

—the joints can be flexed freely—but any attempt at extension is painful—this latter being followed by the appearance of a tense, contracted cord, passing from the finger into the palm of the hand—to which the skin of the palm is closely adherent. This form of finger contraction was first accurately described by Dupuytren—though its pathology and treatment is still subject to discussion. Dupuytren, in dissecting a hand subject to this condition, found that a division of the palmar aponeurosis caused an immediate relaxation of the fingers. The tendons were normal—their sheaths were unopened—the joints, ligaments, synovial membranes were natural and normal.

The cause of this condition is believed by almost all the writers on the subject to be strictly local—arising from the pressure of tools, &c. There is, however, a gouty form. Mr. A. regards it as nearly always depending on a gouty diathesis.

The treatment may be either mechanical or operative. The former seems to be applicable to the slight cases only. In severe cases, and those of long standing, mechanical treatment is useless. The operation was first performed by Dupuytren, in 1831. He made an open wound—transversely, and the wound gaped very much from the extension, and suppuration followed. Mr. A. condemns this open method, which has the support, however, of many eminent surgeons—both American and English. Mr. A., after an extensive experience, now proceeds as follows: A small tenotomy—smaller than ordinarily used—is introduced between the skin and contracted cord, which is divided by cutting downwards very slowly and cautiously, taking care not to dip the point, or divide any structures, except the contracted band of fascia. Several punctures may be necessary. The first one at the greatest distance from the finger, the second should divide the same cord as the first, but as near the finger as possible, thus leaving the contracted band in the palm of the hand, when adherent to the skin, isolated. The 3rd and 4th punctures the lateral bands or digital prolongations of the palmar fascia, which usually pass from the central cord in the palm to the adjacent sides of the fingers. Care should be used—to avoid the vessels and nerves along the sides of the fingers. Other incisions or punctures may be necessary—but care should always be used.

The after treatment consists of *immediate extension* and a retentive splint. The bandage is removed the 4th day. Extension is to be kept up by the use of the splint, worn night and day—for two or three weeks.—changing the bandage every two or three days. After three weeks, the splint at night only, for an additional three or four weeks. Free motion is to be encouraged when the splint is not worn.—*N. Y. Hospital Gazette.*

CHLOROFORM NARCOSIS.

Wachsmuth, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it twenty per cent. of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of chloroform narcosis—pulmonary paralysis.—*N. Y. Medical Record.*

CHLORAL AS AN ANÆSTHETIC FOR CHILDREN.

Dr. Bouchut, in a paper in the *Gazette des Hôpitaux* (August 13), states that since he first announced, in 1869, the anæsthetic properties of chloral in the surgery of childhood, and its value in bad cases of chorea, daily experience has confirmed the accuracy of his affirmation. More than 10,000 cases now testify to this, as for the last nine years from four to eight patients have taken this medicine in anæsthetic doses. Perhaps the same good effects might be obtained also in adults, but it is found that they cannot be got to swallow a sufficient dose without producing vomiting. Infants, however, take the chloral in sufficient doses readily, and do not eject it. According to age, from one to four grammes are given, not exceeding three grammes, however, in children under three years of age, and two grammes may be given between two and five years without danger. The whole quantity is to be given at a single dose in 100 grammes of a highly sweetened vehicle. Half an hour after, the children are asleep; and an hour after, they are insensible. The insensibility lasts from three to six hours, and on awaking from it no disagreeable effects are experienced, the children taking their food and playing as usual. The same dose may be repeated the next and following days if required; and in chorea some children take these doses for a month together without inconvenience, as much as from 100 to 125 grammes having been taken in a month. Exceptionally, the anæsthesia is preceded by a stage of excitement, but so rarely that it has not been met with more than ten times in 10,000 cases. This means being so certain, and never being attended or followed by any accident, Dr. Bouchut always employs it for all operations on children, however trivial, the only inconvenience being that they continue to sleep three or four hours afterwards. These results are of great importance when it is remembered what difficulty and resistance are met with during operations on children. If there were any danger attending the use of this means, its employment in such cases should never be thought of; but, there is absolutely none. The anæsthetic effect may also be produced by administering the same dose as an anæmia; but as this may be ejected, and the anæsthetic effect not be produced, it is better to use the chloral as a suppository, made with the *baume de cacao* melted with a fourth of spermaceti, which is essential to the incorporation of the chloral. This, however, is a bad mode of administration if the chloral has to be continued for a long time, as, after three or four intro-