according to Moore's method in these cases, which has for its object the reduction of the dislocated ulna. We have all heard of this method, but there are many who are not familiar with its details. The following are the different steps of the operation: Place the hand midway between pronation and supination; take a firm hold of the wrist with one hand, and with the other seize the hand, make extension and counter extension, draw the hand forcibly to the radial size, then backwards and to the ulnar side, bring it in a straight position with the forearm, then forcibly flex it on the latter; lastly, bring it back to a straight position with the forearm. Apply a solid pad over the head of the ulna, and secure it in its place by means of a strip of adhesive plaster two inches in width, and long enough to encircle the wrist two or three times. The arm is then put in a sling, which constitutes the dressing. For greater safety, there can be no objection, in my opinion, to applying well padded straight splints in addition to the above dressing.

The normal relations of the tendon of the extensor carpi ulnaris and head of the ulna being borne in mind, will serve as a guide to the surgeon. When he has succeeded in reducing the dislocation, he will find the head of the ulna lying on the radial side of the tendon, its normal position, whereas when the dislocation exists the tendon lies on the radial side of the head of the bone. In very fleshy individuals it is not always an easy matter to feel the tendon, but in the majority of cases it well serve as a very important landmark. The object of the pad is to keep the head of the bone in its position, which it would otherwise be very difficult to accomplish, on account of more or less laceration of the internal lateral ligament and inter-articular fibro-cartilage.

I had occasion, lately, to try Moore's method in a case of this kind of four week's standing, in a boy twelve years of age. The arm had been dressed in the usual way, by means of a pistol splint. When he came under my observation, the case presented the symptoms of Colles' fracture in a marked degree. Having placed the patient under the influence of an anæsthetic, I broke up the adhesion, reduced and dressed the fracture according to Moore's method, applying in addition straight splints to the forearm. At the expiration of three weeks I removed all the dressing, and found union perfect. The powers of pronation and supination were normal, and motion of the wrist not in the leas interfered with. The head of the ulna projects to a very slight extent, when compared with its fellow of the opposite side. I do not assert that such a result can be obtained in all cases; but, considering the time at which reduction was effected in this case, and the favorable condition in which the limb is left, I feel highly encouraged to adopt the same plan of treatment whenever an opportunity shall present itself.—*Detroit Review of Medicine.*

AN EXTRAORDINARY CASE.

The *Irish Hospital Gazette* records an extraordinary case recently brought before the Dublin Pathological Faculty by Professor R. W. Smith, of Dublin University. The disease under which the woman succumbed whose skeleton he exhibited was one of rare occurrence, and difficult alike to diagnose, treat, or even name. At the time of her death the woman was forty-five years old. Fifteen years previously she had been sent to jail for some offence, which was probably committed while insane, as shortly afterwards she was transferred to a lunatic-asylum. During the first ten years of her residence there nothing remarkable about her was noticed, and she was employed in washing the floors, etc. At the end of this period she ceased to be able to work, and was confined to bed for the remaining five years of her life, gradually becoming more feeble, and dwindling away in stature until she became about one-half the heighth she was originally. She did not complain of any pain; her limbs became coiled up in every possible shape, and she seemed gradually to disappear from off the face of the earth. She died, possibly, from constitutional disease of the osseous system. He (Professor Smith), however, looked upon the condition of the bones not as a disease, but as a manifestation of an as yet unknown diseased condition. Professor Smith had weighed all the bones individually; the total weight of the skeleton (including the cranium) was two and one-half pounds, which equalled about the fourth part of the weight of a child at birth. The bones were extremely light, soft, fragile, and atrophied in every respect. The number of fractures was prodigious. The ribs were in a hundred fragments. The head of the humerus was bent; the fibulæ were curved; the thigh-bones and pelvis were huddled up together, and the bones of the vertebræ thinned and worn away across the front of their bodies. The lower jaw was atrophied and broken into three fragments; the base of the skull was cribriform all through; and he (Professor Smith) believed that if the woman had lived longer not a vestige of a bone in her body would have been left. As to the nature of this disease he (Professor Smith) believed that it was identical with rickets occurring in the adult; and although that opinion might appear heretical to some, yet he was glad to find that in the last volume of Trousseau's Lectures on Clinical Medicine, that distinguished author had expressed his opinion that osteomalacia and rickets were one and the same disease.

PROLAPSE OF THE UMBILICAL CORD.

Dr. George J. Engelmann sums up a paper, (*The American Journal of Obstetrics*, August, 1874) as follows:—In conclusion, I will sum up in a few words the facts attained and the laws established by the examination of our prolapse cases.

The causes of the prolapse of the umbilical cord have mainly proved to be such circumstances as prevent the complete filling of the pelvic brim, and the close adaptation of the lower segment of the uterus to the presenting part. One of the more important of these circumstances is the shape of the presenting fœtal part itself, and we thus find that foot-presen-