

June 4. No change of consequence. Some improvement in appetite, however. Urine passes through the cut, fistula and catheter.

June 7. Most of the urine passes by the catheter, very little has passed through the cut and none through the old fistulous openings, since the third day.

June 11. Catheter removed yesterday, but last night urine began to flow through the cut in the perinæum, the catheter was reintroduced, but the urine did not flow freely through it until the 14th. During the time the urine was passing through the cut, the bladder was washed out daily with tepid water through the catheter, this caused him some but not severe pain.

June 15. His general condition has been improving all the time, mag. sulph. used to open the bowels occasionally.

June 19. Suffers little pain except when his bowels are moved. Urine still flowing through the catheter, cut healing. General condition all that could be expected.

June 22. Catheter again removed on the 20th and urine passed through the urethra in a good stream and with considerable force. Appetite good, no pain and in better spirits than he has been since coming into the house.

June 24. Still doing well. Cut healed and no diminution in size of stream of urine.

June 30. No signs of any return of stricture by contraction of cicatrix, as there is no diminution in size of stream which seems to pass through the urethra without any obstruction whatever. There appeared to-day, however, swelling of the right testicle and a dragging pain the right side caused probably by the weight of the swollen testicle on the spermatic cord.

July 2. Yesterday one of the old fistulous tracts re-opened. No urine, however, passed through, but a quantity of pus was discharged; this relieved the pain to a very considerable extent.

His general appearance has so much improved that he would hardly be recognized as the same man who came to the house for treatment four months since.

July 6. Swelling of testicle has disappeared mostly and pain entirely. The old fistula has again closed, probably permanently. Cut in perinæum completely closed by a firm cicatrix. Urine still passing in full stream of water.

July 12. Went out on pass, and did not return until July 30. Still passes a full stream of water.

It will be seen by this history that the urine ceased passing by the fistula on the third day, the catheter was not removed until the eighth, on the ninth, however, the urine was found to be escaping through the cut, when the instrument was again introduced and allowed to remain until the twentieth day.—*The Cincinnati Lancet and Observer.*

CAMPOR DRESSINGS FOR CHANCER.—M. Champoulin treats all chancres, except secondary, with camphor powder, and has done so for the past eleven years to his entire satisfaction.—*Practitioner.*

Two Cases of Fracture of the Anatomical Neck of the Humerus.

SURGICAL CLINIC OF W. W. DAWSON, M.D.

Reported by J. B. RICHET, M.D., Resident Physician, Cincinnati Hospital.

Jas. H. S—, aged 56. While working beneath a bank of earth, in the stooping posture, the bank fell, striking and throwing him upon his left shoulder, which was very much injured. When admitted, the shoulder was so very painful that no satisfactory examination was made. On the next day, he was taken before the class, chloroform administered, and a very careful examination made, which proved the injury to be fracture of the anatomical neck of the humerus. Fox's apparatus was at once applied, minus the axillary pad, and the arm bandaged close to the side. The patient suffered but little pain; his appetite remained good, and the case progressed well. The use of his arm became pretty good; the union was complete, and two months after admission was discharged well.

Frederick M—, aged 79. German. Very spare old man, with developing cataract in both eyes, and on this account cannot see very sharply. Came to the city about two months ago; and, while attempting to step from the pavement upon one of the crossings, missed his footing and fell, striking his left shoulder violently against one of the curb-stones. Great pain and almost complete loss of function, with considerable swelling, soon followed. After he was admitted, chloroform was administered, and the injury diagnosed a fracture of the anatomical neck of the humerus. There being very little deformity, the arm was simply placed in a sling, the corners of which were fastened around the lower end of the humerus to prevent the arm from falling backward as the patient lay in bed. Rest was enjoined; the patient's general condition carefully attended to, and the arm kept in the sling for five weeks. The case had progressed so well that the dressings were removed. At the end of another week, the arm was again examined carefully and found to be perfectly firm at the point of fracture and the motion and strength of the limb fair.

Fracture of the anatomical neck is a rare accident. The two cases here presented were singularly alike. There was no marked deformity in either but in both there was pain and impaired motion. Chloroform, in such cases, is the great revealer, and as soon as these patients were put under its influence, *crepitus*, well pronounced, showed at once the character of the injury. The repair, in both instances, was good; the upper fragment was not entirely removed from all attachment with the capsule of the joint; hence, its nutrition and final reunion with the shaft. Deformity, so characteristic a symptom of fractures generally, is prevented in these cases by the attachment of the muscles to the tuberosities, holding the bone in its normal position.

REMOVAL OF METACARPAL BONE.

Wm. H—, aged 25. German. States that about six months ago, while tending a circular saw, his hand was in some way caught by the saw and a large wound made upon the palmar surface. This soon healed, but the effects of the injury did not