THE CANADA LANCET.

tion is overcome also. The result is a preparation which resembles as nearly as possible mother's milk, and one in which all the manipulations are perfectly under control. His method is as follows: he uses a tall tin vessel with a narrow circumference, holding exactly a quart. In the centre, at one side, an opening is made which is closed with a rubber cork. He gets as good a milk as possible, buying it preferably from a man who keeps cows, rather than from a middleman or dealerthe chances of adulteration being less. The milk is allowed to stand three hours in this tin. Then the cork is withdrawn, and the upper half of the milk will escape. This half contains all the cream, and Dr. Meigs considers that it is equal to a mixture of cream 3 ij. and milk 3 j., as in his old method. He then proceeds as in his old method, adding 3 ij. lime water and 3 iij. sugar water to every 3 iij. of the above cream mixture. Here we part with him, believing that he uses too much lime water. We prefer to follow from this point the method adopted in the New York Infant Asylum. The cream mixture is obtained as above. It is then diluted equal parts with sugar water of the same strength as above, viz., 3 iijss. of milk sugar to 3 iij. of water. One or two measures of the peptogenic milk powder is added, and it is allowed to stand for three hours-by which time the milk may be slightly bitter-but children take it well. The milk is not thoroughly peptonized by this method and leaves enough work for the stomach to do. Sufficient lime water is now added to turn litmus paper faintly blue. Then the preparation is bottled and sterilized, and is ready for use.

For reasons and methods of sterilization, I must refer you to a paper read by me at a meeting of the Toronto Medical Society and published in the *Canadian Practitioner* for May 1, 1891.

To summarize, in conclusion, if for any reason it is necessary to wean an infant, the best substitute food is Meigs' modified mixture, prepared as described, given in the proper amounts and at regular intervals (which are very important points), peptonized and sterilized. If this does not agree, try the condensed milk, prepared as described and sterilized.

Between the changes of food, it is an excellent plan to clear out the bowels, and feed the child on some very simple food, such as white of egg

mixture, beef tea, barley water, etc., for a day or so. If the condensed milk does not agree, you may try the plain cow's milk, diluted in different proportions; or J. Lewis Smith's dextrine food, which I have not had space to refer to.

CASE IN WHICH LIGAMENT WAS TORN FROM THE PATELLA. BONE AND LIGAMENT SUTURED TOGETHER.

BY DR. MACFARLANE, TORONTO.

Robert McKenzie, laborer, æt. 60, admitted to the Toronto General Hospital on April 18th, 1891. Family and personal history are excellent.

While working in a barn on the 17th of April, he slipped through a hole in the floor, the left knee striking the edge of the hole. After this accident the knee became greatly swollen and the power of extending the leg was lost. On examination, the knee was found much swollen, especially on its inner side, and there was quite an amount of effused blood about the joint. The patella was drawn up by the quadriceps extensor and the bone could he outlined. By pressing the fingers over the lower part of the patella, they could be forced beneath the lower margin of the bone, showing that the ligament was torn off.

It was decided to open the joint and co-apt the parts by means of silver wire.

April 21. The cutaneous tissues over the joint were rendered aseptic by being shaved, and thoroughly scrubbed with turpentine, soap and water and afterwards with a 1-3000 solution of bichloride of mercury. The instruments were boiled and placed in a 1-40 solution of carbolic acid.

Operation.-The joint was freely opened by a transverse incision five inches long, extending across the front of the limb, on a line with the normal level of the lower margin of the patella. On entering the joint, the soft tissues were found considerably torn and the ligament and bone were separated about one and a-half inches. After thoroughly irrigating the parts with a 1-3000 bichloride solution and checking all hæmorrhage, the bone and ligament were brought together by a single suture of one-twelfth inch silver wire. The torn soft tissues were brought together by carbolized catgut and the external wound closed with silk. No drainage tube was used. ' The

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