

And she looked it, though the dusky hue was gone, and the features were placid and the countenance calm. Her strength of will pulled her through, aided powerfully by the medicines, both in her opinion and mine. The effect of this combination was well seen in the old gentleman mentioned before, where in twenty hours the respirations fell from 44 in the minute to 32, the respiratory act being deeper and fuller, while the pulse was fuller but not slower. In another case of most extensive emphysema with chronic bronchitis, a steady course of atropine enabled an old gentleman to weather the storm gallantly.—*Dr. Fothergill, in Medical Times.*

#### NECROSIS OF THE INNER TABLE OF THE MASTOID AND CARIES OF THE TYMPANUM.

Dr. J. O. Green reported the following cases before the Boston Medical Society (*Boston Medical Journal*).

A girl aged ten years, during typhoid fever, developed purulent inflammation of the left tympanum, with perforation and ulceration of the drum membrane, followed by mastoid abscess, which ruptured spontaneously some weeks after. When I first saw her, carious bone could be felt through the fistula over the mastoid, and the meatus was obstructed by a firm fibrous polypus growing from the tympanic mucous membrane. Operation was advised, and under ether the polypus was removed by the wire-snare, and it was found that the inner wall of the tympanum was carious. At the same time the mastoid was exposed, and all of the softened, carious bone was removed by a gouge as far as possible, and a clean passage obtained for fluid from the wound through the meatus. A large surface of carious bone between the mastoid and tympanum, along the antrum mastoideum, was, however, beyond reach, and was left. The previous pain was entirely relieved by the operation, but the discharge from the wound and meatus continued, and granulations again sprang up from the carious bone in the tympanum. The treatment was thorough antiseptic syringing to insure perfect cleansing and free evacuation. During nearly a year this was continued, the general health being excellent; at the end of that time examination with a probe discovered a sequestrum within the mastoid cavity, and much carious bone was felt in the tympanum.

Under ether the mastoid was freely exposed, revealing a carious fistula through its external table; this was enlarged with a gouge till the end of the little finger could be passed in and the sequestrum could be felt moving freely; with forceps this was seized, and with a little manipulation withdrawn through the external opening. The sequestrum

was 16 mm. long, 11 mm. wide, and constituted the inner table of the mastoid, including the distinctly marked sulcus of the lateral sinus. With a sharp spoon the superficial caries of the antrum mastoideum and of the tympanum was thoroughly scraped away. The mastoid and tympanum were syringed with carbolic solution, one to eighty, and wound and meatus were dressed with carbolized oil, one to ten. Not the slightest reaction followed the operation, and on the second day the child was up and about. The antiseptic syringing and dressing were continued daily. Three weeks after the cavity had diminished fully one half by the development of granulations, and no bare bone could be felt in the wound, and but a small bit in the tympanum. Five weeks after the operation, when last seen, the discharge from the wound scarcely amounted to two drops in twenty-four hours, but it was thought best still to keep the fistula open; the otorrhœa had almost ceased, the bare bone in the tympanum was nearly covered, and the tympanic mucous membrane was smooth and but slightly inflamed.

The chief point of interest in the case was the situation of the necrosis, the removal of which completely exposed the *aura mater* and lateral sinus over a considerable space.

#### SUBCUTANEOUS OSTEOTOMY—ADAMS.

The first operation of subcutaneous osteotomy in England was, I believe, performed in 1868 by Mr. L. Stromeyer Little, the son of the distinguished physician, Dr. Little, who introduced subcutaneous tenotomy into England in the year 1837, having been himself operated upon by Stromeyer in Hanover in 1836.

The case upon which Mr. Little operated, on November 11th, 1868, was one of bony ankylosis of the right knee-joint, with the leg flexed at a right angle, occurring in a girl aged 14 years, the result of strumous disease. An incision, the third of an inch long, was made on the outer side of the joint, and "a strong carpenter's chisel rather less than a quarter of an inch wide was inserted into the wound, and driven with a mallet through the united bones in several directions." The limb was readily straightened, and lint, with bandage and splint, applied. The case progressed very favourably, the wound being nearly healed on the sixth day; and in three weeks she walked on crutches, and in five weeks without crutches.

In this class of cases, it seems to me that the chisel, as employed by Mr. Little, is to be preferred, either to the short subcutaneous saw, which I use, at the hip-joint for ankylosis, in the knee-joint for genu valgum, and in all subcutaneous divisions of the shafts of the bones,—or to the method of