the bone were divided inside the periosteum, as some surgeons recommend, a part of the healthy bone on the distal side of the cut would necessarily be denuded of its periosteum. (4). Then the upper end of the femur is removed subperiosteally by dividing the periosteum upon the bone in the line of the initial incision through the soft parts. The end of the femur, which has been cut off, being firmly held within the grasp of a bone forceps, the periosteum is reflected from the bone at either side by means of a periosteal elevator; as rapidly as it is reflected, the fragment of bone is raised out of its periosteal bed by means of bone forceps. When the digital fossa is reached, the attachment of the rotator muscle is divided with the blade of a scalpel and the operation proceeded with. (5). Having cleansed out the acetabulum, if it be diseased, a large-sized drainage tube is introduced and the wound closed by sutures, including all the soft parts and the periosteum.—*N. Y. Med. Jour.*, April 16, 1887.

NERVOUS AND VASCULAR SYSTEMS.

I. Simultaneous Distal Ligature of the Right Carotid and Subclavian Arteries for Innominate Aneurism. By H. R. WHARTON, M. D. (Philadelphia). A Scotchman, æt. 42, had suffered for eighteen months from pain, running from the throat to the right shoulder and arm, and for six months from dyspnœa and dysphagia, and now presented a swelling above and a little to the right of the sternum; the patient had never had syphilis; inspection and palpation of the tumor showed its pulsatile and expansile character. Innominate aneurism being diagnosed, ligatures were applied by Dr. John Ashhurst, Jr., to the right common carotid artery just above the omo-hyoid muscle, and to the right subclavian artery in its third part, just outside the scalenus anticus muscle. No immediate effect upon the aneurism was observed from the application of the ligature nor were there any cerebral symptoms, but the future history of the case was marked by progressive improvement, and at his discharge from the hospital, two months later, no pulsation was visible or palpable, and the dyspnœa and dysphagia no longer existed.—*Jour. Am. Med. Assn.*, April 23, 1887.