

the tibia is reduced to its natural size. In this manner then the acute inflammation may terminate. Sometimes, however, the inflammation of the medullary membrane proceeds to the formation of pus, and ulceration and abscess advance through the shell of the old and new bone. After a time these burst and discharge matter. Sinuses will then form in different parts, leading down to a central ulcerated cavity in the bone, which may be dead. Cases, however, sometimes occur, in which there is no dead bone, and then granulations spring up and close the sinuses, and the case terminates without necessity for an operation. It may be, however, that an operation is required in cases where there is not a free discharge for the matter. Cut down to the periosteum, peel it off with your fingers, and apply the crown of the trephine near one of the sinuses. If you introduce a bent probe, you will frequently find a longitudinal sinus running in the direction of the bone. This you must lay open, and dress it to the bottom with dry lint. Granulations will then spring up and it will heal. There may be some slight exfoliation of bone afterwards. Sometimes, when you can feel no dead bone, you may detect a small portion in the sinus, sufficient to keep up the irritation and inflammation of the bone."

Cincinnati, Oct. 29, 1869.

Trichiniasis. By STOCKTON HOUGH, M. D., Resident Physician, Philadelphia Hospital.

Since my report of the two cases of trichiniasis in the number of this Journal for April last, I have detected two more, and am inclined to believe that these entozoa infest the human muscles much more frequently than is generally supposed, and that they may be present in numbers ranging from six to hundreds of millions.

I am *positive* that I should not have detected the last three cases, had I not discovered the *first* one. Even that was not suspected to be an abnormal condition of the muscles by two of the physicians whose attention was particularly asked in regard to the appearance presented by the muscles. One called them air-bubbles under the fascia, and the other believed the appearance to be due to the cut ends of the fibres of the muscle dried.

Unless the trichinæ are very numerous, they will not be detected by one who has never seen them in their encysted state in the muscle, and even then they must often escape observation where their presence is not suspected.

Delivery—the Mother suffering from Prodromata of Measles; the Disease developed in both Mother and Infant on the succeeding day. By ISAAC SMITH, M. D., of Fall River, Mass.

Sept. 7th, 1869, was called to Mrs. T., æt. 25, near her term of pregnancy; waters had been discharged twelve hours previously. Five years before, she had been delivered of twins, both of whom had recently suffered from measles. Mrs. T. had some prodromata, as coryza, of the same disease, suffused eyes, cough, &c., and I thought it advisable that delivery should be effected early. This was accomplished by the administration of ergot. The child was asphyxiated when born, but was resuscitated by Marshall Hall's ready method. On my visit the next morning I found both mother and child completely marked with measles.

DOMESTIC SUMMARY.

Experiments with Chloral.—Dr. HASKET DERBY has made some experiments at the Eye and Ear Infirmary with chloral hydrates, manufactured in Boston.