

disease. The femur was divided on the 23rd of the same month. The following is from notes on the case taken by Mr. Poland :

"November 23.—Chloroform having been administered, a small incision, half an inch long, was made with a long tenotomy-knife above the great trochanter of the left side, through the soft parts down to the neck of the bone, and then with a saw the neck of the femur cut through, and the thigh straightened. The Sartorius muscle was divided at the anterior superior spine subcutaneously, and the small wounds covered with a pad of lint. A large outside splint, with foot and cross-piece, was applied, and a morphia injection given, which eased the pain, but he was a little sick after the operation." Both wounds did well. He complained of great pain in his back for a few days, but this soon wore off.

"February 10, 1876—He was sent down to Bognor. There was still a little discharge from the right leg.

"When at Bognor the wound over the tibia completely closed. He could walk well, the parts about the hip having firmly consolidated."—*The Lancet*, Nov. 17, 77. *Med. Record*.

EXCISION OF THE SPLEEN.—Another case of splenotomy has been put upon record by Mr. H. L. Browne. After all the dangers had been thoroughly explained to the patient, the operation was performed on Feb. 23, 1877, in the West Bromwich Hospital. There were no adhesions, nor was there any distinct pedicle. Four large arteries were met with, which were secured by double ligatures before division, and also their veins. There was no hemorrhage. The lad rallied very well from the chloroform, but five hours afterwards died suddenly. There was no hemorrhage after the operation. The tumor, which was found to be a simple hypertrophy of the spleen, was eighteen and a half pounds in weight.

No theory of the cause of the disease is offered. The lad had leucocythemia. There was no other glandular affections. The youth of the patient (20 years), the almost certainty of a splenic tumor being non-malignant, the absence of other disease, and the fact that the patient was dying, and would have died in a few days from the pressure alone on the viscera and blood-vessels by the weight of the tumor—these are some of the strongest reasons why the operation was and should be performed.—*The Lancet*, Sept. 1, 77. *Med. Record*.

TWO CASES OF STENOSIS OF THE TRICUSPID ORIFICE, WITH OBSERVATIONS.—By R. P. Howard, M.D. Montreal 1877.—This paper is reprinted from the Transactions of the Canada Medical Association for 1877. The first case of especial interest, having been under the author's observation for fifteen years. The patient had chorea when

eight years of age, but never rheumatism; and during life the physical signs pointed to mitral and aortic disease, and, finally, tricuspid regurgitation, but the tricuspid stenosis was not diagnosed. Death occurred from cardiac dropsy, and the right auricle was found "capable of holding a good sized orange," its muscular walls, which were fatty degenerated, being greatly thickened. The tricuspid orifice admitted the little finger to the first joint, the valve-cusps being united, and forming a fibrous septum. This contraction was greater than that of the mitral orifice, which was also funnel-shaped, and the aortic orifice was similarly stenosed from cohesion of the valve cusps. The second instance is that of a heart in the McGill College Museum, and a figure is given in the paper showing the oval tricuspid orifice formed between united cusps. There was marked mitral stenosis in this case also, and the aortic valves were thickened. Dr. Howard notes the almost invariable association of tricuspid disease with affections of the other valves, and he contends against the idea that the lesion is of congenital origin.—*Lancet*.

SCARLATINA BY LETTER.—Under this heading the newspapers narrate a case in which scarlatina was undoubtedly communicated by letter, from an infected house to a previously healthy family. The children "had the envelope to play with," and took the disease. We have, in *The Lancet*, repeatedly called attention to this risk. It is satisfactory to know that a not uncommon, but too long overlooked, method of infection is at length beginning to be recognised. The danger which attends the practice of writing letters, and sending papers, books, and parcels, from sick rooms to disseminate the "germs of disease" is of no small magnitude. Probably paper, in its familiar forms, is as effective a carrier of morbid material as linen or wool. The notion of "disinfecting" books and letters is practically untenable. Such means of infection should be themselves destroyed. Circulating libraries are too often the circulating media of communicable disease.—*The Lancet*.

DIFFERENCES BETWEEN ANÆMIA AND CHLOROSIS.—Zimmermann, in *Ziemssen's Cyclopædia*, XVI., page 501, gives the following: 1. In chlorosis proper the change in the blood appears to be strictly limited to the red corpuscles, whereas in anæmia, other constituents of the blood, especially the albuminates of the plasma, are also modified. (2). In many respects the etiology of chlorosis is peculiar and obscure and its pathogeny does not admit of being traced, like that of ordinary anæmia, to causal factors with which we are familiar. (3). The striking effects of suitable treatment would oblige us, even in default of other reasons, to separate chlorosis clinically from other forms of anæmia.—*Clinic*.