(Boston). A girl, æt. 5, was run over by a herd producing a fracture and separation of the pubic bones and a laceration of the vaginal wall from the cervix uteri to the pubic spine. The bowels were replaced and the vaginal wound closed with catgut; the pubic bones were wired together. The patient made a rapid and complete recovery.—*Boston Med. and Surg. Journal*, Sept. 8, 1887.

BONES, JOINTS, ORTHOPÆDIC.

I. Reimplantation of a Trephine Button of Bone. By HERBERT L. BURRELL, M. D. (Boston, Mass.) Reports a case of exploratory trephining in a boy, æt. 13, in which the button was placed in an antiseptic solution during the examination. It was then replaced and the periosteal flap and scalp sutured over it, the wound completely uniting in two weeks. The child dying eight months later, an opportunity was offered of examining the skull. The trephine button was found united by bony union throughout. The author suggests that this opens an important field for exploratory action, since the cranial opening can be cured even more readily than an abdominal incision.—*Bost. Med. and Surg. Jour.*, March 29, 1888.

II. Sarcoma of Bone Affecting the Lower Extremities. By FREDERIC S. DENNIS, M. D. (New York.) In connection with the discussion of a number of cases of this affection, the author dwells particularly upon: (1) The importance of carefully recognizing the disease and the necessity of complete removal of the limb by amputation without delay. (2) The importance of carefully watching the subsequent history of patients upon whom an operation has been performed for the removal of sarcoma. (3) The publication of all cases whether the result was favorable or otherwise, in order to enable surgeons to collect reliable and trustworthy data for future study. (4) The importance of a microscopical examination of every sarcoma. Surgeons are of one opinion upon this point, that a microscopical examination is a *sine qua non* to insure the tabulation of a case for purposes of study. (5) The importance of a radical operation in these cases of malignant sarcomata affecting the long bones of the extremi-

ties, and the condemnation of partial enucleations and the use of caustics and plasters. (6) The importance of encouragement to patients suffering from malignant disease of the long bones, on the ground that early and radical operations, even in the most malignant cases, may result in perfect cure.—*Med. News*, Jan. 14, 1888.

III. Cases of Wladimiroff-Mikulicz Osteoplastic Resection of Foot. By STEPHEN SMITH, M. D., and CHARLES MCBURNEY, M. D. (New York), and Sir WILLIAM MACCORMAC (London). A man, æt. 21, suffering from the effects of a crushing railway injury to the heel of the right foot, was subjected to this operation. The wound progressed admirably and the prospects for an excellent result were good, when the patient disappeared from the hospital and had the foot amputated elsewhere.—*Medical News*, March 17, 1888.

Dr. McBurney's case occurred in a man who had sustained a compound comminuted fracture of the os calcis with extensive laceration of the tissues. The os calcis and the astragalus were removed and the cuboid and scaphoid and the lower ends of the tibia and fibula sawn off and the bones nailed together. Retarded by a bone abscess, which it was necessary to scrape out, the patient made a good recovery.—*N. Y. Med. Jour.*, March 3, 1888.

Sir William MacCormac's case was as far as his knowledge extended, the first in Great Britain. A boy, æt. 15, suffered from disease of the joint between the os calcis and the astragalus, and beginning in the ankle joint with extensive suppuration and extensive breaking down of the tissues, all consecutive to a sprain of the left ankle. The parts involved were resected, the foot brought into a straight line with the leg, and the cut surfaces of bone sutured together with kangaroo tendon. Rapid recovery and an excellent result ensued, the left limb being half an inch shorter than the other.—*Lancet*, May 5, 1888.

IV. Reduction of Dislocated Sternal Bones by a Cough. By C. B. PORTER, M. D. (Boston, Mass.), and C. B. LYMAN, M. D. (Denver, Col.). Porter's case was a football player, æt. 21, whose sternum was separated at the junction of the second and third pieces of