

found that he could not closely approximate the fragments, and if union had taken place it would have been fibrous. The wound was never at any time foetid.

Dr. McEwan of Glasgow, in the same number of the *Lancet*, reports several successful cases of this method of treating fractured patella, he insists on operating early in every recent case. Fracture of the patella is much rarer here than in England. Why, I am unable to say. In the Montreal General Hospital only some two or three cases have been treated in the last 7 or 8 years.

Prof. Cooper of San Francisco, more than 20 years ago, successfully treated fracture of the patella by wiring the fragments together, and this was done before antisepticism was thought of. He always allowed the wound to heal by granulation.

*Lateral Closure of Wounds of Veins.*—Dr. Pilcher, in the August number of the *Annals of Anat. and Surgery*, has a very interesting paper on *Lateral Closure of Wounds of Veins*. He has made a number of experiments on the deligation of veins with aseptic catgut ligatures. When lateral ligature was performed, in only one case did a thrombus form. There is, as a rule, union by first intention, and this preserves intact the function of the vessel. Dr. Pilcher recommends this method of ligature for wounds of veins whenever the antiseptic ligature (catgut) can be used and the wound treated antiseptically; otherwise he advises a double ligature of vein and division between.

I lately, in operating on the neck for a large tumor, wounded the internal jugular, and performed lateral ligature with complete success. There was no secondary hemorrhage, and the case progressed favorably to the end. Still, in wounds of veins of ordinary size—as, for instance, the external jugular—I should be inclined to trust more to complete ligature, with division between, as no one can positively say that the wound will ever, with the greatest care, remain thoroughly aseptic.

*Aphthous Vulvitis in Children.*—Aphthous vulvitis is a well-characterized disease. It is peculiar to little girls from 3 to 5 years of age; it is rare in private practice, and is observed especially in hospitals. Measles is the principal cause of this