

does not cause surprise when we consider that the periosteum only suffered a longitudinal fissure, preserving its vascularity, and retaining its adhesion to the neighbouring parts, thus presenting the most favourable conditions for rapid and regular formation of new bone.—*London Med. Record*, August 16, from *Bulletino delle Scienze Mediche di Bologna*, May, 1875.

47. *Grafting of the Extensor Tendons of the Hands; Anastomosis of the Tendons*.—Dr. GILLÉTTÉ relates, in *L'Union Médicale*, February 13, 1875, the following very interesting case, which occurred under the care of M. Tillaux. A man received a wound on the back of his hand, by which the two extensor tendons of the fourth and fifth fingers were divided, and those fingers lost all extensor power and were permanently flexed. The blood having been excluded by Esmarch's bandage, two flaps were turned back, so as to expose the peripheral ends of the divided tendons, and these were then implanted or grafted into the uninjured tendon of the middle finger. This was done by making a sort of button-hole in the tendon (or in its sheath?) into which the two divided tendons were implanted by means of several points of metal suture. The operation was performed without anæsthetics, and the tendons (which were completely free from any trace of inflammation) presented evidences of lively sensibility.

The wound cicatrized kindly, and the man recovered the motion of both fingers.

48. *Amputations in Scrofulous Subjects*.—A case related at a recent meeting of the Société de Chirurgie (*Gazette des Hôpitaux*, June 19), in which a scrofulous child exhibited remarkable resistance to several successive operations, led M. VERNEUIL to protest against the illusions that exist as to the innocuity of operations in scrofulous subjects, and especially operations performed on bones. As long back as 1845 he had been struck by examining in the hospitals the results of the partial extirpations of the bones of the hands and feet in scrofulous subjects. The immediate results are very favourable, erysipelas being very mild in these subjects, and pyæmia rare; and few are lost by acute traumatic accidents. The wounds are very fine, granulating abundantly—indeed, too abundantly; but the cicatrization is defective. When the patient attempts to use his limb, the disease reappears, either at the same spot, in other joints, or in some of the viscera. The amputation wound heals up, but the patient dies with albuminuria, general œdema, fatty degeneration of the liver, or tubercle. An English author, who is a good observer, recommends that operations should be performed early in scrofulous subjects, before the development of morbid manifestations in the liver or kidney, and that in them amputations, not excisions, should be resorted to. M. Marjolin partakes of M. Verneuil's scruples relative to the performance of operations in scrofulous children. Having been in charge of a children's hospital service for eighteen years, he has been able to follow the patients during long periods, as they re-entered the wards on several occasions. Inclined, as he was at first, to operate early, experience has taught him that these operations are premature before the constitutions of these little subjects have undergone modification, until when they should always be rejected, unless great urgency exists, which is rare. He has often seen infants, who had been operated upon and cured, re-enter and die of meningitis, pulmonary tubercle, or intestinal lesions.—*Med. Times and Gaz.*, July 10, 1875.

49. *Supra-Condylloid Amputation of the Thigh*.—Dr. WM. STOKES, in an instructive paper (*Dublin Journal of Medical Science*, August, 1875), advocates the supra-condylloid amputation of the thigh as possessing advantages over the knee amputations of Velpeau, Syme, Gritti, and Carden, and also over the operation of excision of the knee-joint, being attended with far less risk to the patient than that procedure.

He relates two cases in which he performed the operation with satisfactory results.

The advantages which he claims for supra-condylloid "amputation are those