formed is impenetrable to fluids, even at an elevated temperature.—*British & Foreign Medico-Chirurgical Review.*

SILVER SUTURE OF FRACTURED PATELLA.

Professor Cooper, of San Francisco, writes: "Our method of treating transverse fractures of the patella, and one which has, thus far, been invariably successful, is as follows:—Make a longitudinal incision, of sufficient length to expose the fragments; drill the anterior margins of them with a drill, one line in diameter; then pass a silver ligature through the holes just made, and, by crossing the ends and pulling stoutly upon them, bring the separated parts together. A knot is then made by twisting the ends of the ligature together, which holds the fractured portions of the patella in apposition, by which a bony union always takes place." As essential to success, Professor Cooper insists that the wound be healed by granulation, and not by first intention. To this end, lint should be placed in the wound, and the limb tightly bandaged from the toes to the middle of the foot. The dressing he would advise to be changed only once a week. At the end of the third week he would omit the lint, but continue the bandage. The wires should be removed at the end of six or eight weeks. He conclues by saying, "After the operation of applying metallic ligatnres in this way, the patient scarcely ever suffers to any considerable extent, and generally remains entirely free from pain during the whole course of treatment; but, in order to have it so, the keeping of the wound open and the application of the tight roller are indispensable."—*The Medical and Surgical Reporter.*

ON THE USE OF WINE AND ACIDS IN PYÆMIA.

By Charles Kidd, M.D., M.R.C.S., London.

A very practical debate on pyæmia took place very recently at one of our London Medical Societies, in which Mr. Henry Lee, Dr. Richardson, Dr. Lankester, &c., took one side, and Dr. Copland, Mr. Coulson, and some of the good "old school men" took another,—one party contending that pus is directly absorbed; the other, that secondary purulent deposits arise from disintegrated fibrin within the system, as in the case under consideration (a puerperal female), in which this fibrin had previously closed up veins, but had been destroyed by scarlatina poison which was developed in the system.

Alcohol has been called a "saving's bank" for putting up strength to resist all such disturbing causes as erysipelas, or the scarlatina poison in this case; and all are agreed that in pyæmia cases the blood is in such a state that the slightest thing may induce this condition. I do not depend very much from experiments where a couple of studious men sit in-doors all day working at an inhaling apparatus, and measuring the changes in the excretion from the lungs which follow the ingestion of different wines, brandies, &c., and why? because I do not think that these men are under the same conditions as a pyæmia patient, or a man walking over a mountain in Scotland, or toiling every day in the streets of London. These experiments, in fact, show much that is contradictory—increase of carbonic acids sometimes, decrease at other times! Of one thing, however, I am nearly certain, that the use of wine and bark in hospitals will be found to prevent this break up of the blood in pyæmia. It is quite possible that alcohol is not altered in the blood, but acts simply in a passive way, and the fact that alcohol passes into the blood is shown by tying the aorta of a dog when it is found that alcohol thrown into the stomach does not produce intoxication. Loosen the ligature, or tie it loosely, and the usual intoxicating effects come on. It would be also an interesting question decided, if we could say for certain whether the small doses of alcohol administered of late years help to prevent loss of flesh and deposit of tubercle. In Italy, where a great increase of tubercle has been observed, it has been traced to the