

symptoms, or indulge to excess in tobacco, in baccho, and in venere, and consequently are on the qui vive for the occurrence of cardiac, renal or venereal disease, or of sexual disability. \*It is at this period that the results of masturbation are most deeply felt by a large proportion of the victims of that habit. The prevalent tendency of his age and of his associates of the same age carries him into a veritable nosomania. Perhaps also he attempts under lay or medical advice to accomplish coitus, and fails. It is for this reason that we find the larger portion of cases of insanity due to masturbation developing between the twenty-fifth and thirty-fifth year, classified as "hypochondriacal paranoia."—*Dr. Spitzka, on Self-Abuse in Its Relation to Insanity.*

#### EXCISION OF THE KNEE.

In the *British Medical Journal* for January 15, 1887, Herbert Allingham describes a method of excising the knee-joint, which he believes to be new, but which really originated with Ollier, of Lyons. As it possesses decided advantages over the ordinary procedures, and as we do not doubt that it will prove to be new to the majority of our readers, no apology is needed for bringing it to their notice.

An incision, carried from two or three inches above the patella, over that bone, and down to the tubercle of the tibia, splits the quadriceps tendon into the synovial pouch above the joint, as well as the ligament of the patella, and the bone itself is sawed into two equal halves. These halves being held out of the way, the crucial ligaments are divided; and, the leg being flexed, the condyles of the femur are pushed forward on the tibia, and a slice of bone removed. The leg being next completely flexed, the internal lateral ligament is carefully separated from the corresponding semilunar cartilage, through which the tibia can readily be carried forward, and a thin layer be removed with a knife or chisel. The entire synovial membrane is then carefully removed, and openings are made for drainage at the postero-lateral aspects of the joint. Should the patella be extensively diseased, it is shelled out of the quadriceps tendon; but if the cartilage be merely eroded, it is re-

moved. If the patella is sound, the halves are sutured together with strongest catgut and the ligament of the patella and quadriceps tendon are dealt with in a similar manner. The skin is united separately, and antiseptic dressings applied.

It will be observed that the fascia lata, the lateral ligaments, and the prolongations of the vasti muscles to the tibia and fibula are not divided, through which the support to the joint, both during and after healing, is much greater than after other methods of operating. Dislocation of the tibia backward, and tilting of the femur forward are prevented, the quadriceps forming a strong antagonist to the hamstring muscles. Finally, progression is greatly improved, as the quadriceps is neither divided transversely nor shortened, as happens when the usual incisions are made.

These are manifest advantages, and certainly entitle the operation to a fair trial. It is certainly well adapted to cases of strumous synovitis, and cases in which the cartilage and bones are not extensively involved. Whether, as Allingham hopes, it will secure a movable joint, the future alone can determine.—*Medical News.*

#### ANÆSTHETICS IN OBSTETRICS.

Dr. Fordyce Barker, in his paper read before the Medical Society of the State of New York, as reported in the *Medical News*, says:

I may here say that I have long regarded chloroform as the best and safest anæsthetic in obstetrics, and that since 1830 I have used no other.

My reasons for this preference are briefly these:

1. Its odor is to most persons much more agreeable, and it is much less persistent. When sulphuric ether is used, it frequently, at first, produces more or less irritation of the fauces and bronchi and an annoying cough or choking is excited. The effect of this is bad, both on the patient and on the surrounding friends. It excites apprehension which more or less tend to counteract the influence of the agent.

2. The influence of chloroform is much more rapid and a much less quantity of this agent is required than of ether. We are thus saved,