phorus, bromides of potassium and ammonium, alkalies, pepsin, ergot, valerian, etc. In my own case neither quinine nor strychnine could be tolerated, owing to the unpleasant fulness in the head which resulted. This, however, might be obviated by a combination with Fothergill's hydrobromic acid. I derived the greatest benefit from a faithful perseverance in the use of the bromides, bicarb. potass., ammoniated valerian, solution of phosphorus and peptonics. A visit to the seaside for a few weeks, during the first fortnight of which I gained ten pounds in weight, gave me the first start on the road to recovery, which, being followed up by the treatment indicated, sufficed to put the enemy entirely to rout. The best prophylaxis will be found "in rigid self-control, a moderate ambition and the observance of regular habits,—

> Learning our little barks to steer,
> With the tide, and near the shore."

UNUNITED FRACTURE OF THE RADIUS AND ULNA, OF SIX YEARS' STANDING, SUCCESSFULLY TREATED BY RESECTION OF THE ENDS OF THE BONES, AND THE APPLICATION OF SILVER AND ANNEALED WIRE SUTURES.

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Read before the Oxford Medical Society, July 11th, 1878.

The patient, Mr. McFarlane, of Ratho, Ont., aged 54, consulted me about one year ago, relative to his arm. He informed me that in April, 1872, while working a stationary engine in the town of Hamilton, Scotland, he met with an accident which resulted in simple fracture of bones of the fore-arm.

The surgeon of the works was immediately sent for, and attended to the fracture. The patient was under his care for 11 months, during which time the bones failed to unite. Afterwards he was removed to the Glasgow Royal Infirmary, under the care of the celebrated surgeon, Prof. Buchanan, who, shortly after his admission, performed the operation of resection.

During the first few weeks he was confined to his bed, with the arm extended from the body without splints, and as soon as the external wounds were healed, a starch bandage was applied and worn for a long time. On removal of bandage, it was discovered that no union had taken place. They desired to operate again, but the patient would not consent, and shortly afterwards came to Ratho, with a perfectly useless arm.

On examination, I found that the bones had been broken at the junction of the middle and upper third, at or contiguous to the nutritious foramen. The bones were lapping each other about 1½ inch; forearm greatly atrophied and flexion of phalanges completely impaired, which impairment was largely due to the long continued use of the posterior splint on the forearm. I could not bring the ends of bones in a position, there being strong fibrous attachments between the bones laterally. After explaining the nature of operation necessary, the risk of same, and the probably unsatisfactory result, the patient left, concluding to think over the matter.

In about 6 months afterwards he called and requested me to operate. I did so last March 13th.

After the patient was about fully under the anesthetic, (ether being used) an Esmarch's bandage was applied, extending a little beyond the elbow. An incision about four inches in length was made along the post-superior part of forearm, over the seat of fracture. A similar one along the post-inferior part, and the bones exposed. It was with some difficulty that the bones were turned out, owing to extensive fibrous adhesions between the bones.

The ends of the bones were covered with dense fibrous tissue, and much pointed. About one half inch was sawn off each end, and a strong silver wire passed through the radius, and an annealed iron wire through the ulna, and twisted up, this bringing the cut surfaces in apposition. The ends of the wire were cut off and pressed down evenly to the bone, the flesh wounds being drawn together by silver sutures.

A solution, consisting of carbolic acid 1, and oleum olivæ 16, was applied as a dressing, and a rectangular splint, (a modification of Bond's) along the anterior surface, and firmly bound by a roller bandage.

Opposite the wounds, the bandage was cut across, converting that part into a many-tail, in order that the nurse could dress the wounds with-