

water forcibly injected. Aorta atheromatous. Tumour undergoing satisfactory consolidation. Out of sixteen cases now recorded but one (Smith's, of New Orleans) has survived the operation. Graefe's case lived sixty-seven days; Thomson's, forty-two days; Cooper's, thirty-four days.

**SUB-PERIOSTEAL AMPUTATIONS.**—M. Henriët has recently devoted some attention to this old subject. The operation consists in dividing the periosteum at a lower point than that at which the bone is to be sawn, and then stripping it up to this point, so that after section of the bone, a cuff of periosteum projects beyond it. In a patient of M. Meaise, autopsy showed the periosteum completely covering in the cut surface of the bone, and finally adherent to it, thus closing the medullary cavity, and probably preventing the usual hæmorrhage therefrom. "The periosteum of the adult (*N. Y. Med. Record*), which has completed its task of bone formation, lacks the qualities suited for the purpose, and is thin as compared with the same membrane in its active period of development or about an inflamed joint. M. Ollier, however, believes, that it is an operation admitting of generalization, the dangers being on the side of excessive bone formation. Thus, in young children he has found the periosteum produce osteophytes to the damage of the stump." M. Henriët also cautions us that we do not need too much; and says, that absolute integrity of the periosteal flap is not indispensable, and perhaps not even desirable.—*Lond. Med. Record*.

**SCIATICA.**—In a clinical lecture on Sciatica, Mr. Jonathan Hutchinson (*Medical Times and Gazette*) says, "In nineteen cases out of twenty in which the diagnosis of sciatica is suggested, there is no affection of the sciatic nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms,—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called 'sciatica.' Our workhouse infirmaries are full of chronic cases under that name, and I speak advisedly when I say I feel sure that they are

almost all examples of *morbus coxae senilis*. Of the cases of 'Sciatica' which are not hip joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting, or may radiate, but it does not pass down the nerve tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of the nerve, and involving a considerable part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty.—*Philadelphia Medical Times*.

### Midwifery.

In the Obstetrical Society of Edinburgh, a case of pregnancy at 49 (a primipara), one of a "maiden" at 50, and a third at 62 were reported.

**VAGINITIS.**—R. Acid. tannic..... ʒ xss;  
Amyli ..... ʒ iv-ʒ iij;  
Ung. petrolci.... ʒ iv-ʒ iij.

M. Sig. Use from one to two drachms on absorbent cotton as a tampon.—*Med. Surg. Reporter*.

**SORE NIPPLES.**—Cold applications—tannin and glycerine, slight touching with nitrate of silver or Peruvian bark 4, to 8 of almond oil, 6 of mucilage of gum Arabic, and 35 of rose-water, applied every hour, will heal sore nipples in a few days.—*Rudolf Tauszky, Medical News*.

**ACCIDENTAL REMOVAL OF UTERUS; RECOVERY.**—Mr. Hopkins Walter (Reading) exhibited a uterus with one ovary and Fallopian tube, and a piece of omentum, that had been torn away by a midwife in the attempt to remove an adherent placenta. The patient made an excellent recovery. He hoped at a future meeting to communicate a full account of the case.