

The bony tissue being removed as mentioned, the wound was fully opened and the parts examined, to see if any more diseased bone tissue requiring removal remained. None being found, the wound was dressed by applying a piece of lint, wet with an evaporating lotion, in the wound, one end of which was introduced into the acetabulum, filling the space previously occupied by bone. A roller was then applied, commencing at the toes of the limb of that side and continuing up and around the hips as tightly as the patient could conveniently bear it. This was wet with an evaporating lotion every two hours for ten days, when an aqueous solution of permanganate of potass (four grains to the ounce) was applied instead for a week longer, when the dressing was changed for the first time, a major portion of the lint being permitted to remain still in the wound. At the end of four weeks after the operation, the lint was removed from the wound, soap suds injected into the cavity, and the surfaces, whence the diseased bone was taken, examined. These were found covered with healthy granulations. A second piece of lint was loosely introduced into the wound, and the roller still applied as before. The amount of pain experienced by the patient on taking off and reapplying the roller was not very great, but sufficient to afford an objection to the frequent repetition of the change, and the roller was permitted to remain over two weeks at first without any change, partly for this reason, and partly because the proper adjustment of the roller is one of the most important features in the after treatment in this and similar cases. It is to the tightly adjusted roller that we owe the consolidation of the tissue and freedom against the burrowing of purulent matter, a condition so much to be dreaded; the bane in fact of this class of operations. The opening into the joint was made to heal by granulation entirely, but at no time was the granulating surface painful, or otherwise in an unhealthy condition. The patient had not an untoward symptom during convalescence, and at the end of six months from the period of the operation, was able to walk considerably, and constantly improved for five months more, when he was able to walk four miles a day with no other aid than a cane, the wound being at this time entirely cicatrized.—*American Medical Times.*

## ON OPERATING FOR FISTULA IN ANO IN PHTHISICAL SUBJECTS.

By Professor THIRY. (*Presse Médicale Belge*, No. 21.)

These observations are intended by their author as a sort of protest against the doctrine maintained by M. Jobert—viz., that the objection usually held by surgeons to operate for fistula in patients suffering under phthisis is a mere prejudice, to be entirely discountenanced; the fistula, in fact, being just like any other emunctory, a cause of debility in this disease, and as such to be suppressed as soon as possible. If the action of a fistula resembled that of a prolonged blister or an issue, as stated to do by M. Jobert, Professor Thiry would agree with him in regarding it as an unfortunate complication to be got rid of as soon as possible. But this is only a faulty interpretation; for he has found in all the cases that has come under his care, that fistulæ and abscesses occurring about the anus in the subjects of pulmonary tubercle, are the result of tubercular deposit at the margin of the anus, constituting only an additional manifestation of the general diathesis. The discharge from such is not an evacuation of matter enfeebling the patient, but a discharge of tubercular matter mingled with pus, and benefiting the patient thus far by removing tubercle which might otherwise have been deposited in the lungs and aggravated his condition. The matter contained in the discharge from these anal abscesses of fistulæ, is shown by microscopical examination to be in part tubercular, and unsoftened tubercular matter also lines the bottom of the cavity whence it proceeds. Soon after the establishment of the fistula the chest symptoms often undergo a notable amelioration, while the patient exhibits many other signs of returning health. If this truce be taken advantage of by the administration of suitable remedies, complete recovery even may ensue, the fistula itself, the last trace of the tubercular diathesis, disappearing spontaneously. Such a result is by no means so rare as is gen