and irrigated with the same solution. An incision was made four inches in length, over the lower third of the tibia, and the necrosed bone attacked by the ordinary steps of the operation of sequestrotomy, and by chiselling through the anterior surface of the tibia, which was considerably thickened and indurated. Esmarch gave his experience of the use of chisels. During his later years, in all his bone operations, he has used nothing but the common carpenter chisels of English manufacture, for the following reasons: 1st, On account of their length and having a handle appended, the view is unobstructed, as is often not the case with short surgical chisels; 2nd, Being of larger size, the time occupied in cutting the bone away is much shortened, and in extensive operations this is often a desideratum; 3rd, Their comparative inexpensiveness, and at all times being obtainable. During the progress of the operation several gummatous nodules were discovered, which at once decided the character of the lesion, and the contents of the medullary canal having been found in a degenerated condition, were thoroughly cleaned out with a sharp spoon. The fibula was next treated in the same manner, and numerous other gummata were discovered. The wounds and cavities were then thoroughly cleaned out and irrigated with hot bichloride solution, 1-2000, and stuffed with iodoform gauze, then a quantity of previously used bichloride gauze was applied, and over this a bichloride muslin roller. Then the whole leg was swathed in antiseptic borated cotton, and over the whole a bichloride muslin bandage was firmly applied. The limb was then elevated, the Esmarch bandage removed, and the patient sent to the wards, the distinguished operator recommending that he be at once placed on anti-syphilitic treatment, and without a doubt a most favorable result would be secured.

Notes.—As the chips of bone were flying before the operator's chisel, they were eagerly gathered up as mementos of the great surgeon's visit, and Dr. Sayre was observed to wrap one up in a ten dollar greenback, and put it carefully in his pocket, remarking that he thought more of the chip than the bill.

As regards the application of the dressings before the elastic bandage has been removed, I would state that, heretofore, most of the New York surgeons have been in the habit of taking off the bandage and controlling the capillary hæmorrhage before they applied the bandage. This has always been a troublesome procedure, and one of the disadvantages of the Esmarch, in that a considerable length of time was occupied before the hæmorrhage could be stopped. Many of the surgeons expressed themselves as having been favorably impressed by Esmarch's methods, and since his visit to Bellevue all such cases have been dressed before the removal of the bandage, and so far very good results have been reported.

NARCOLEPSY.—BRIEF REPORT OF A CASE IN PRACTICE.

BY D. H. DOWSLEY, M.D., M.R.C.S.,E, KINGSTON.

This affection regarding which little is positively known, may perhaps be sufficient apology for bringing to your notice the report of a single case:

A blacksmith by trade, aged about 28 years, a powerful, well-built man, apparently in good health, was subject to short attacks of deep sleep, lasting a few minutes, from which he would awake refreshed as from a natural sleep. The attacks of sleep would occur at any time, regardless of the hour of the day, or degree of temperature. On one occasion when driving to town in the morning, about nine o'clock, of a winter day, sitting upright in a sleigh with a companion by his side, and driving through pitches, he fell into a sound sleep, still retaining his position, upright in the seat. He slept for a few minutes, and woke apparently quite refreshed.

There were no symptoms of premonition; no symptoms of a convulsive nature, either preceded or followed the attacks, which occurred at intervals of a few weeks, and sometimes more frequently. The family history, as far as known, was good. This affection which appears to be a neurosis, has received the name of narcolepsy, and Legrand appears to look upon it as a true neurosis. This patient was treated with arsenic and iron. He thought he had made some improvement, from the fact that the sleeping attacks, did not occur so frequently, otherwise there was no change, the attacks being the same when they did occur. Speaking from memory, the attacks in this case have occurred during the past fifteen or sixteen years, with the frequency stated. If, as Legrand supposes, this is a true neurosis, the improvement, if any, was probably due to the arsenic.