

on the disposition of the patient; if very restless a splint must be used for a time. As to the proper time for commencing passive motion, as it is called, I cannot see any advantage in doing so until a tissue of some degree of firmness has formed between the ends of the bones. I have seen a case where passive motion was commenced very soon after the operation, and kept up daily until after the wound had completely healed. Union of so slight a character had taken place that the patient had an arm like a flail, and an instrument had to be made to fix the arm in such a position that it might be used for eating, sewing, etc., but perfectly useless for any other purpose, such as lifting, carrying, etc. It would be much better to run the risk of bony ankylosis than to have a case turn out as this one did.

Excision of the wrist joint has always been looked upon as a very unsatisfactory operation, and were it not for the immense advantage to be gained by saving the hand, it is an operation that would long ago have been discarded. Of course I refer to complete excision of the wrist for disease of all the carpal bones, the ends of the radius and of the metacarpal bones. Cases occur where there is simply disease of one of the carpal bones or of the end of the radius. The disease is easily removed, and the case is reported as a successful excision of the wrist when it is nothing of the kind. I have seen three cases, in two of which, after several months, amputation of the forearm had to be performed. I do not know how the third case terminated.

The greatest care was taken in these cases to completely remove the disease, and the closest attention was paid in the after-treatment; but there are so many synovial membranes and so many tendons whose sheaths are more or less destroyed, causing the tendons to slowly slough there is little hope except the disease is superficial and limited in extent.

Excision of any of the finger joints either for disease or injury, will generally prove successful. A great many cases of injuries to fingers and hands are brought to Charing Cross Hospital from printing and publishing houses in the neighborhood, so that ample opportunities were afforded me of following different plans of treatment. When it was deemed necessary to remove a finger, it was done by simply nipping it cleanly off with bone pliers just behind the seat of injury. This plan has at least four advantages over the ordinary method:

The finger is removed immediately behind the seat of injury, saving in this way quite half an inch.

It is done in an instant whilst the patient is under the impression that you are examining the injured member.

Chloroform is not required as is generally the case where a knife has to be used; then the bone cut off and sutures applied.

A much more useful stamp is the result.

If, as is sometimes the case, a joint only is crushed it is very easy to remove the broken ends with small nippers, and by keeping it on a gutta-percha splint for a shorter or longer time, either a fair joint will be the result or bony ankylosis will take place. To some it may seem a small affair to pay so much attention to the surgery of the fingers, but to the man that has to get his living by type-setting, etc., the loss of a finger, especially the index, or even a portion of it, is no trifle. Since carbolic acid has come into use many a finger has been saved that formerly would have been removed without a second thought as to the possibility of saving it.

(To be Continued.)

*Case of Filaria Oculi occurring in practice; Operation and Recovery.* By G. SERMON, M.R.C.V.S.

On the 18th of December last, I was requested by J. P. Dawes, Esq., of Lachine, to examine a heavy bay Clyde mare, pregnant about eight months, and suffering from some disease of the right eye. On examination, I found considerable inflammation present. The conjunctiva was highly injected, with partial closure of the eyelids; watery discharge from the inner canthus, and complete opacity of the cornea, so much so that I could not see into the interior of the eye. After examining it very carefully I did not discover any injury or foreign body, nor anything to account for such appearance as the case presented. A lotion of plumbi Acet. and Zinci Sulph. was prescribed, with directions to let me see the mare when it was finished. Mr. Dawes called upon me in a week; he thought the eye was a little clearer, so I gave more of the lotion. I heard nothing more of the case until January 23rd; on that date the mare was brought into the city to be examined. The cornea had cleared up a little, so that I could just see something floating in the aqueous humor, and constantly moving about. At first, I could not satisfy myself as to what it could be, as the mare was suffering great pain and would not allow the head to be touched, and the eyelids being nearly closed it was very difficult to form a correct diagnosis. However; I at last came to the conclusion that