

After this date convalescence progressed speedily and uninterruptedly. The remarkable feature of this case was the sudden and unexpected onset of collapse on the morning of the 11th day, which was no doubt due to the absorption of the products of fermentation of the matters contained in the intestinal canal. Patient was unable to account for so large an accumulation of faecal matters in the intestines, as she says bowels were always regular before her confinement. And subsequent to that time and previous to the onset of the symptoms detailed above, she had taken three doses of castor oil, after each of which the bowels acted freely. The subject of ptomaine poisoning has been receiving considerable attention of late years, and from the variety of symptoms produced by these fermentation products, it is evident that the products themselves are different in almost every case, some slight cause being sufficient to change the type of fermentation. We sometimes see them accompanied by very irritant properties. In the present instance the action seems to have been more that of an antipyretic and depressant. I might also say that repeated examination of urine failed to reveal any kidney trouble.

Yours truly,

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OUR NEW YORK REPORT.

From our own Correspondent

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"A NEW METHOD OF TREATING FRACTURES OF THE PATELLA BY SUBCUTANEOUS LIGATURE WITH SILK."

Prof. Lewis A. Stimson, who is probably the recognized authority on fractures and dislocations in New York, is just now advocating a novel and to all appearances an exceedingly simple and rational method of treating fractures of the Patella. It is known as the subcutaneous ligature with silk method. The great desideratum to be obtained in the treatment of these fractures is some simple appliance whereby the fragments may be held in close apposition, and at the same time one which will not interfere with the nutrition of the patella

by pressure on the articular arteries and thus prevent rapid union; it is now believed that this difficulty has at last been overcome.

The method of procedure is as follows: suppose, for example, the patient has a transverse fracture of the right patella. The patient is etherized and the skin over the part thoroughly scrubbed with soap and water, then douched with 1-2000 bichloride, and finally washed with ether. With an ordinary scalpel, four incisions are made in the following manner: the skin and subcutaneous tissue only being divided, and, for the sake of description, we will suppose the patella to be possessed of four angles. The incisions are so placed, that each angle of the patella has an incision situated a little distance from it, thus; the *first* is situated a little below the inferior and internal angle, the *second* a little below the inferior and external angle, the *third* a little above the superior and internal angle, the *fourth* a little above the superior and external angle. Then a straight Hagedorn needle armed with a No. 14 heavy braided silk ligature, which has been previously rendered perfectly aseptic by being boiled (one of the essentials of success is that there shall be no suppuration), is introduced into the lower and internal incision and carried deeply through the ligamentum patellæ and brought out at the inferior and external incision. It is then re-introduced and carried deeply through the tendon of the rectus and crureus muscles and brought out at the superior and internal incision. It is again re-introduced and carried beneath the skin along the internal border of the patella, and brought out at the interior and internal incision. The leg is now elevated so as to relax the quadriceps extensor as much as possible, in order that the fragments of the patella may be as closely approximated as possible. Strong traction is now made on the silk and the two ends are firmly knotted deep in the subcutaneous tissue. During this part of the operation considerable force may be used so as to bring the fragments closely together. The cutaneous wounds are then irrigated and dressed with a simple antiseptic dressing, the leg elevated, and a straight posterior splint applied for about three days. At the end of this time the dressings are removed, and if proper antiseptic precautions have been taken, the incisions will be found completely healed. The knee is then encased with a