pressed edges, situated on the anterior surface of the right arm 2 cm. above the axilla, while on the line separating the outer aspect of the arm from the posterior one, at a somewhat lower level, there was seen another, a little larger, and oval opening, with everted lacerated lips. Probing and manipulations showed that there was present an extracapsular comminuted fracture of the surgical neck of the humerus, while large vessels and nerves remained intact. Having washed out the bullet channel with a 93 per cent carbolic solution, Dr. Geier introduced iodoform plugs, dressed the parts with carbolized wadding and gauze and duly immobilized the limb in splints. On the third day a fenestrated plaster-of-Paris dressing was applied, the wounds being daily washed out and dressed as before. The patient felt comfortable, the temperature never rising above 38° C. On changing the plaster dressing on the 61st day, the fracture was found united, but there were still present fistulous openings with fungating granulations, while a probe struck against a whole collection of freely lying sequestra. Accordingly, on the 66th day, a vertical incision down to the bone was made anteriorly midway between the entrance and exit openings, and 6 large fragments with several small splinters were extracted, after which the wound was washed out with the carbolic lotion, the drainage tubes, passing through the bullet wounds and the incision, inserted, and an antiseptic dressing applied. In a few days the temperature fell to the standard, the purulent discharge rapidly lessened, and all the wounds subsequently soundly closed. The man recovered with his limb practically intact in its functions. As Dr. Geier observes, his case furnishes an additional proof that the modern antiseptic conservative surgery can attain ideal results even in such grave cases as a gunshot comminuted fracture of a long bone in an immediate proximity with a large joint.—*Proceedings of the Kaluga Medical Society for 1887.*

VALERIUS IDELSON (Berne).

II. Two Cases of Gangrene of the Foot with Diabetes Mellitus. By DR. SCHUSTER (Aachen). The author reports two cases of gangrene of the lower extremity complicating diabetes melli-

tus. The first case was an early amputation of the foot for gangrene of the toes, followed later on by gangrene in the amputation wound, then the discovery of the diabetes, 5% of sugar being present in the urine, and finally a cure of the wound.

The second case presented gangrene of the foot, occurring within five weeks after a slight operation on the toe, with discovery of the diabetes, 10% of sugar nine days before death. Death 6 weeks after beginning of the gangrene.

The author, in reporting these cases, says that diabetes renders the tissue prone to gangrenous inflammation after the slightest lesions, and unfortunately the diagnosis of diabetes is only made when the gangrenous process has existed for some time.

Quoting König's article in No. 13 of the *Centralblatt f. Chirurgie* for 1887, he states that in serious cases of gangrene the presence of diabetes should not prevent an operation, even though the diabetes has not been ameliorated by treatment, for occasionally the amputation of the gangrenous limb may save the patient's life.—*Deutsche Med. Wochenschrift*, No. 44, 1888.

F. C. HUSSON (New York.)

GENITO-URINARY ORGANS.

I. Radical Cure of Hydrocele. By HENRY MORRIS (London). It may be safely said that there is no treatment of hydrocele, however severe, which has not been followed by relapse. Morris has known of cases of antiseptic incision (Volkmann's) followed by recurrence, and has seen excision of vaginal sac performed with success after both iodine injection and free incision have failed. He relates two cases in which a recurrence of the hydrocele occurred after an excision of the vaginal tunic of the testis, which in all probability was not complete. Unless the entire vaginal investment of the organ is removed there can be no absolute guarantee of success; the slightest portion left behind may serve as the nucleus of a new formation, as in the case of dermoid, sebaceous and other cysts. The difficulties in the way of an absolute assurance of a complete extirpation of the tunica vaginalis testis, must be apparent.