that about one-sixth of the tertiary cases need mercury.

As corrosive sublimate is known to produce red blood corpuscles, to act really as a tonic, it is, in my opinion, the safer plan to always combine it, or some other form of mercury, with the iodides in the treatment of syphilis. In all forms of syphilis, primary, secondary or tertiary, I continue mercurial or mixed treatment for at least one year.

CLINIC OF PROFESSOR SAMUEL D. GROSS, M.D., LL.D., D.C.L., OXON.

OLD DISLOCATION OF THE ELBOW.

CASE III.—This child, twelve years of age, has been brought here with a marked deformity of the elbow, and the statement has been made that it was caused by a fall three months ago. I explained to you, when on the subject a few days ago, the difficulty of reducing a dislocation of the bones of the forearm at the end of a fortnight or three weeks; but when it has existed for several months I always despair of obtaining a satisfactory result. This case has the characteristic deformity of a backward dislocation of the forearm. The olecranon process is extremely prominent, the three-headed extensor muscle is relaxed, the elbow, unnaturally full in front, and standing out in bold relief, partially flexed, and moveable only to a limited extent.

This is what we call an "old" luxation of the elbow; as you know, some dislocations become old, *i. e.*, difficult to reduce, in a shorter time than others. What changes may take place in this joint in the short space of a few weeks, that will often make it impossible for us to restore the articulation to its proper relations, is a question which has never been answered by surgeons, and I cannot myself offer any satisfactory reason, but such is the fact; and a dislocation of the elbow that could be readily reduced at the time it occurred, in the course of three weeks may be practically irreducible.

Dislocations are sufficiently frequent at all periods of life. The elbow-joint may be luxated in four principal directions—backwards, forwards, inwards, and outwards. I call your attention, in this case, to the relaxed condition of the triceps muscle, which is one of the most important features in this form of dislocation. The forward dislocation is very rare. It is very uncommon when unconnected with fracture of the olecranon process. Lateral luxations are also very rare.

After giving the patient ether I will try the effect of forced extension, with counter-extension, holding the arm firmly, and drawing the wrist and hand downwards and backwards, and then suddenly flexing the forearm upon the arm.

It is much to be regretted that such a dislocation as this should not have been recognized and reduced at the time it occurred. All that is necessary, as the rule in recent cases, is to put the patient under the influence of an anæsthetic, then place the knee in the bend of the elbow, extend the forearm, and then suddenly flex the joint, when the bones will slip into their normal position.

There is great danger at this age, in making powerful traction and forcible extension, that the humerus may give way at the epiphyseal cartilage above the condyles. A twisted sheet placed in the armpit affords good counter-extension, while strong traction is made upon the forearm. The treatment in these neglected cases is generally unsatisfactory. The best rule is to make out the diagnosis and apply the remedy at the earliest possible moment. The surgeon in these powerful manipulations not only runs the risk of separation of the humerus above the condyles, but also of fracture of the olecranon, which has happened to me several times; but this is an accident which is perhaps not always to be regretted, as it does not interfere materially with repair.

The division of the tendon of the triceps has been proposed, and two cases have been reported in which it was performed by Dr. Sayre, with asserted good results. I fail to see how this expedient could effect any good purpose, as the muscle is already relaxed; the olecranon is carried, as you see, backwards and upwards, so that the tendon is not tense, but quite the contrary.

I will not make any further attempts this morning, but will bring the girl before you again after she shall have had a few days' rest in the hospital.

[On several occasions, subsequently, attempts were made to reduce this dislocation, but without success. Division of the lateral ligaments, by subcutaneous section, was also ineffectually performed. Even Dr. Sayre's operation was practised, as a dernier ressort, without avail. The patient was finally discharged, to return to her home, without being relieved.—F. W.]

GUTTA PERCHA FOR FISSURED NIPPLES.

Dr. KING, in the St. Louis *Courier of Medicine*, recommends the application to fissured nipples of a solution of gutta percha in benzine or bi-sulphide of carbon. He paints this solution all over the nipple, except the apertures of the milk ducts. It remains on two or three days, and usually the parts are entirely healed. Occasionally it needs to be re-applied. It is suggested that the cement used by cobblers in mending shoes, by what they term "seamless patch," would answer the above indication, but better still would be to use the officinal solution of gutta percha in chloroform.