Sequel to the Case of Extirpation of the Parotid Gland. Reported in this Journal for July, 1860, page 57. By D. PRINCE.

The patient seemed at the date of the report, about three months after the operation, to be entirely free from disease; but in a short time afterwards, indurations began to show themselves lower down upon the neck, which became painful, and one of them grew to be an inch and a half in diameter.

No growth appeared in the cicatrix, but portions of the line of union became ulcerated exactly as in *lupus exedens*.

The patient died about nine months from the time of the operation, gradually exhausted.

No post-mortem examination.

DOMESTIC SUMMARY.

New Method of Treating Fractures of the Femur.—Dr. GURDON BUCK read before the New York Acad. Med. (March 30th, 1861) an account of a mode latterly employed by him in the treatment of fracture of the femur, in which the long splint is entirely dispensed with, while constant and uninterrupted extension is kept up by means of a weight and pulley. This method was suggested to him by observing its happy application by Dr. H. G. Davis, to the treatment of *morbus coxarius*.

The treatment is as follows: "A roller bandage is commenced at the toes in the usual way, and continued to the ankles, where it is temporarily arrested. A band of adhesive plaster two and a half to three inches broad, and long enough to allow the middle of it to form a loop below the sole of the foot, and the ends to extend above the condyles of the femur, is then applied on either side, in immediate contact with the limb, from the ankle upwards. Over this the bandage is continued as high up as the plaster. A thin block of wood of the width of the plaster, and long enough to prevent pressure over the ankle, is inserted into the loop, and serves for the attachment of the extending cord, which is fastened to an elastic rubber band (such as is used for door springs), that passes round the block. By this arrangement *elasticity* is combined with the extension. The limb is now prepared to be put under extension. The arrangement for the pulley is very simple. A strip of inch board three inches wide is fastened upright to the foot of the bedstead, and perforated at the height of four or five inches above the level of the mattress. Through this hole the extending cord is to be passed, and on the further side of the strap a screw pulley should be inserted at the proper level over which the cord with the weight attached is to play. The footboard of the bedstead, if there is one, may be perforated at the proper level, and the screw pulley inserted in the further side of it, so as to answer equally well. To allow the application of lotions to the thigh, during the first few days of treatment, the ends of the adhesive bands should stop short at the condyles of the femur, and be turned down. They may afterwards be replaced upon the thigh and the bandages continued over them, preparatory to the application of the coaptation splints which should be added at this stage of the treatment. The coaptation splints, which may be of the ordinary sort, should be secured by those elastic bands, like suspender webbing fitted with buckles; these have the advantage of keeping up uniform concentric pressure as the limb diminishes from the subsidence of swelling. Counter-extension must be maintained by the usual perineum band lengthened out in the direction of the long axis of the body, and fastened to the head of the bedstead. India-rubber tubing of three quarters of an inch calibre stuffed with a skein of cotton lamp wick makes an excellent perineum strap. A piece of two feet long with a ring fastened at each end answers this purpose admirably. A thin wedged-shaped

hair cushion, to raise the heel above the mattress, and a bag filled with bran or sand to place on the outside of the foot to prevent rotation outwards, complete the appliances requisite to carry out this method of treatment. There need be no delay in its application. The sooner after the occurrence of the injury the limb is put up the better. The contraction of the muscles is thus antagonized from the outset, and the rough ends of the fragments are prevented from fretting the soft parts.

The author then gives twenty-one cases in detail where this treatment was employed; and the results, as shown by *actual measurement*, are equal to any that have hitherto been obtained. Dr. Buck claims for the apparatus the following advantages: I. It maintains *uninterrupted and efficient extension* without producing intolerable pain, excoriations, sloughing, and tedious sores. II. It diminishes very materially the suffering of the patient and the irksomeness of long confinement to one position. There is no inconvenience attending the evacuation of the bowels. III. It is cheap and easy of application. IV. It is not liable to become deranged, thus rendering it unnecessary for as frequent visits on the part of the surgeon as when the ordinary apparatus is applied. The author considers it very necessary to apply *coaptation splints*, for reasons already given."—*American Med. Times*, March 30, 1861.

Complete Osseous Ankylosis of the Knee-Joint. Successfully Operated on by Barton's Method.—Dr. CHAS. A. POPE reports (*St. Louis Med. and Surg. Journ.*, May, 1861) a case of this. The subject of it was a healthy man forty years of age, who ten years ago was accidentally shot, the ball passing just below the right knee-joint. The articular surface became involved in the inflammation, and ankylosis resulted.

"The limb was permanently flexed at near a right angle. For long years he had worn a wooden peg, with the knee resting in a socket at its upper extremity, for purposes of locomotion. In walking, the foot and leg projected inconveniently backward, whilst in sitting the wooden appendage stuck out still more awkwardly in front. So that in this, as in other respects, the annoyance was so great, that he had been led to seek relief, if possible, by an operation. The ankylosed limb was, as usual, smaller than its fellow.

Dr. Pope operated on the 14th March as follows:—

"The patient being under the full effect of chloroform, Dr. P. made a long semicircular incision through the integuments, commencing at the upper part of the internal condyle of the femur, sweeping round in front just above the superior edge of the unrecognizable patella, and terminating over the external condyle. This cap-shaped flap was carefully raised from the bone, and dissected well back to the convenient distance of nearly five inches. A fine saw was now entered at the most prominent part of the bony angle, the apex of the knee, and directed obliquely upward and backward toward the posterior surface of the femur a short distance above the condyles. A second section was then made with the saw, from the front of the femur, so as to fall on the first without entirely severing the continuity of the bone. A few posterior fibres were purposely left in order to prevent any danger to the popliteal vessels, and also to assist by their slight irregularity when broken, in the subsequent adjustment of the bones. The flat wedge-shaped piece of bone thus removed measured $4\frac{1}{2}$ inches long, $1\frac{1}{2}$ inches thick; and $3\frac{1}{2}$ inches at its broadest part. The angle removed was 91° , that being the complement of the angle of deformity. The limb was now laid on a double inclined plane, the angle of which could be varied at will, by means of a screw. Having closed the wound by points of the interrupted suture, a moderate extension was made on the foot, which caused the rupture of the thin posterior portion of bone left undivided. The patient bore the operation well, having felt no pain."

The patient was left under the care of Dr. Jno. S. Dewey, who writes to Prof. P. that the result was entirely satisfactory. He states that he had seen the patient wheeling a heavily loaded wheelbarrow. He walks without a stick ordinarily, and the angle at which his knee is ankylosed is that which he himself chose.