

of the right ulna, which healed with pseudarthrosis. The distance between the fractured ends was five centimeters. The radius was intact. The false joint was laid open. A longitudinal piece of bone from the upper fragment, sufficiently long to fill the space between the fragments, was chiseled out and anteverted, without severing its periosteal connection, so as to touch the denuded end of the lower fragment. The wound was closed by sutures, and a fenestrated plaster of Paris bandage was applied. At first there was considerable reactive inflammation, in spite of which the uniting of the pieces of bone took place. Six weeks afterward there was very slight abnormal mobility, so that pronation and supination were yet difficult. One year after, however, the function of the arm was so far restored that the patient was able to resume his duties in the field. The second case was that of a builder, twenty-seven years old, who had a compound fracture of the left ulna, twelve centimeters below the olecranon. The wound healed in a short time under Lister's dressing, but one piece of bone, three centimeters long, and several smaller pieces came out, leaving a pseudarthrosis about three centimeters in length, rendering the arm useless. The old methods of treatment were resorted to without avail. Finally the false joint was laid open and a piece of the upper fragment five centimeters in length bisected longitudinally and turned over without severing the periosteal connection at its lower extremity, and applied to the denuded surface of the lower fragment. A drainage tube was placed in the wound and Lister's dressing applied. Sixty-seven days after, the patient was allowed to make the first movements of pronation and supination, and four weeks later the arm was sufficiently strong to allow of his resuming his work. This operation is mainly of use in cases of pseudarthrosis of the forearm in which only one bone is involved, and is preferable to resection.—*Chicago Med. Gazette.*

TRAUMATIC TETANUS: DIFFERENT METHODS OF TREATMENT.—Dr. Mollière relates the following case in the *Gazette des Hôpitaux*, *British Med. Journal*. The patient, aged 25, had been accidentally shot in the right foot. The fourth and fifth toes were so badly injured that they were amputated at once; the first phalanx of the third was fractured and the articulation opened, but it was thought that it might be preserved. The patient was treated antiseptically, and seemed to progress well during a fortnight, when suddenly he began to complain of a feeling of lassitude, the wound became very painful, and he experienced some difficulty in opening his jaws and turning his head. The toe was dressed with laudanum, and the patient took half a drachm of bromide of potassium and a drachm and a half of chloral daily; he had also two hypodermic injections of morphia. Notwithstanding this treatment, the patient became worse, the

pain in the foot increased, and all the symptoms of acute tetanus showed themselves; he had general convulsions, could not move his head or open his mouth, perspired abundantly, had very high temperature, etc. The wound becoming exceedingly painful, the injured toe was amputated. From that day the local pain ceased, and the other symptoms gradually vanished. The patient remained sleepless for a rather long time, notwithstanding the use of hypnotics, but could open his mouth more freely, and could swallow. Smaller doses of chloral and bromide of potassium were given, and a month after the operation the patient was well enough to leave the hospital. On dissecting the toe which had been removed, it was found that a small sharp bone was sticking in the internal lateral nerve, and had in this way caused the tetanic convulsions. This case is remarkable on account of the different methods of treating tetanus having been combined in the treatment. Without the amputation, the drugs given would have had no effect; but on the other hand, if the powerful doses of hypnotics had not been administered, the surgical treatment, in the author's opinion, would have proved useless.

Madame de Rémusat tells this story of Corvisart:—"The emperor having, for the moment, given up the divorce, but always taken up with the desire for an heir, asked his wife if she would accept one that belonged to him only, and feign pregnancy so that everybody should be deceived. She was far from refusing herself to any of his fancies in this regard. Then Bonaparte sent for his physician-in-chief, Corvisart, in whom he had extensive and merited confidence, and confided his project to him. 'If I succeed,' said he to him, 'in assuming myself of the birth of a boy who will be my own son, I wish that, as witness of the confinement of the empress, you will do everything necessary to give this ruse every appearance of reality.' Corvisart found that his honor was compromised by this proposition; he promised inviolable secrecy, but refused to lend himself to what was asked of him. It was only a long time afterwards, and since Bonaparte's second marriage, that he confided this anecdote, while attesting the legitimate birth of the King of Rome, upon which doubts entirely unjust have been thrown."

BENZOATE OF SODA IN GONORRHOEAL OPHTHALMIA.—Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhoeal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion