stitched to the abdominal walls, and twenty-five gall-stones were removed with the finger and forceps. A remaining stone was felt high up, under the right ribs, impacted in the cystic duct. It was found impossible to remove this stone. The patient recovered without difficulty. The biliary fistula, however, remained opened, and eight months after operation it was still discharging about half an ounce of clear mucus a day, and the stone could be felt by a probe to be in the same place.

In the discussion which followed the reports of these cases the question was raised between cholecystectomy and cholecystotomy. Mr. Lawson Tait, from his own personal experience, is strongly in favor of cholecystotomy.

RESULTS OF THE TREATMENT OF HIP-JOINT DISEASE BY THOMAS'S SPLINT.

RIDLON (*New York Medical Journal*, vol. lii., No. 14) communicates the results of his observations upon 62 cases of hip disease treated by Thomas; these cases were seen during a twelve-days' stay at Liverpool, and represent rather a picture of Thomas's daily work than of the final results of treatment. Of the observed cases the average duration of limp before treatment was commenced was a little over ten months. Contrary to what is generally believed, it was found that the long splint—that is, the one extending from the lower angle of the scapula to the lower third of the leg—had not always been put on at the beginning of treatment, but that the short splint which does not lock the knee had been used instead. In some cases the short splint had been replaced later by a long splint, but in others its use had been continued throughout the entire course of treatment. Nearly all the patients were found walking around without the high shoe and crutches, and it was common to allow patients to walk before deformity had been overcome, and while muscular spasm and deformity, and sometimes pain, still persisted. Of the 58 patients who had been under treatment for a longer or shorter time 23 had at some period of their course, some before, but many after treatment had been commenced, suffered from abscesses. Of these, one had disappeared without opening, and another was undergoing rapid absorption. There were 27 cases which were either cured or were so well advanced in convalescence that it was not thought dangerous to test mobility thoroughly. Of these, 12 had no motion, 10 had slight motion, 2 had motion of 90 degrees, and 3 had normal motion. It is, of course, impossible to formulate conclusions after a short observation of comparatively few cases, but Ridlon states as his general impression that very many of the patients who have had the short splint applied before muscular spasm and pain had subsided and before

deformity was reduced, and who have been allowed to walk without a high shoe and crutches, present a moderate degree of adduction, absence of motion, and in a few cases slight flexion. On the other hand, patients who have worn the long splint until cured, who have remained in the horizontal position until all pain and muscular spasm subsided, who have then used the high shoe and crutches, and who have been carefully watched and nursed, have been cured without flexion and without deformity other than that due to bone erosion and arrested growth. Moreover, in these cases motion has been free, and, in some instances, even normal. Finally, those patients who have had no traction are found to be singularly free from the conditions which it is commonly believed are to be relieved only by long-continued traction.

LATERAL DEVIATION OF THE SPINE AS DIAGNOSTIC OF POTT'S DISEASE.

On the basis of Bartow's observation as to the frequency with which lateral deviation of the spine is found in cases of dorsal and lumbar Pott's disease, LOVETT (*The Boston Medical and Surgical Journal*, vol. cxxiii., No. 15) made careful observations upon some thirty cases of spinal caries. He finds that in untreated cases the presence of lateral deviation is universal. This deformity is least characteristic when the disease involves the cervical vertebrae; but in all other cases, if the patient be stripped and inspected from in front when standing as squarely as he can hold himself, it will be found that a perceptible degree of deviation of the spinal column is present. This is much more readily perceived in this way than when the back alone is inspected. The picture presented is not like that of rotary lateral curvature. There is a distinct leaning of the body toward one side or the other, rather than a sinuous distortion. This leaning is most frequently toward the right, and is of diagnostic value because it is one of the earliest symptoms of Pott's disease. In several cases it could be distinctly perceived when other symptoms were slight and ill-marked. Rotation was never very marked, being in no way comparable to that found in true scoliosis. When observed, it was often found not to follow the same rule as in scoliosis—that is, rotating backward on the side of the convexity of the curve. In a third of the cases the rotation was in the opposite direction. The lateral deviation was much more noticeable in the standing than in the lying position, and is probably due to reflex muscular spasm.

MUSCLE-TRANSPLANTATION.

The experimental research of GLUCK (*Deutsch med. Woch.*, No. 17, 1890), which seems to show that comparatively large pieces of muscle could be transplanted and maintain their vitality and physiological functions, leads him to conclusions so entirely opposite to generally accepted histological and pathological teachings that MAGNUS (*Münch. med. Woch.*, No. 30, xxxvii. Jahrg.) conducted a series of test-experiments. As a result he finds that, after excision of a portion of muscle and repairing the defect by muscle taken from an animal of the same species, if the seat of operation remains sterile the transplanted fragment apparently retains its vitality and becomes physiologically active, since examination two months after operation shows no difference