

befallen him. In the "Dame Blanche," the tenor has a letter presented to him; and when M. Roger deliberately stretched out his *right hand* (the artificial substitute) and took it with the ease of nature, a burst of applause broke from the house, and expressed the mingled feelings of the audience. This beautiful result of mechanical art comes from the establishment of the well-known surgical instrument maker, Charrière; and it should be known that M. Matthieu, who enjoys an equally high reputation in the same calling, has largely contributed to the perfection of this master-piece.—*Lancet*.

IODINE INJECTIONS IN SPINA BIFIDA.

Drs. Brainard and Crawford have now treated seven cases in this way, and of these five were cured of the disease, one dying seven months after of chronic hydrocephalus. The fluid injected consists of a solution of iodine and iodide of potassium, in water, the amount varying from a quarter of a grain to four grains of iodine and three times that quantity of iodide, dissolved in from one drachm to several ounces of water. The immediate effect of the operation is pain and some febrile reaction, and, if the quantity injected be large, some symptoms of cerebral compression are apt to occur. The injections are to be repeated as often as necessary, their strength being increased. The puncture should be made in the sound skin, at the side of the tumour, and no more of the fluid of the tumour should be evacuated than the quantity of the injection about to be thrown in. After the operation, collodion should be applied, in order to contract the skin, and this should be continued for some months after the swelling has disappeared.—*Boston Medical Journal*.

NECROSIS OF VARIOUS BONES.

We constantly observe the best results to ensue from the common practice, at the present day, of removing the necrosed parts of different bones of the body. With the exception of the vertebrae, almost all the bones of the skeleton have been submitted to the notice of the surgeon for relief. On the 10th instant, a young girl was brought into the operating theatre of St. Bartholemew's Hospital, and had chloroform administered to her by Dr. Batten. This was an ordinary case, but not the less interesting and practical. The left foot was much swollen, and on its external surface, over the os calcis, were two or three prominent granulations communicating with sinuses leading to necrosed bone. She received a blow at this spot three or four months ago, which was followed by abscess; and, in spite of the most careful treatment, the disease advanced, with the formation of sinuous openings leading to the interior of the bone. With this state of her limb, Mr. Skey observed that he would be justified in amputating it, but he preferred a minor operation, by cutting down and removing all the dead bone that could be got away. This he did, and gouged out the interior of the os calcis, leaving a mere shell. If she goes on favourably, of which there is every probability, the hollow bone will become filled up by fibrous material, and the wound will heal. This Mr. Skey stated would not occur if any dead bone remained, and he would prefer repeating the operation rather than remove the limb.

A strumous boy, aged about seventeen years, was now brought in, with disease of the articular ends of the first phalanx of the great toe and metatarsal bone of the left foot. The cartilages of the joint were completely destroyed, and grating of the bones, supuration, and numerous sinuses existed. The entire toe, with half of the metatarsal bone, were removed by Mr. Lawrence.

We saw a third case of necrosis, in a boy of thirteen years, at St George's Hospital, on the 8th inst., in whom it was present in the shaft of the left femur. Five years before this bone became inflamed, and matter formed; subsequently, necrosis ensued, and he