

the shaft of the thigh bone, the great majority of surgeons consider the plan so strongly advocated by Hamilton, of extension by weight and pulley, counter-extension being made by the gravity of the body, long-side and co-aptation splints, to be a decided step in the advance. Yet in Mr. Hulke's wards at the Middlesex Hospital, Liston's long splint and perineal bandage are almost invariably used. This treatment is not general in London, and Mr. Owen expressed the sentiments of the profession during a clinic when he said he could not understand how anyone could conscientiously follow such a practice. Every student in Toronto knows this plan has been abandoned at our hospital. Much wrangling is heard at present in London on the subject of fractured patella, and almost every surgeon follows a different course. At Middlesex a back splint with foot-piece is applied, the lower fragment is steadied by a plaster bandage and the upper drawn down and held in place by applying a broad piece of plaster bandage to the thigh, cutting it out horse-shoe-like for the patella. This is fixed by a roller bandage, and to the ends of the plaster are attached india-rubber bands, and these again to the foot-piece. By these the tension is regulated. For a few days an ice bag is placed on the knee. The action of the rectus muscle is not noticed. The advantages claimed are simplicity, safety, and a useful leg, if persevered in for two months, and a rigid apparatus worn for some months longer. Mr. Heath follows a somewhat similar plan, but commonly aspirates the joint, hoping to obtain better approximation of the fragments. Sir Joseph Lister wires the fragments together, obtaining bony union, and passive motion is commenced at the end of the second week. Treves, at the London Hospital, uses Malgaigne's hooks with antiseptic precautions, as the knee joint is thus opened. Occasional suppuration of the joint deters all but the most sanguine believer in antiseptics from adopting the latter plans. Whether to remove the axillary glands in all cases of carcinoma of the breast is another vexed question, Lister advocating free removal, and statistics show an increase in the percentage of cures (i.e., those surviving three years), from ten per cent. under the old plan to twenty-six for

the new. Hulke recommends, when removing the glands, to dissect them out with lymphatics leading from the breast with the sharp edge, in order to avoid tearing the axillary vein or a branch from it. Most surgeons excise the elbow by the single vertical incision, and yet the two lateral has its advocate in Sir Joseph, who claims less injury to the triceps, and while admitting it to be more tedious, shows his veteran spirit and never-tiring efforts in the interest of his patients. He puts it up slightly flexed midway between pronation and supination. Mr. Lawson, in excising the hip, invariably removes the great trochanter, making drainage more perfect. Mr. Hulke, at the same hospital, leaves it, thus preserving a more useful limb. Mr. Gould takes a cosmopolitan view. At Guy's Hospital, Bryant may be seen stopping hemorrhage by torsion exclusively, and claims it an advantage not to leave a foreign body, while it is easier of application and inflammation is less liable to follow. In Mr. Heath's wards at University College, an interesting case occurred showing how widely opinion varies in that hospital. Mr. Heath, having returned from his holidays, was giving a clinic in his wards, and, on approaching a patient, was informed that the case was one of senile gangrene. Mr. Heath at once proceeded to impress upon the class the advisability of waiting for spontaneous separation, and had convinced all it was a rule in surgery never to be deviated from, when lo! the dresser disclosed a nicely fashioned stump. In his absence it had been amputated by Mr. Barker. The flaps sloughed. At the examination for membership of the Royal College of Surgeons, Sir William Macormac objected to straightening the foot at once after tenotomy, while Mr. Heath as strongly protested against waiting three or four days. In practice students are advised to ligature the brachial for secondary hemorrhage from the palmar arch, and at the college examination to ligature radial and ulnar. Judging from the high recommendation and apparent usefulness of Thomas' splints, they might with advantage be used oftener in our hospitals. One sees them used for disease of hip, of knee, of cervical spine to support jury mast, for fracture of femur, of patella, etc. Chopart's operation is discarded in favor of Symes', as the arch of the foot is