

or by various forms of nervous affection; but it may also manifest itself without any precursory sign. 4. It is not met with in slight cases of diabetes but forms a portion of the symptomatology of the grave form of the disease. 5. It only appears at an advanced stage of this, and justifies the prognosis of certain and more or less approaching death. 6. Unconnected with the changes undergone by the fluids of the eye (as saturation of the aqueous humour with sugar, its acidity, &c.), it may be regarded as one of the manifestations of a deep seated deterioration of the economy, dependent doubtless upon the impoverishment of the nutrient fluids. 7. It requires for its removal a special mode of operating."—*Brit. and For. Med. Rev.*

UNUNITED FRACTURE CURED BY EXCISION AND SILVER WIRE, AFTER STANDING TWENTY-SEVEN MONTHS.

In the *North American Medico Chirurgical Review*, for July, Prof. S. D. Gross relates an interesting case of fracture of the humerus, possessing points of interest which we shall copy here. The patient was aged thirty-two, and of dissipated habits. For more than three weeks the arm, which was broken three inches above the elbow, was not dressed. Then, in consequence of extensive suppuration, no retentive apparatus could be applied, or retained, and ununited fracture was the result. Twenty-seven months after the accident, Prof. Gross operated: "after chloroform had been administered, a straight incision, about four inches in length, was made through the posterior portion of the triceps muscle, exposing at once the membrane which had encased the fracture. On severing this, it was found that the oblique extremities had been rounded off and become incrustated by semi-cartilaginous tissue, so as to form a very perfect false-joint, which was lubricated by an abundant, thin, glairy fluid, though nothing like a synovial membrane could be detected. They were each in turn brought to the opening thus made, and cut off at right angles by means of a delicate saw introduced behind them. It was necessary to take about half an inch from the lower fragment, and nearly three times as much from the other. One ligature, made of three strands of the usual size silver wire, passed horizontally through each section of bone, and another diagonally across the edges, which, after having been tightly twisted, were cut off short, and the ends bent up so as to lie close beside the body of the humerus. The incision through the skin was then approximated closely with interrupted sutures, and the whole arm placed in well-padded curved splints of binder's board."

Notwithstanding, phlegmonous erysipelas attacked the arm, compelling the removal of the splints, it is yet said, "there is every prospect of his having a strong and useful limb."—*Med. and Surg. Reporter.*

MISCELLANEOUS.

MEDICAL PRACTICE IN ITALY.

If Count Cavour's death has become a medical topic, we have to thank the English press for it, which has pronounced a somewhat severe verdict (although a *vere dictum*) against the deceased statesman's physicians. A discussion of that kind is not likely to originate here, where people are wont to accept Fate's last decree at the doctor's hands without much questioning, though he be more than its bearer. The violent epithets so often lavished upon unsuccessful medical performances are rarely used here, and such proverbial jokes as "killing one's patients," and "peopling the cemetery," &c., I have never yet heard from Italian lips. This may, perhaps, be owing to the lack of wit, or to a habit of politeness, although I think that it chiefly arises from a community of views existing between the average Italian doctor and his patients. Both agree