

ceps, slowly twisted from its connections, and removed. The diseased ends of the radius and ulna were gouged away, and afterwards both bones were sawn across immediately above the seat of disease. A small incision was made on each side of the joint as close as possible to the level of the floor of the joint, and a drainage-tube was inserted. The wound was stuffed with iodoform gauze and dressed antiseptically. A straight splint was placed under the forearm and hand, the palm being supported on a roller bandage. Recovery was uninterrupted and speedy, and the patient has now a useful hand. Mr. Thompson claims for the method that "it is easy of performance and free from danger, and that it does not tear or injure any of the tendons, vessels, nerves, or deeper structures. It is quite bloodless, and does not require removal of any portion of bone which is sound and healthy."—*London Med. Recorder*.

ASTHMA AND THE UTERINE SYSTEM.

Dr. Peyer has recently written in the *Berliner Klini.*, part 9, 1889, on an affection which he terms sexual asthma. He maintained that asthma was always neurotic, and that in different subjects asthmatic convulsions were brought on by the influence of different physical functions. In two young married women coitus caused violent attacks of asthmatic sneezing. In another case the patient suffered from uterine fibroid, with severe asthma, which disappeared after the removal of the tumor. A patient was subject to violent asthmatic fits; on her becoming pregnant for the first time, the asthma was completely cured. In a similar case of asthma the patient suffered from chronic metritis. When the uterine affection was cured, the asthmatic complication disappeared. In all Dr. Peyer's cases the patients were more or less hysterical, and in two there was a distinct family history of neuroses. The physician must be careful now to distinguish between the possible coincidence of true asthma and disease of the sexual functions and the alleged form where the former is an effect of the latter. In the case of coincidence it is perfectly easy to understand that any aggravation of uterine or ovarian disease and any irritation of the sexual functions might aggravate the asthma. The other condition is less easy to understand, and very hard to prove in a scientific manner.—*British Med. Journal*.

A NEW METHOD OF TREATING FRACTURED PATELLA.

At a recent meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom he had operated by a novel method to secure bony union in a case of fracture of the patella. The skin over and

around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed there was no sign of irritation and the temperature had never been above normal. As the fragments seemed well united the needles were withdrawn, a plaster-of-Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint it would be desirable to aspirate.—*Med. Rec.*

VALVULAR DISEASES OF THE HEART.

Yet another class of cases presents excessive muscular growth, and cavities that have but moderately increased. This state is more often met with in aortic affections, particularly regurgitation; but it may also happen in mitral regurgitation, with or without co-existing aortic disease. The impulse is extended, forcible, and out of proportion to the cardiac percussion dullness; there is often throbbing of the vessels of the neck, dull headache, tension in the pulse, and a feeling of constriction in the chest. Aconite is pre-eminently the remedy; it diminishes the blood pressure in the arterial system and gives great relief. I usually employ two drops of the tincture every fourth or sixth hour for the first few days of the treatment, and then only twice a day; or give one drop every third hour until an effect on the force of impulse and pulse is produced, and keep up this effect with a drop dose two or three times a day for several weeks, intermitting the treatment and resuming it from time to time. Veratrum viride has similar applicability; it is, however, more apt to nauseate. But I have often had the happiest results from a combination of one-drop doses of aconite tincture with three of tincture of veratrum viride and seven of tincture of ginger. It is an admirable sedative and does not sicken.

Summing up, then, the treatment of valvular affections of the heart, as they present themselves ordinarily, and basing it chiefly on the condition of the cardiac muscles and of the cavities, we find practically three groups:

1. Cases in which no special treatment is required.
2. Cases in which excessive growth and strong action call for aconite or veratrum viride.
3. Cases in which, early or late, and with or without increased muscle, the heart falters and