

was submitted to an operation by Mr. Cæsar Hawkins, and portions of dead osseous material were removed. This proceeding was now repeated, by the same surgeon, who took away a large flat piece of bone from the lower part of the shaft, corresponding to the commencement of the popliteal artery in position. As it was believed there was some of the morbid action extending towards the front part of the bone, this patient will require additional assistance on another occasion.

All of the above patients are doing well.—*Lancet*.

MIDWIFERY.

CURE OF VESICO-VAGINAL FISTULA BY LIQUOR AMMONIÆ.

We are anxious to record an instance of the cure of vesico-vaginal fistula by the application, direct to its edges, of the liquor of ammonia. The case occurred in St. Bartholomew's Hospital, in June last, under Mr. Lloyd's care. The patient, who was twenty-six years of age, had been the subject of a fistula of the kind mentioned since her confinement in August of last year, and was, as is usual, much troubled and inconvenienced by the continual dribbling of her urine. A catheter was kept constantly in the bladder to relieve this condition, and the caustic ammonia was applied to the edges of the fistula, situated rather high up the vagina; and this was repeated a few times, with the effect of causing perfect closure, so that she was enabled to get up and walk about the ward without the escape of any urine into the vagina. On passing the finger into this passage, a deep indentation could be felt in the situation through which the urine had so long passed. She left the hospital, apparently cured, many weeks back. There can be no doubt, as we heard Mr. Lloyd remark recently, that the parts have been well tested by this time, and that the cure is complete.—*Lancet*.

PERIOD OF OSSIFICATION OF THE FONTANELLES,

M. Henri Rodger, whose researches respecting the auscultation of the head we lately referred to, [see *The Lancet* of Nov. 19th, p. 514,] has been led by these researches to attempt settling the exact time when the Fontanelles close. This occlusion, should according to the author, be studied clinically, and in the dead-house. By post-mortem examinations we may ascertain whether the occlusion is really of an osseous nature, and by the bed-side, we judge whether the fontanelle is or is not firmly closed, by the occluding medium being a dense membrane or bone.

M. Roger thinks, however, that, in the 300 cases which he examined clinically, the resistance was sufficient to prove that the fontanelle was closed by bone. From the tables given, the author concludes that the "period of ossification of the fontanelles (the anterior has been alone studied) lies between the age of fifteen months, when the ossification is very rare, and the age of three years and a half, when it is always met with. Between these two extremes, it may be reckoned that the most usual period of occlusion is between the second and third year."—*L'Union Médicale*. Nov. 26, 1859.

ON SLOUGHING OF THE FŒTAL SCALP AS A RESULT OF TEDIOUS LABOUR.

Dr. Priestly, at the December meeting of the Obstetrical Society of London, related a case, under the care of a midwife, in which the head had been impacted for about forty-eight hours in the pelvis, in a first labour. Eight days after delivery the child died. On the third day, the back of the head was much inflamed;