pulse absent. When brought to the hospital next day the whole arm was tensely swollen, the hand motionless and especially on the radial side partially anæsthetic.

Under moist warm dressings the swelling steadily abated for five days. Then, two hours after placing the hand in an elevated position, it suddenly became ischæmic. An incision along the inner side of the joint, parallel to the median nerve, permitted the removal of coagula and showed that the dislocation had been reduced, but did not disclose the proximal end of the artery. As, however, the circulation was not re-established, and the extremity clearly could not be preserved, it was amputated 6 centimeters above the elbow, 9 days after the accident. It was found that the biceps had been torn off 4 centimeters above its insertion, and the brachialis anticus $3\frac{1}{2}$ centimeters above. As the anterior wall of the joint-capsule was quite torn across and the internal and external ligaments almost completely severed, he holds that it was rather a dislocation forward of the humerus than backward of the ulna and radius, and quotes two other cases of such dislocation. Of further cases of dislocation of the elbow with rupture of a large artery he has collected 11; these were mostly of the brachial, though in 2 cases of the ulnar. Only 1 of the 11 was, like this, subcutaneous; all the others were compound. In this previous subcutaneous case, amputation had to be performed on the sixth day. In 8 of the 10 compound cases the arm was preserved, though in several more or less disabled. In fact, usually the small collaterals are injured as well as the main vessel.

The microscopical examination showed, in the most affected muscles, principally, an œdematous soaking and a vanishing of the muscle-nuclei. Various considerations lead him to the conclusion that "In subcutaneous injury of larger arterial trunks, especially where it has led to a considerable extravasation of blood, immediate free incision under extreme antiseptic precautions, with thorough removal of coagula and double ligation, is indicated and preferable to the expectant plan."—*Bruns' Beiträge z. klin. Chirurgie*, 1889, bd. v, hft. ii.

WILLIAM BROWNING (Brooklyn).

III. Case of Incised Wound of the Knee-Joint with Transverse Division of the Patella. By PAUL SWAIN, F.R.C.S.

A girl æt. 5, after a fall upon some sharp shingles, was found to have sustained a clean incised transverse wound over the right knee-joint extending from the outer condyle over the front of the joint about four inches, opening the joint freely and exposing the right condyle; and, in addition the patella was completely divided transversely, as if it had been cut through with a knife. Under methylene anæsthesia, the wound was thoroughly washed out with carbolic solution; the patella was then drilled in three places and the fragments securely wired together; a few vessels were ligatured with fine chromic gut and the edges of the wound accurately coaptated with carbolized silk, after which a drainage tube was inserted and the limb dressed with carbolic gauze and placed on a back splint. The child suffered no pain after the operation, and passed on to complete recovery with perfect use of the limb in a little more than two months.—*British Medical Journal*, November 15, 1890.

JAMES E. PILCHER (U. S. Army).

CHEST AND ABDOMEN.

I. On the Surgical Treatment of Intraperitoneal Tuberculosis. By PROF. CZERNY (Heidelberg). The favorable view of the curability of tubercular peritonitis, as presented by the cases of Kimmell (*v. ANNALS*, 1887, December, p. 504), and others, has already been criticised by Spaeth (*v. ANNALS*, 1889, August), and is here again shown to be over-sanguine.

Tubercular inflammations of serous membranes may subside, but the process is so often dependent on adjacent foci (glands, urogenital tract, etc.), that other sequelæ are bound to follow. Pleurisy preceding tubercular bone and joint disease is a daily experience, if attention is given to this point in taking the history. Where the nucleus of infection is limited and removable, then permanent cure may be hoped for. His cases, briefly stated, are as follows:

1. Ovariectomy in the presence of miliary tuberculosis of the peritoneum (1878). Cure. Perfectly well 11 years later.
2. In operating for an inguinal hernia (man, æt. 38 years) that had