and probably the necrosis and gangrene existing at operation, had so existed for several hours.

Summary
(1) A case of Torsion of the Spermatic cord is reported.
(2) The important features of such cases are summarized from the literature.

TORSION OF INTRO-ABDOMINAL TESTIS
(2) Atlee: Lancet, 1911, ii, 761.
(13) Chevassu: Arch. gen. de chir., Par., 1908, ii, 225.
(15) Cotte: Lyon med., 1911, cxxvi, 758.
(22) Eitel: Northwest Lancet, 1905, xxv, 418.
(23) Ence: Arch. de chir., Par., 1920, 23.
(36) Howe: Royal College of Surgeon's Museum.
(38) Johnson: Ann. Surg., 1906;
(43) Keyes, E. L. Collins, C. W., and Campbell,

Digitalis has been known to medical science since it was brought to its attention in 1785 by William Withering. Although that is approximately a hundred and forty years ago, we have yet no drug which can replace it in the treatment of heart disturbances. The history of digitalis is a most interesting story. Perhaps its most interesting phase is the correctness of the first observation which, though disregarded during much of the early work, has finally been proven to be correct.

For therapeutic application digitalis has been prepared in many different ways. The strength and assay of these preparations varied greatly, and as a result dosages were difficult. It was not until 1815 that standardization of digitalis became uniform. Since this time, however, the U. S. P. dosures or the powdered leaf can be depended upon for assay. It is no longer necessary to use special preparations which are much more expensive to the cardiac patient.

The actions of digitalis upon the animal organism are many. These are all less or secondary to its effects upon the heart. This action, which is usually that of increased strength yet slowing the beat, is due to a combination of effects. Both vagus stimulation and direct action upon cardiac muscular play their roles in producing this heart

...
and probably the necrosis existing at operation, had several hours.

Summary

(1) A case of Torsion of the Abdominal Cord is reported.

(2) The important features are summarized as follows:

TORSION OF THE ABDOMEN


(10) Bryan: Tr. M. Soc. 1907, 211.


(12) Campbell: Meredith F., Obs. 1927 (March), 211.

(13) Chevasse: Arch. gen. de l'op., xlii, 225.


(15) Cotte: Lyon med., 1911, 129.


(20) De Quervain: Leut. ztschr., 1893, 282.


(22) Eccles: Lancet, 1911, i, 253.


(29) Going and Keith: Lancet, 1907, iv, 129.


(33) Guarner: Arch. gen. de l'op., xlii, 225.

(34) Guarner: Arch. gen. de l'op., xlii, 225.

(35)歆默: Arch. gen. de l'op., xlii, 225.

(36) Howse: Royal College of Surgeons Catalogue, 1912, 129.

(37) Howse: Royal College of Surgeons Catalogue, 1912, 129.

(38) Howse: Royal College of Surgeons Catalogue, 1912, 129.


(40) Jour. of the Med. and Chir. Soc. 1916, 211.


(45) Lusky: Arch. gen. de l'op., xlii, 225.

(46) Lusky: Arch. gen. de l'op., xlii, 225.

(47) Lusky: Arch. gen. de l'op., xlii, 225.

(48) Lusky: Arch. gen. de l'op., xlii, 225.

(49) Lusky: Arch. gen. de l'op., xlii, 225.

(50) Lusky: Arch. gen. de l'op., xlii, 225.

(51) Lusky: Arch. gen. de l'op., xlii, 225.

(52) Lusky: Arch. gen. de l'op., xlii, 225.

(53) Lusky: Arch. gen. de l'op., xlii, 225.

(54) Lusky: Arch. gen. de l'op., xlii, 225.

(55) Lusky: Arch. gen. de l'op., xlii, 225.

(56) Lusky: Arch. gen. de l'op., xlii, 225.

(57) Lusky: Arch. gen. de l'op., xlii, 225.

(58) Lusky: Arch. gen. de l'op., xlii, 225.

(59) Lusky: Arch. gen. de l'op., xlii, 225.

(60) Lusky: Arch. gen. de l'op., xlii, 225.

(61) Lusky: Arch. gen. de l'op., xlii, 225.

(62) Lusky: Arch. gen. de l'op., xlii, 225.

(63) Lusky: Arch. gen. de l'op., xlii, 225.

(64) Lusky: Arch. gen. de l'op., xlii, 225.

(65) Lusky: Arch. gen. de l'op., xlii, 225.

(66) Lusky: Arch. gen. de l'op., xlii, 225.

(67) Lusky: Arch. gen. de l'op., xlii, 225.

(68) Lusky: Arch. gen. de l'op., xlii, 225.

(69) Lusky: Arch. gen. de l'op., xlii, 225.

(70) Lusky: Arch. gen. de l'op., xlii, 225.

