formance of this work, the comments would have possibly been forgotten by the individual who was expected to write them out. However, a modification of this system has been found to work very well in some Societies where the Secretary supplies every participant in a discussion with a printed abstract of his remarks, with a request to make corrections and supply deficiencies. Very truly yours,

B. A. WATSON, M.D.

Jersey City, Oct. 23, 1886.

SHORTENING OF BONE IN DESTRUCTION OF SOFT PARTS.

TO THE EDITOR OF THE JOURNAL:—

Dear Sir:—Seeing that in these days priority is considered of so much importance, may I be allowed to point out, that though Dr. Martel, of St. Malo, as mentioned in your issue of August 14, (p. 176), may have been the first to conceive the idea of removing a portion of bone in order to facilitate cicatrization in cases where there is extensive destruction of soft parts, he was not the first to perform or put on record such an operation. It was done in the Royal Infirmary of Edinburgh, in May, 1885, by Mr. Joseph Bell, in the case of a patient, who, during a severe attack of phlegmonous erysipelas, lost the greater part of the skin of the inside of the right arm from the posterior fold of the axilla, down to within three inches of the wrist-joint. He was sent into the Infirmary for amputation, his doctor considering it impossible that such a sore could be healed. Mr. Bell being loth to sacrifice the arm, tried skin-grafting, with the result that cicatrization progressed till only a wound about 3 inches long by 1 broad, remained on the inside of the elbow-joint. As this refused to heal further, Mr. Bell made up his mind to shorten the arm by removing a portion of the humerus. On May 27, 1885, about eight months before Dr. Martel's operation was performed, the lower three inches of the bone, including the condyles, cartilage and also the olecranon were removed. The result was a complete success, the patient recovering with a useful arm, soundly healed, with full flexion, extension, pronation and supination. The case was recorded in the *Edinburgh Medical Journal* for September, 1885.

I am, yours faithfully,

J. MAXWELL ROSS.

Edinburgh, Sept. 9, 1886.

NAPHTHALINE IN RENAL AFFECTIONS.

TO THE EDITOR OF THE JOURNAL:—

Dear Sir:—I noticed in a recent number of the *British Medical Journal*, under the head of Correspondence, the following: "M. de Pezzer treats certain renal affections with naphthaline, especially those that are accompanied with difficult micturition; and, when fetid urine is passed, the results are generally good. In pyelonephritis, M. de Pezzer gives a gramme and a half, also in cystitis and prostatitis, with retention of urine, likewise for stricture complicated by fistula." The above, unfortunately, has been quoted by several of our American journals.

To those who are not familiar with the action of naphthaline on the urinary organs I deem it my duty to say that if employed in the conditions recommended above by M. de Pezzer, even in much smaller doses—5 grains—it quickly excites intense irritation of the urinary passages. I have more than once observed the most violent cystitis excited by 5-grain doses of naphthaline. In one instance two 5-grain doses brought on violent vesical tenesmus, backache and fever, the vesical spasms recurring every fifteen minutes for two days, and the cystitis failed to yield to the ordinary measures for nearly two weeks.

In conditions of perfect health the urinary organs will often tolerate the use of naphthaline in considerable doses when given by the mouth; but I should especially avoid its administration in the conditions named by M. de Pezzer, ample experience having proven to me that in such conditions its action is most pernicious. CHAS. W. PURDY, M.D.

163 State St., Chicago, Oct. 21, 1886.

MISCELLANEOUS.

All membership dues should be sent direct to the Treasurer, RICHARD J. DUNGLISON, M.D., lock box 1274, Philadelphia, Penn.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM OCTOBER 16, 1886, TO OCTOBER 22, 1886.

Capt. Daniel Weisel, Asst. Surgeon, relieved from duty at Ft. Fred Steele, Wyo., and ordered to proceed to and take station at Ft. McKinney, Wyo., reporting to the commanding officer of that post for duty. (S. O. 135, Dept. Platte, Oct. 15, 1886.)

First Lieut. Guy L. Edie, Asst. Surgeon, having returned from detached service in Dept. of Arizona, will join his station at Ft. McIntosh, Texas. (S. O. 144, Dept. Texas, Oct. 13, 1886.)

First Lieut. Alonzo R. Chapin, Asst. Surgeon, relieved from duty at Ft. Laramie, Wyo., and ordered to Ft. Washakie, Wyo. (S. O. 137, Dept. Platte, Oct. 19, 1886.)

First Lieut. Francis J. Ives, Asst. Surgeon, in obedience to instructions received from the division commander, ordered to report in person at Hdqrs. Dept. of the Platte, for duty. (S. O. 146, Dept. Texas, Oct. 16, 1886.)

First Lieut. Wm. P. Kendall, leave of absence extended fifteen days. (S. O. 239, A. G. O., Oct. 14, 1886.)

First Lieut. W. B. Banister, Asst. Surgeon, assigned to duty at Ft. Wingate, N. M. (F. O. 97, Dept. Arizona, Sept. 29, 1886.)

First Lieut. Chas. F. Mason, Asst. Surgeon, relieved from temporary duty at Ft. Verde, A. T., and ordered for duty at Ft. Huachuca, A. T. (S. O. 99, Dept. Ariz., Oct. 12, 1886.)

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDED OCTOBER 23, 1886.

Urquhart, F. M., P. A. Surgeon, relieved from duty at Cape Charles Quarantine, to proceed to Washington, D. C., with Str. "Woodworth." Oct. 20, 1886.

Wasdin, Eugene, P. A. Surgeon, promoted and appointed P. A. Surgeon, from Oct. 1, 1886. Oct. 20, 1886.

Williams, L. L., Asst. Surgeon, granted leave of absence for three days. Oct. 16, 1886.