be a fracture of the base of the fifth metatarsal bone, exactly the lesion first described by Robert Jones,² in 1902, and of which I have had two recent cases in adults. The occurrence in childhood seemed most unusual. After two weeks or more immobilization, the plaster was removed and an x-ray taken, which showed the supposed fragment in exactly the same condition as before, not united. There was distinct pain on pressure over the base of the fifth metatarsal, however, not present on the right, and it was supposed that the fragment was slow to unite. At the end of another two weeks, the plaster was removed, and another picture taken, which showed the same condition. A picture was now taken of the other ankle, as Dr. H. M. Chase had suggested the possibility of an epiphysis at this place. The radiograph showed the same shell-like bone united to the base of the metatarsal by cartilage. All tenderness had gone from the left foot; the bandage was removed, and weight-bearing begun, with perfect result as regards function. From the tenderness over this region at the time of injury and afterwards, an infraction of the cartilage, uniting the vesalianum to the shaft, could not be ruled out.

The importance of the recognition of this rare abnormality is obvious. Its relation to the cases of fracture of the base of the fifth metatarsal bone by inversion needs further study and elucidation. It is possible that some of the reported cases of this lesion have been this rare anatomical variant, and that others may have been fractures through the line of union to the metatarsal. A radiograph of both feet with a good view of each fifth metatarsal bone should be taken in all cases where the diagnosis of fracture of the base of the fifth metatarsal bone has been made.

REFERENCES.

¹ Dwight: Clinical Atlas of the Variations of the Bones of the Hands and Feet, 1907, p. 21.

² Jones, Robert: Annals of Surgery, 1902, vol. xxxv, p. 697.

New Instruments.

A NEW COMBINATION TONSIL KNIFE.

By ROCKWELL A. COFFIN, M.D., BOSTON.

IN devising this instrument the author has combined several knives in one, thus simplifying the enucleation of the tonsil.

The broad flat blade may be used for the first incision along the anterior pillar. The curve of the blade conforms to the contour of

the tonsil thus facilitating manipulation of the instrument in the supra-tonsillar fossa, the broad flat end acting as a dissector if necessary.

While the instrument is made sharp for those who prefer it, the author dulls it slightly in order to prevent injuring the pillars after the field of operation is partly covered with blood and also to reduce the liability to hemorrhage. The instrument was made by M. Uhl, Boston.

Medical Progress.

REPORT ON OBSTETRICS.

By ROBERT L. DeNORMANDIE, M.D., BOSTON,

AND

JOHN B. SWIFT, JR., M.D., BOSTON.

PITUITARY EXTRACT IN UTERINE INERTIA.

Edgar¹ reports the use of pituitary extract in seventy cases. In these cases he used the preparations of Burroughs Wellcome & Company, Parke Davis & Company and Armour & Company. For decided action of the drug Edgar says 0.4 gram is the initial dose. Repetition of the dose may be called for as the action of the drug disappears in about twenty-five minutes. If no action is secured after the second dose given half an hour after the first, there is no good of further repetition.

Edgar says the extract should have no place in normal labor and its administration should be confined in obstetrics to instances of primary and secondary inertia, to post-partum hemorrhage and Caesarean section.

Theoretically the extract causes intermittent contractions of the uterus, practically with full or repeated doses the contractions approach the tetanic type and clinically must so be reckoned with. Given early in the first stage the extract is equivalent to the use of ergot and must not be used for premature separation of the placenta, fatal compression of the fetus and even uterine rupture have followed its use under these conditions.

In cases presenting a dilated or readily dilatable cervix with inertia existing, without too much resistance the extract renders valuable aid. Edgar observed that the drug acts best at full term in the second stage of labor and is more positive in multiparae than in primiparae. In nineteen cases the drug was used for post-partum hemorrhage and Edgar says the results were disappointing and that he considers its use in these cases unreliable. In Caesarean section the action of the drug was found to be much quicker than ergot. In all cases where it was used to induce labor it failed.