

much success with Bezold and others, but other things being equal, a fluid, at least on therapeutic grounds, would seem to be better adapted to the *mucosa* than a powder, however finely it may be triturated. Boracic acid, moreover, does not supplant, but simply assists other methods of treatment, whereas the boroglyceride, at least in the hands of the author, not only destroys all fetor and quickly arrests the discharge, but it also destroys polypoid granulations without resort to caustics. Boroglyceride is prepared by heating together in an evaporating-pan, two ounces of boracic acid and three ounces of glycerine, the acid being added gradually, and the heat continued until the mass is reduced to exactly three and one-third ounces, or two-thirds of the original weight. On cooling it is an amber-coloured, vitreous mass, which is very friable and easily broken when sufficiently evaporated. It is readily soluble in glycerine, but much less so in water. It is used dissolved in glycerine—the treatment commenced with a fifty per cent. solution, and the strength gradually reduced as the discharge diminishes. The treatment is largely entrusted to the patients, they being seen but twice or three times a week, when the meatus and tympanic cavity are thoroughly freed from all secretions by means of syringing with a warm solution of boracic acid, and Valsalva inflations, or the use of an Eustachian catheter. The meatus is half filled with the boroglyceride (warmed), and the air forced through it by Valsalva inflations or the catheter. The tragus is also pushed backwards and inwards, so as to force the medicament into the middle ear. The boroglyceride is kept in position by means of a plug of absorbent cotton, or borated cotton soaked in vaseline. The patient repeats the process as well as he can, night and morning, at home. By this treatment it is claimed that the patients can be discharged cured in less than half the time required by the usual methods.

ALL PATHS LEAD TO THE GRAVE.—Such is the cynic's criticism of the allopath, the hydro path and the homœopath.—*Gaillard's*.

"SMALL FEVERS thankfully received," is a motto suggested to a young physician by Dr. Holmes.—*Medical Record*.

Hospital Notes.

TORONTO GENERAL HOSPITAL.

COMPOUND COMINUTED MULTIPLE FRACTURE OF THE LEG.

Under the care of Dr. James Thorburn.

Kindly reported by Dr. H. S. Martin, of the resident staff.

John Gillies, aged 25, unmarried, railway brakeman. Admitted to the hospital May 28th, 1884.

While shunting cars his leg was caught between the moving car and the platform, while his body was unable to move. His leg was subjected to a rolling crushing pressure.

The patient has always been very healthy. No history of hereditary disease. Five years ago he had a compound fracture of the femur of the same leg, with extensive laceration of the soft parts. He was treated at his own house by Dr. Thorburn, and made a good recovery with only a quarter of an inch of shortening.

When admitted to the hospital the tibia was found to be fractured about the junction of the lower and middle thirds, a fragment of the crest of this bone being crushed inwards, while the fibula was transversely fractured about an inch lower down. A lacerated flesh-wound, large enough to admit the point of the little finger, opened over the situation of the fracture on the inner side of the tibia, with a smaller opening three-fourths of an inch behind and below. The blood oozed freely from these openings, and the patient was considerably reduced by the hemorrhage. Irregular spasmodic muscular contractions rendered it difficult to adjust the fragments and arrest the bleeding. Considerable caution was required to prevent the angle of the lower fragment of the tibia from being forced through the superincumbent soft parts. The inner side of the foot and ankle were distended with blood.

Treatment.—After getting the hemorrhage under control by means of pressure and hot carbolized water, the openings were sealed by applying lint saturated in tr. benzoin co. The foot of the bed was elevated, and the limb placed in a fracture-box, slight extension being made by fixing the foot to the foot-board with a roller bandage. In two hours the bleeding