

## Surgery.

**COMPLETE LATERAL DISLOCATION OF THE ELBOW-JOINT.**—Dr. Oscar Leedun records in *Phila. Med. and Surg. Reporter*, an unique case of complete outward dislocation of both bones of the forearm produced by a fall from a cart in which the left arm was caught in the wheel. The olecranon was twisted around nearly in front of the joint, passing completely over the external condyle, while the head of the radius was dislocated forward and inward. Reduction was successfully accomplished; some stiffness of the joint remaining.

In the *Medical News* for 19th August, Dr. John A. Sieber, of Ferdinand, Ind., records a case of complete outward dislocation of the radius and ulna. He says that French authors record eleven such cases. The patient in this case was a little girl, nine years old, who had fallen about two feet from a log crossing a brook.

To determine during an operation the direction of an exposed loop of bowel, it suffices to apply to the serous surface for a couple of moments a soda salt; according to Nothnagel, a contraction will be produced which will invariably extend in a direction upwards, towards the pylorus. The contact of a potash salt will likewise determine a contraction of the muscular coat, but it is less marked, is localized, and does not extend in either direction.

**GONORRHEA.**—Dr. D. W. C. Wade, in the *Transactions of the Michigan State Medical Society*, recommends: Take iodoform, pulverised, two drachms; subnitrate of bismuth, two drachms; chloral hydrate, fifteen grains; morphine, five grains; oil of rose geranium, twenty drops; cacao butter, one ounce. Mix, and make twenty-four suppositories  $\frac{1}{2}$  of an inch in diameter. Write: One suppository to be pushed into the urethra three times daily.

**NEW METHOD OF TREATING SALIVARY FISTULE.**—At the meeting of the Société de Chirurgie, held July 5th, M. Delens read a report on a work of M. Richelot on this subject.

His method consists in forming an internal orifice to the fistula by tying the thickness of the cheek in the grasp of an elastic ligature; after the ligature has cut through, the external orifice closes of itself while the other remains open.—*Le Progres Médical, Medical News.*

**NERVE STRETCHING IN SCIATICA.**—In the *Northwestern Lancet*, for 1st August, Dr. Albert E. Senkler, of St. Paul, Minn., (formerly of Toronto) reports a case of inveterate and disabling sciatica in which all remedies, including the galvanic current, had failed to afford relief, and in which immediate improvement followed stretching of the nerve after exposure by dissection, succeeded after the lapse of a week by forced flexion of the thigh on the trunk, the leg being extended.

**OPTIC NERVE STRETCHING.**—Drs. Wecker and Kummel have both had cases of stretching the optic nerve. The patient is deeply narcotized, and a cut made in the conjunctiva from the insertion of the ext. rect. to the inferior rect, a short distance from the cornea. The conjunctiva is then separated from the eye and a strabismus hook passed round the nerve, which is powerfully stretched. These operations were performed for amaurotic states of the eye. Before the operations, the hand could be dimly seen at  $1\frac{1}{2}$  feet. Two months after, the fingers at 7 feet.—*Wien. Med. Woch.*

**LIGATURE OF THE INNOMINATE.**—The case on which Mr. Wm. Thomson, of Dublin, performed this operation in June last succumbed on the forty-second day thereafter. There had been secondary hæmorrhage, but none after the thirty-ninth day. The external wound had healed, all but a very small sinus, which was found to terminate in an ulcer involving the anterior wall of the junction of subclavian, carotid and innominate arteries. The two last named vessels were filled with clot, and the subclavian was occluded to the extent of  $\frac{1}{2}$  an inch. The ulcer was on the distal side of the ligature; and the hæmorrhage had apparently come from the innominate, there being a recent blood stain on the cardiac side of the clot. None of the vessels was pervious to