

position by means of a posterior splint and bandages charged with parafin. Strict antiseptic precautions were used; the case is doing very well, no unfavorable symptoms having appeared. An interesting case of *gunshot wound of the foot* is under treatment in Dr. Roddick's wards. The patient is a lad of fifteen; a charge of duck shot entered the right foot on the outer side, one inch in front of the outer malleolus, producing a large circular gaping wound  $1\frac{1}{2}$  inches in diameter; it passed straight across the foot to a point on the inner side exactly opposite, the point of exit being smaller than the point of entrance. The cuboid and possibly all three cuneiform bones were found to be shattered; the particles of bone were removed along with a quantity of shot, dirt, paper, shreds of wool and linen. The ankle joint was unaffected, and both flexor and extensor tendons were free from injury. There was little or no swelling of the parts, and although there had been considerable oozing of blood, there was no evidence of injury to any of the important vessels. The wound was dressed antiseptically, and so far the boy's condition has been excellent.

*Hotel Dieu.*—Among the numerous operations performed during the past month, the following possess features of special interest.

*Lithotripsy.*—A young man was admitted suffering from gonorrhœa of six weeks' duration. Previous to that time he had been in perfect health, having no trouble whatever with his water. He had been seen by Dr. Lap'horn Smith, who suspected the presence of a vesical calculus in addition to the gonorrhœa. Dr. Hingston confirmed the diagnosis, and on measurement, the calculus was found to be  $1\frac{1}{2}$  inches in its longest diameter. It was lithotritized at two sittings, and the bladder washed out by means of Bigelow's improved instrument. The questions of interest in this case are: had the calculus formed in the period of six weeks since the gonorrhœa was contracted? or had it existed anterior to the gonorrhœa, without giving any evidence of its presence.

*Excision of Hip* was performed by Dr. Hingston upon a girl of fifteen, who had suffered from hip-joint disease from the age of five years. She had in the interim recovered sufficiently to go about with tolerable comfort, but a renewed inflammatory attack three months ago had confined her to bed and caused her great suffering. Spasms of the muscles took place which defied the power of nar-

cotics and anti-spasmodics, weights and pulleys. The long splint was tried without success; the muscles chiefly at fault were divided subcutaneously, without giving permanent relief. The fever ran very high—temp.  $103^{\circ}$ , pulse 140, tongue red and furred, appetite gone. Her condition was so serious that life could not have lasted long; excision was therefore decided upon. The knife was made to take a crescentic sweep around above the large trochanter down to the neck. The periosteum was cut through, and with one of Langenbeck's instruments, it and the attached muscles were peeled off down to the small trochanter, where Butcher's saw divided the bone. The head and greater part of the neck had been already absorbed. The wound was carefully washed out, and a drainage tube laid along the track by which pus had hitherto escaped on the outer aspect of the thigh. So far the patient is doing well.

*Notre Dame Hospital.*—In the medical wards, there is under treatment an interesting case of chronic rheumatic arthritis. The patient is twenty-three years of age, and has been suffering from arthritis for two years. The metacarpophalangeal articulations of both hands were first affected, then the corresponding joints of both feet, then the wrist and ankle joints: it has now reached the elbows, and there is partial ankylosis of both elbow joints. There was no history of acute articular rheumatism. The peculiar feature of the case is the age of the patient. The treatment consists chiefly of potas. iodid. and tonics.

A case of inflammation of the glands and prepuce with partial gangrene of the glans penis in an old man of 64 was operated on, but erysipelas set in ten days after the operation, and the patient died. The erysipelas did not attack the penis, but began at the nose and spread over the face and scalp, and in spite of tonics and stimulants, carried him off in eight days. There was no erysipelas in the hospital at the time. The case of traumatic peritonitis and hepatitis mentioned in the November number did well on opium alone without local applications, and is now quite well.

In cases of simulated neuralgia Dr. Laramée is in the habit of using hypodermic injections of water. The result is invariably good, the pains being relieved at once. Dr. Laramée does not believe that genuine neuralgia can be relieved by cold water hypodermics.

A number of cases of chancroid are treated in this hospital. Iodoform in the form of powder or oint-