

to perform it, while they would willingly agree to the other operation.

In regard to the mechanical points raised by Dr. Judson, it must be remembered that in addition to the gastrocnemius muscle, the perineal group and some of the interossei are also involved.

In only one of his cases had he met with the ribbon-like form of the tendon, and the result of this case is reported as "poor." When this condition exists the tendon must be brought further down, and particular care exercised in the process of suturing, aiming to have the tendon well imbedded in the V-shaped flap.

Dr. Phelps presented a specimen that was apparently an intracapsular fracture of the femur. It had been removed from a man in the dissecting room, who was noticed to have the legs flexed and abducted, and twenty or more sinuses, healed and unhealed, about the thigh, which had burrowed in every direction. Through a most unfortunate mistake on the part of those who secured the specimen, the soft parts were all carefully removed. The pus is stated to have come from a cavity behind the mass of new bone which is seen in the acetabulum; and the new joint is found to be perfect. When the specimen was exhibited a few evenings since before the Surgical Section it was thought to be a case of old hip joint disease, but the specimen clearly shows, since sections have been made, that this is not the case, and is of peculiar interest as illustrating the utter impossibility of curing such a case by mechanical treatment. It was a strictly surgical case, and unless the sinuses were followed up and treated by thorough curetting and free drainage with antiseptic precautions, the man must have died, as he did die, from amyloid disease of the liver and kidneys.

Dr. J. D. Bryant concurred in the opinion that this was a case of intracapsular fracture.

A SIMPLE METHOD OF PREVENTING THE BREAKING OF PLASTER AND WAX CASTS.

Dr. Phelps exhibited two casts so treated. He said that in order to render plaster or wax casts almost unbreakable, it was only necessary to rub well the surface of the cast with plum-bago, and then by the process of electro-deposition, cover the whole surface with a film of copper about 1 mm. in thickness. To illustrate

the efficacy of this method the speaker took one of the specimens, a large cast illustrating Dupuytren's Contraction, and threw it violently upon the floor, without its sustaining the slightest damage.

The other specimen had already been shown at the meeting in connection with Dr. Townsend's case of club feet.

Hospital Reports.

GANGRENE OF THE HAND INDUCED BY A TIGHT SLEEVE—RECOVERY.

UNDER THE CARE OF DR. NEVITT IN THE HOUSE OF PROVIDENCE, TORONTO.

H. H. æt. 3½.

The boy was restless and cross for several days, and complained of his hand, which had become much swollen and painful. The swelling and pain increased, and on Jan. 27th, his mother, on examining the hand, thought that, at a point in the palmar surface, it was "going to break." She punctured it with a needle, but nothing came away, except a drop of clear fluid; at night she applied a bread and water poultice. Dr. Nevitt saw the case on the following day, when he found the hand and forearm greatly swollen, and of a mottled purplish colour; the swollen parts felt quite cold; there was a spot, about the size of a twenty-five cent piece on the palm, opposite the roots of the middle and ring fingers, which had become quite gangrenous. On examination it was found that constriction was caused above the elbow, by a rather tight sleeve, which, there is every reason to believe, had not been removed since the child had first complained of pain. Dr. Nevitt made a free incision in the palm, carrying the knife through the gangrenous area; this was done with the object of relieving the great tension. There was scarcely any bleeding; a considerable quantity of blood-stained serum however escaped; the operation caused little or no pain. Hot linseed meal poultices were then applied to the entire hand and wrist. The arm was relieved from the constricting influence of the sleeve. Jan. 29th, the swelling was still very great, but the circulation in the hand was much improved. During the next two days the hot poultices