consolidation. In this case it proved of no utility, as at the end of another four weeks union had not taken place. A very thick gypsum bandage, which reached up above the knee, was now applied, and the patient was directed to walk about, which he was soon able to do tolerably well with a stick. In twelve weeks, and five months after the occurrence of the fracture, bony union had taken place. The most careful investigation of this case failed to show any general or local pathological condition capable of explaining the occurrence of the spontaneous fracture.—*Brit. and For. Med.-Chir. Rev.*, April, 1866, from *Berlin Klin. Wochenschrift*, 1867, No. 4.

28. *Internal Strangulation of the Bowel by a Band, associated with a Reducible Hernia, successfully treated by Operation.*—Dr. THOS. BRYANT related to the Royal Med.-Chir. Society (March 12, 1867) a case of this to which he was called by Dr. Wilkinson. It was that of a gentleman, æt. 51, who had been ill for several days with symptoms of intestinal obstruction. The patient had been the subject of an inguinal hernia on the right side for twenty-five years for which he had worn a truss; during that period the bowel had come down on several occasions, but it had only given pain on one—some six months previously. On the morning of December 28, during the exertion of dragging up a tree, the hernia partially descended, but it was at once readily returned on the application of the hand; vomiting, however, soon appeared, and pain situated on the right side of the umbilicus. These symptoms continuing on the 29th and 30th, and increasing in severity, Dr. Wilkinson was sent for. A careful examination was then made, but no hernia was found; there was a large opening into the abdomen, but no swelling or pain even on deep pressure being made. On December 31 (the third day), the symptoms becoming more severe, and vomiting being fecal, Dr. Wilkinson, who saw the necessity for an operation, called in the assistance of the author. The seat of the hernia was then examined, but no indications of anything wrong in these parts could be made out, yet marked symptoms of intestinal strangulation existed; the pain in the abdomen was very severe; it was situated to the right of the umbilicus, and paroxysmal. Under these circumstances an exploratory operation in the region of the hernia was proposed, and power given by the patient to do whatever might be deemed the best. Chloroform was given, and the ring of the direct inguinal hernia exposed; no signs, however, of any strangulation of the bowel by the parts concerned in the hernia could be made out. A piece of omentum existed in the hernia sac, but no bowel. The finger could also be readily passed into the abdomen, and the neck of the sac was perfectly free. The bowel which came into view was, however, clearly strangulated, for it was of a bright cherry colour, and cedematous. Under these circumstances the ring was enlarged upwards and the strangulated bowel drawn down; the finger of the author's right hand was then passed along the bowel, used as a guide, upwards into the abdomen towards the point of fixed pain. When it had been passed as far as it could go, and as much traction had been put upon the bowel as was deemed justifiable, a tight band was clearly felt. The abdominal incision was then enlarged, and the band, which was made tense by the finger, was carefully divided by a pair of scissors passed into the belly, its points being well pressed into the pulpy portion of the finger till the hand was reached. The wound was then closed. On the third day the bowels acted naturally, and a rapid convalescence followed. The author then made some few remarks upon the case, stating that it must be looked upon as one of strangulation of the bowel by a band, and that the hernia had nothing whatever to do with the symptoms. He then passed on to consider the points in the case with reference to the diagnosis, and related the particulars of a similar case which took place in his practice six years previously, in which such an operation as he had performed was proposed, but abandoned, and the patient died unrelieved. An analogy between the successful and fatal cases was then drawn, and the special practical points dwelt upon, the author concluding by stating that he was disposed to believe that in many cases of intestinal obstruction, when the symptoms are marked, and pain fixed and paroxysmal, whether with or without a hernia, relief might often be afforded by an operation, where

they are now left to die; and he expressed a hope that the cases he had brought before the notice of the Society would do something towards the attainment of that end.—*Med. Times and Gaz.*, March 23.

29. *Paraffo-Stearine as a Substitute for Starch, Plaster of Paris, &c., in Bandages and Splints.*—Mr. JAMES STARTIN states (*British Med. Jour.*, March 30, 1867) that he has been using what appears to him "to be an inexpensive, useful, cleanly, elegant, and efficient desideratum, in the treatment of varicose veins and diseased joints, instead of strapping, and also in all maladies or injuries where rest, equable support, and solidity of the parts affected are required. This consists in immersing 'Domett flannel,' 'Welsh flannel gauze,' the woven elastic or other bandage, or felt, either the common carpet felt or that prepared for surgical purposes, in a combination of equal parts of rock paraffine and stearine, as used for candles, which may be coloured to a flesh-tint with alkanet root, and liquefied to a little beyond the melting point (160° Fahr.), so as to render the composition of a temperature that may be readily manipulated without injury to the hand or part on which it is applied. Rollers or felt, the latter cut into the shape of the splint required, are to be saturated with the above melted composition, and applied whilst warm and flexible to the limb or joint; when, if needed, further strength and solidity may be given by varnishing a portion of the melted composition over the splint or bandage with a painter's brush, and afterwards smoothing the whole with the palm of the hand, until it assumes the surface of ivory, or the well-known appearance of a paraffine or stearine candle. A fold of linen, dipped in cold water, is finally to be passed round the bandage or splint, which immediately solidifies the melted paraffo-stearine, when the application is complete; and the wet linen may be continued as an evaporating lotion, if desired. Into this bandage or splint, openings may be readily cut by means of scissors curved on their cutting edge into the segment of a circle, or bent to an obtuse angle; the melted composition being afterwards applied over the cut edges of the opening, so as to form a complete solid case, allowing the escape, through such openings, of discharges, and the application of dressings. It will be perceived that, by dividing the paraffo-stearine bandage, and removing, say half an inch, or separating it into halves, and trimming the edges in the usual manner, splints will be formed having the exact configuration of the part to which they are to be applied, and that these splints can be lined with flannel, wash-leather, etc., and strengthened with the melted paraffo-stearine to any extent required."

Mr. Ewen, of London, he says, supplies the felt in sheets of convenient size, saturated with the composition, from which the splints can be cut, and after they have been moulded to the part requiring them as described.

All that is needed before employing these appliances, as prepared ready for use, is to put the canister containing the bandage and a portion of the paraffo-stearine for varnishing into boiling water until liquefied; and the piece of prepared felt may be held before a fire or immersed in water a little below the boiling point, until it acquires the requisite flexibility, when it can be fixed where required by the ordinary procedure, varnished and finished by the aid of the canister of paraffo-stearine and brush sold with it, and finally solidified by surrounding it with linen dipped in cold water. Or, the whole of the appliances described can be readily extemporized by the aid of a pound or two of paraffine or stearine candles, a jug or jar in a saucepan of boiling water for melting the same, a rolled flannel, Domett, or other bandage, and a shaving-brush; or, should a splint and not a bandage be preferred, a strip of felt carpet, cut into the required shape, and also rolled together, so as to be immersed in the melted candle composition in the jar.

When a removal of a bandage is required, Mr. S. says it may at once be softened and taken off by brushing it over with benzine. This last article, he adds, "will be found a most useful surgical accessory, not only to clean the skin and hair from all their natural or acquired oily or sebaceous secretions, but also to remove grease, plasters, etc., from the cutaneous surface without causing local irritation."