pose, I advised the use of the knife, but requested him first to consult Dr. Murphy, of Chatham, who advised the removal of the tumors as the only sure means of giving permanent relief. A few days afterwards, the patient was brought under the influence of chloroform, and Esmarch's bandage applied from the point of the stump to the top of the shoulder. An incision being made three inches long, close and nearly parallel to the original cicatrix, and over the median nerve, I came down upon the first tumor, which was removed at once. Tracing up the incision, I came upon another of smaller size, about an inch from the first, which we removed in like manner. The tumors were bulbous enlargements, having a firm, dense consistence, and constituted a diseased, hypertrophied degeneration of the nerves, that of the median being three inches in length and two inches in diameter. In this case, the nerves were entirely free from the old cicatrix.

Where the tumors were multiple, as in this case, amputation was formerly resorted to for relief. Why degeneration of the nerves takes place after amputation of the arm, more frequently than of any other part is, in my opinion, owing to the way the section is made in performing the flap operation, as was necessary in this case. Unless the median nerve be well retrenched, similar results may frequently occur. Of course this condition of the nerves takes place, more or less, after all amputations, but only demand surgical interference, when extreme, as in the foregoing case. During the operation, not more than a table-spoonful of blood was lost. The distressing symptoms have entirely disappeared, and the patient is now able to sleep and work as usual. Dr. Murphy kindly and ably assisted me in the operation.

## Selected Articles.

### FRACTURES OF THE NECK OF THE FEMUR IN THE ADULT.

CLINIC BY FRANK H. HAMILTON, M.D.

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We will now consider *fractures of the neck of the femur*, of which we have several examples before us. I shall confine myself to these fractures as they occur in adult life. Fractures of the neck in early life are exceedingly rare, and the few cases which have been recognized clinically have all left a doubt as to their exact character.

I do not propose to speak particularly of the pathology of these accidents, or of their causes or signs. I shall assume that you have studied all these matters. My present purpose is to speak only of the treatment.

It is necessary to say, however, that a fracture may occur within the capsule or without the capsule, and that the latter are almost always impacted, the neck being driven into the shaft, and being there more or less firmly fixed. We have these two kinds of fractures in old people mostly, and although the differ considerably as to their causes, their symptoms and their results, the proper treatment in the two cases differs very little.

Let us see. If the fracture is within the capsule, it may not shorten at all at first; but inasmuch as in almost every such case, perhaps in every case, the neck will be in part or in whole absorbed, generally within a few days or weeks—for this process of absorption goes on very rapidly after the fracture has occurred, as I have proven by several operations upon the cadaver,—for this reason a shortening must soon occur, and in the end the upper end of the shaft will become attached by fibrous tissue, perhaps to the head of the bone, remaining in the socket, perhaps to the capsule and other parts about the joint—perhaps to both; and the shortening is apt to be very great, being probably greater in proportion as the upper end of the shaft and the portion of the neck attached to it is drawn farther from the head by the action of the great muscles of the thigh and hip. You see, therefore, that in this case it might be an object to hold the limb extended for a time with a weight and pulley, and thus to make the fibrous bond as short as possible; in other words, to secure for the limb as much length as possible. I do not speak of this as an ascertained fact, namely, that by permanent extension maintained for a few weeks, the limb, in case it has been broken within the capsule, will be in the end longer than if no such extension had been used. It is a theory only, which to me seems plausible, but which I have not proven. If, as some have thought, and perhaps some still think, a bony union is occasionally effected after this fracture, then certainly the extension would be useful for this purpose. I do not deny that such a thing has ever occurred, but I have never seen it, and I think its occurrence very improbable, even under the very unusual and most favorable circumstance, namely, when the intracapsular fracture is at the same time an impacted fracture. I do not discuss that now. All I wish to say is, that my treatment would be proper in any view of the case.

There is another reason for extension in this case, if it can be employed. In my experience it has given the patient great comfort. It has ar-