

and was cyanosed. A puncture into the pericardium was made in the fourth intercostal space and 2½ ounces of pus evacuated. The relief afforded was temporary. On the second day the pericardium was incised. The incision was four-fifths of an inch long, and was made in the fourth intercostal space close to the sternum. Two pounds of bloody pus escaped. The pericardial cavity was washed out with resorcin and well drained. The patient was at first relieved, but died collapsed in eighteen hours. The autopsy revealed a fatty and dilated heart and right hydrothorax.

#### PRIMARY CHANGES OF THE PALATE.

Dr. BUNOW (*Monatsschrift für Ohrenheilkunde*, Bd. 19) reports no less than six cases in which primary syphilis was communicated to patients by means of an infected Eustachian catheter. The sore in each instance appeared upon the palate or pharynx.

#### CARTILAGINOUS TUMORS OF THE UPPER JAW.

M. PAUL BERGEN (*Bull. de la Soc. de Chir.*, Paris, 1885), after giving an account of a case of resection of the upper jaw for chondroma, proceeds to analyze the reported cases of this form of tumors.

He finds 31 cases on record of removal of the superior maxilla for so-called "cartilaginous" growths. Of this number 7 are so imperfectly reported as to be of no value. Of the remaining 24, 19 were described as pure chondromata, 2 as osteoid chondromata, and 3 as chondro-sarcomata.

Of the named series of 19, 5 were fibro-cartilaginous, 6 were in process of ossification, and 8 were composed of pure hyaline cartilage. This variety of tumor is of slow growth—the duration of the neoplasm varying from one to thirty-six years—and may attain great size. It shows no disposition to recur after complete removal.

The remaining 5 cases appear to have been examples of chondrifying sarcoma, with some calcification in two instances (osteoid growths). These were of rapid growth—the duration varying between four months and two years—and showed a disposition to recur after removal.

Speaking generally, the author states that the most common point of origin of chondromata in this region is from the alveolar process, but the neoplasm may grow from any part of the bone. In three instances the tumors commenced in the ethmoid bone and invaded the jaw subsequently.

#### NERVE SUTURING.

Dr. RAWA (*Wiener med. Wochens.*, 1885, No. 11) finds fault with the present means adopted for bringing together divided nerves. He points out that when the divided nerve is at the same time crushed, so much of the nerve tissue may have to be cut away that a close approximation of the divided ends is not possible. He is of opinion, also, that the sutures introduced into the nerve substance act injuriously.

He, therefore, proposes the following operation, the details of which he has carried out upon animals: After the nerve ends have been laid bare, a loop of gut is placed around either end at a distance of about  $\frac{2}{3}$  of an inch from

the cut extremity. These loops include also the connective tissue around the nerve, and they are only drawn sufficiently tight to prevent them from slipping.

The ends of the catgut loops are then tied together, and the nerve ends so approximated. He states that the results obtained in animals by this procedure were invariably good.

It is to be noticed, however, that perfect restoration was only obtained at the end of several months. There is little to commend this operation. If it appeared—in a recent case of wound—that the nerve ends were so damaged that so large a quantity would have to be cut away as to prevent the approximation of these ends, one would imagine that the attempt at suture would be deferred until the extent of the damage has been ascertained. One would expect, also, that a tight ligature around a damaged nerve would increase rather than diminish its prospects of restoration. It is, however, very doubtful whether sutures applied in the long axis of a nerve in reality do more harm than a ligature secured firmly about it.

#### THE TROPHIC DISTURBANCES IN TABES DORSALIS.

DR. HOFFMAN (*Berliner med. Wochen.*, 1885, No. 12) is disposed to recognize other peripheral changes than Charcot's joint disease, perforating ulcer of the foot, etc., as occasional phenomena of locomotor ataxia.

His paper is of much surgical interest, but his data are scanty, and his conclusions are open to some question. His chief points are the following:

1. Spontaneous rupture of the tendo Achillis may occur in tabes. He cites the case of a tabetic man, who suffered rupture of this tendon while turning round in the street. The patient had been the subject of syphilis, and there is no evidence to show that the rupture was not independent of the cord affection, and that it was not due to syphilitic disease in the tendon itself.

2. The teeth may fall out in the subjects of tabes. The case is quoted of a man whose teeth came out without pain and without his having been troubled with caries or toothache. They were lost upon both sides, and a wasting of the alveolus followed. The patient also had been a subject of syphilis.

3. The arthritic lesion may appear suddenly in the subjects of tabes. The patient whose case illustrates this proposition, was turning over in bed when he experienced a loud crack in his hip, and was suddenly attacked with pain in the part. Much swelling followed, with great lameness and with shortening of the limb. The patient had had syphilis. It must be confessed that this case presents all the features of a fracture of the neck of the femur, and it is well known that in certain subjects this accident has happened in the identical manner described.

#### ODORLESS IODOFORM.

DR. OPFLER (*Centralblatt für Chirurgie*, July 25, 1885) claims to have introduced an odorless iodoform. The smell of iodoform offers a serious objection to its more general use in practice, and the attempts that have up to the present time been made to render the drug odorless have been but partially successful. In the mixtures of iodoform with Tonquin bean, balsam of Tolu, oil of peppermint, etc., the peculiar smell of the drug is still to be observed.