

A male patient was lately treated in the same manner for erysipelas, and the successful results were very quickly obtained. Mr. Luke has used the collodion very frequently in private practice: in one instance it was placed upon a young lady's face, excepting a small portion of the cheek, from which it peeled off. This part, soon afterwards, began to look redder, and projected beyond the surface of the surrounding skin, being, in some degree, herniated. This circumstance showed very clearly how great must have been the pressure which was exercised by the fluid. Thus it would appear that the collodion fulfils two indications of an important kind: it protects the inflamed surface from the contact of the air, and it contributes by the pressure it effects, in driving the blood from the distended capillaries.—*Lancet*, July 12, p. 60.

#### \* DISEASE OF THE ELBOW-JOINT; PECULIAR METHOD FOR OBTAINING SPEEDY ANCHYLOSIS.

[The Editor of "The Lancet" observes that it is only by carefully collecting the facts bearing upon this important mode of treatment, that we can throw some light upon the result obtained, and for this reason we present the following case, under the treatment of Mr. Gay.]

The patient whom we recently saw in the surgical ward, is twenty-nine years of age, of light complexion, and a rather nervous temperament. Four years ago he felt a stiffness of the elbow-joint, and an abscess subsequently formed in the under part of the fore-arm, about two inches from the elbow; it was opened, discharged for two months, and healed. The patient returned to his usual occupations, though the joint remained stiff, about four months before admission, the joint swelled and became again painful upon the slightest movement. He was then treated as out-patient to the hospital, and a large abscess formed on the outside of the arm, about two inches from the elbow, which was opened by Mr. Jackson, the house-surgeon. It discharged a considerable quantity of thick, curdy matter, and as the opening contracted, it was laid open again three weeks afterwards, when the patient was admitted into the hospital.

The joint was now enlarged, very painful, both when moved or compressed, and on rubbing the bones entering into the formation of the joint against each other, no doubt could exist but that the cartilages were gone. The patient's health was at this time much impaired, and the question of amputation was discussed. Mr. Gay preferred, however, adopting a plan which he has successfully employed in similar cases for some years past—viz., that of freely opening the joint by an incision along its outer side. This measure was at once carried into execution, the length of the incision being about two inches and a half.—A large quantity of pus escaped, and the finger passed in through the decessed capsule could readily detect the rough and depuded ends of the humerus and ulna. The wound was filled with lint, and the arm lightly bandaged: the subsequent fever was very slight, and the discharge, which was rather abundant, continued about one week. At this time it considerably diminished, the fever abated, and the joint began to be somewhat rigid. Mr. Gay prescribed tonics and a generous diet; directed water-dressing to the wound, and the arm to be pretty firmly bandaged. From this time the sore assumed a healthy appearance, the size of the joint diminished, it became stiff, and at the expiration of three weeks anchylosis was perfect. During this period, two sinuses, one running up under the integuments of the arm, the other those under the fore-arm, required free opening, but these incisions soon united perfectly.