(71) Lusky: Arch. gen. de l'op., xlii, 225.

(72) Lusky: Arch. gen. de l'op., xlii, 225.

(73) Lusky: Arch. gen. de l'op., xlii, 225.

(74) Lusky: Arch. gen. de l'op., xlii, 225.

(75) Lusky: Arch. gen. de l'op., xlii, 225.

(76) Lusky: Arch. gen. de l'op., xlii, 225.

(77) Lusky: Arch. gen. de l'op., xlii, 225.

(78) Lusky: Arch. gen. de l'op., xlii, 225.

(79) Lusky: Arch. gen. de l'op., xlii, 225.

(80) Lusky: Arch. gen. de l'op., xlii, 225.

(81) Lusky: Arch. gen. de l'op., xlii, 225.

(82) Lusky: Arch. gen. de l'op., xlii, 225.

(83) Lusky: Arch. gen. de l'op., xlii, 225.

(84) Lusky: Arch. gen. de l'op., xlii, 225.

(85) Lusky: Arch. gen. de l'op., xlii, 225.

(86) Lusky: Arch. gen. de l'op., xlii, 225.

(87) Lusky: Arch. gen. de l'op., xlii, 225.

(88) Lusky: Arch. gen. de l'op., xlii, 225.

(89) Lusky: Arch. gen. de l'op., xlii, 225.

(90) Lusky: Arch. gen. de l'op., xlii, 225.

(91) Lusky: Arch. gen. de l'op., xlii, 225.

(92) Lusky: Arch. gen. de l'op., xlii, 225.

(93) Lusky: Arch. gen. de l'op., xlii, 225.
and probably the necrosis existing at operation, had several hours.

**Summary**

(1) A case of Torsion of intro-abdomen is reported.

(2) The important causes are summarized.

**TORSION OF INTRO-ABDOMEN**


(2) Allee: Lancet, 1911, II, 726.


(10) Bryan: Lancet, 1907, iv, 129.


(14) Cotte: Lyon med., 1911.


(17) Curling: Diseases of the breast.


(22) Edington: Lancet, 1904, 726.


(36) Howse: Royal College of Surgeon's Museum Catalogue.


(45) Van der Toorn: Arch. f. klin. Chir., 1913, c, 1239.


(49) Wendel: Muench. med. Wchnschr., 1898, 777.


(52) **Kelly**: Liverpool Med. and Chir. Jour., 1912, xii, 394.
and probably the necrosis existing at operation, had several hours.

Summary

(1) A case of Torsion matoid crot is reported.

(2) The important causes are summarized:

TORSION OF INTRO-ABDOM

(1) Asherton: Med. Rec., 1

(2) Allee: Lancet, 1911, ii.

(3) Berg: Arch. Gyn., 27.


(5) Barry: Birmingham Med.


(7) Bevan: Jour. Amer. M

(8) Bevan: Jour. Amer. M

(9) Brazil:


(12) Campbell: Arch. gyn., 27.

(13) Chevassu: Arch. Gen. de


(15) Cotte: Lyon med., 1911.


(17) Curling: Diseases of th


(21) Eccles: Lancet, 1902, 1

(22) Edington: Lancet, 1904,

(23) Eitel: Northwest Lancet

(24) Englische: Lancet, 1900,


(26) Finney: Jour. Roy, Army


(29) Going and Keith: Lancet.

(30) Going and Keith: Clin. S


(34) Hare: Lancet, 1893, 603.

(35) Hare: Lancet, 1894, 403.

(36) Hare: Lancet, 1895, 603.

(37) Hare: Lancet, 1895, 603.

(38) Hare: Lancet, 1895, 603.

(39) Hare: Lancet, 1895, 603.

(40) Hare: Lancet, 1895, 603.

(41) Hare: Lancet, 1895, 603.

(42) Hare: Lancet, 1895, 603.

which would be about the equivalent to the amount

white has modified this

ous route. Pardee has shown that the dose recom­

used.

a second dose of one-fourth that size may be given

Digitalis is not a panacea and should be used only

the one-fourth minim per pound dose should be

be measured and not dropped from a dropper.

The massive dose method, first pointed out by

mended by the manufacturer in most instances is

the one-fourth minim per pound of body weight of digalen or

digitalin tablets should be

body weight and gives one-sixth of the total
dose three times daily for two days.

In an emergency the hypodermic method may be

closed and should always be the intravenous route.

Pardee has shown that the dose recomme

duced by the manufacturer in most instances is

the one-fourth minim per pound of body weight of
digitalin tablets should be

body weight and gives one-third to one-half of the total
dose three times daily for two days.

The largest was ruptured by a probe in the course of the

excretion of fundus of uterus to just below where tubes come

The patient was discharged twenty-four days after opera­

tion of fundus of uterus to just below where tubes come

undue force.

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