mote from the surface. The same is true of the portions next to the bone in ham smoked by the so-called rapid process. The "spare-ribs," which are ordinarily very extensively affected when trichinosis is present, are usually sold fresh in this country; but they are, as a rule, thoroughly cooked here, and the outbreaks of disease so common in other countries, due to eating underdone and trichinous swine-flesh, are exceedingly rare.

— By recent act of the legislature the reports of the State Board of Health are to be sold by the secretary of state. A few copies of this year's report are still to be had.

CHILDREN'S HOSPITAL.

SERVICE OF DR. BRADFORD.

[REPORTED BY DR. F. H. DAVENPORT.]

Caries of Ankle ; Removal of Astragalus and Scaphoid. — J. M., aged four, has had caries of the right ankle for several months. The sinuses were enlarged, and portions of dead bone removed by Dr. Langmaid. No improvement followed, and it became evident that more carious bone remained, the position of the sinuses and of the swelling indicating that the astragalus was the bone involved.

June 27th. An incision was made on the outer side of the foot, over the head of the astragalus. Both the astragalus and the scaphoid were found diseased, and both of these bones were removed. To facilitate this a straight incision was made on the dorsum of the foot. The other bones of the tarsus were healthy, but the lower edge of the tibia was found slightly roughened, and was scraped.

The operation was done and the limb dressed antiseptically; the dressing was, however, removed in twenty-four hours, as it was found to have leaked badly, and the wound was dressed with oakum and washed with a solution of thymol (one to one thousand).

At the present time, three months after the operation, there is good mobility at the ankle-joint; the incisions have healed, with the exception of the site of the drainage tube, which has been recently removed. The child is able and anxious to stand upon his foot, which is in good shape, and promises to be perfectly useful.

Umbilical Fistula. — F. L., aged four, has been an inmate of the hospital for some time for a congenital umbilical fistula. A small sinus in the centre of the umbilicus secretes a minute quantity of a clear, glairy fluid. This is sufficient to cause a troublesome eczema, which, unless the child is carefully nursed, involves the whole of the belly. No umbilical hernia is present, and there are no superabundant granulations. A sufficient amount of the fluid secreted could not be collected for chemical examination. There was, however, no urinous odor in the compress kept over the sinus. A probe would enter as far as the peritoneal cavity, but the further course could not be determined either by a probe or a capillary bougie.

The tract of the sinus was cauterized by a red-hot knitting-needle, as is

recommended by Mr. Holmes, and then packed with absorbent cotton, in the hope that the granulations would be kept dry, and union result. No improvement, however, followed. As the boy was debarr'd by his slight infirmity from admission to the Orphan Asylum, more active measures seemed to be demanded.

A director was passed into the sinus, the handle depressed, and the soft parts incised; the whole tract of the sinus was thus laid open, and the skin above incised. The further course of the fistula could not be followed either by means of a probe or a capillary bougie. The edges of the sinus were refreshed, and the skin sewed together. No force was intentionally used in passing the director, but a small portion of the omentum protruded as the child coughed. As it seems improbable that the fistula opened directly into the abdominal cavity, it is more likely that the peritonæum was punctured in passing the director. The operation was done and the wound dressed antiseptically; no inflammatory symptoms followed. The omental hernia increased slightly, granulated, and formed adhesions to the skin, causing a small, pedunculated, granulating tumor. This was tied, and caused no farther trouble. No hernia or tendency to hernia remained. The incision united by first intention. A small opening remained, through which a drop of clear fluid could be forced on pinching up the skin. This, a month after the operation, showed no tendency to heal. [NOTE. A similar case operated upon successfully in a somewhat similar way by Mr. Paget may be found in the *Medico-Chirurgical Transactions*, Tome xlv., 1861.]

Congenital Inguinal Hernia; Operation according to Heaton's Method.—O. F., a child twenty months old, had a congenital inguinal hernia admitting the little finger through the ring. The testicle had descended, and showed no tendency to be drawn up into the abdominal cavity. The intestine protruded whenever the child cried, and descended into the scrotum.

The hernial sac was injected three times, according to Heaton's method, with a preparation of quercus alba, mentioned in his book.

Difficulty was encountered in determining the exact place for "tendinous irritation." The first injection failed, and as the irritant was not deposited on the pillars a second injection likewise failed. Two weeks after a third injection the hernia was found to be held up even when the child cried forcibly. An examination by the finger showed that the opening had diminished to a marked degree, and could not readily be found. No inflammatory symptoms followed either of the injections, except a slight epididymitis after the first, due probably to inexperience in depositing the irritant. After each injection the hernia was kept from protruding by a form of bandage sold by dealers as the rainbow truss.

LETTER FROM PHILADELPHIA.

MR. EDITOR,—The tercentenary of the birth of Harvey has evoked from those who delight to do him honor a considerable addition to the literature of the history of his life and times, and the question of his immortal discovery. Among the many able memorial addresses and essays upon this subject the