amination of the removed growth, and came to the conclusion that the tumor was composed of a cavity and its contents, reminding one very much of a very dense, cystic exudate, the wall being composed of two layers, the internal of which presented eminently the characteristics of a neoplasm. The author believes that this tumor took the place of the bursa mucosa, which, as is known, is situated at the insertion of the tendon of the tibialis posticus. He also excludes with certainty the simple inflammatory and hyperplastic, as well as the neoplastic, tuberculous nature of this tumor. From its structure he also excludes the possibility of its being of a sarcomatous nature. In fact, this tumor presented all the characteristics of those described by Virchow under the name of *hygroma proliferans*. The author would also here in this case apply this name, but in order to indicate by his definition the peculiarity in the structure of this growth, which differentiates it from the other forms of *hygroma proliferans*, would add the word *endothelialis*, thus calling it *hygroma proliferans endothelialis*. The article of Prof. Morisani contains a lithographic plate, which presents drawings of some interesting microscopic specimens of the growth described above. It also shows the foot with the seat of the growth.--*Progresso medico; Rivista Clinica dell Università di Napoli*, No. 6, 1890.

A. PICK (Boston.)

BONES, JOINTS, ORTHOPÆDIC.

I. Successful Operation for Spina Bifida. By Dr. JULIO CINTO (Florence, Italy). The writer, after a short consideration of the various means used in the treatment of spina bifida, describes a case which he successfully treated by operation.

G. O., a male child, one month of age, well nourished and in good general condition, entered the hospital June 3, 1890, with a large lumbar spina bifida. The tumor was of the size of one's fist, had a broad base, and a longitudinal diameter of 8 cm., while transversely it measured 12 cm. The tumor had all the characteristics of a spinal hydromeningocele; the skin covering it was normal, thin and tense. There was a defect in the spinal column of about 3 cm. The tumor

was congenital, but for the last month it had rapidly increased in size. The lower extremities were unaffected; the urine and fæces were passed involuntarily. Inflammation of its (the tumor's) integuments had already commenced, and extirpation of the sac was decided upon. A semielliptic incision was made on each side of the tumor, and an attempt made to dissect the sac down to the fissure in the spinal column, but it (the sac) broke, and the contents escaped. The pedicle being quite broad was then ligated with four sutures passed through its substance, and the tumor removed. The skin was then sutured and an aseptic dressing applied. The next day the child's general condition was good, and, with the exception of a slight disturbance on the third day following the operation, everything progressed well: the child recovered its vivacity; its appetite improved, and it slept well. The wound healed without any inflammation, but its course was complicated by a failure of the middle portion of the wound to heal, and through which the cerebro-spinal fluid dribbled. This and the continual defiling of the dressings with urine and fæces, rendered a daily change of the dressings necessary. This dribbling, however, soon ceased, and the unhealed spot soon dwindled down to a small point and healed. No inflammation of the spinal meninges occurred, in spite of the continual soiling of the dressings. The writer ascribes the failure of the wound to heal entirely to his use of the multiple ligature, as one of the strands apparently tore out of the tender integuments. He also calls attention to the fact that evacuation produced none of the disastrous results reported in other cases — *Lo Sperimentale*, vii, 1890.

ALBERT PICK (Boston).

II. On Elbow-Joint Dislocations Complicated with Rupture of the Brachial Artery and the Resulting Ischæmic Muscular Alterations. By DR. E. MELITOR (Carlsruh, Heidelberg). The case here related was that of a farmer, æt. 22, who, in attempting to mount a moving wagon, fell backward on the flexed left elbow and dislocated the radius and ulna backward. Before any attempts at reduction it was noted that the hand was pale and both radial and ulnar