

inflammation is liable to follow. He had seen cases which had continued to leak for days. He had seen cases of death and cases of recovery after spontaneous rupture of a spina bifida; in the latter case the sac shrivels up. He once saw a case where a mistake in diagnosis had led the practitioner to make a long free incision into the sac; and to his (Mr. Smith's) surprise the child rallied from its state of depression, although it eventually died. The fluid is very rapidly re-secreted. As to treatment of the wounds described, there would be more chance of getting closure if treated at once; and the first case related by Mr. Holmes showed the difficulty there was in getting this result at a later period.

Mr. MORGAN had assisted Mr. Holmes in one of the cases referred to. It was that of an infant with a congenital tumour below the mid-dorsal region of a sausage shape, and pedunculated. Pressure had no influence on it; and it was, therefore, removed by an elliptical incision on either side; but when the incision divided the centre of the base of the tumour, the child became collapsed, was with difficulty restored, and died in twelve hours. Mr. Holmes thought the result due to carbolic acid poisoning; and the urine was certainly blackened. The symptoms so resembled another case lately under Mr. Morgan's care that they might both be attributed to the direct effect on the spinal canal. This was a case of a somewhat larger tumour, also pedunculated, and uninfluenced by pressure. It was tapped and cerebro-spinal fluid escaped, followed by immediate collapse, with temporary recovery. Morton's iodo-glycerine was injected into the sac, the pedicle being secured by a ligature, but death took place in a few hours. He was at a loss to explain these events unless from a direct action on the nervous centres. He knew of a case in which the midwife with a pair of scissors slit up the spina bifida without ill result. So that it seems there is more danger when the opening is small than when it freely communicates with the canal.

Dr. WHARRY suggested that the reason why tapping a spina bifida was not followed by immediate effects was possibly due to the rapid re-formation of fluid, and also to the subarachnoid trabeculae not allowing a very great loss to take place.

Mr. JOHN MARSHALL, referring to the subject of wounds of the theca, thought the diagnosis could be rapidly made. Probably in all these cases the presence of some inflammatory action altered the characters of the fluid so that it contained more solid matter than normal. The result may depend on the seat of the wound; if high, being more dangerous than if low down; and also upon the subject wounded. If the wound was quickly closed, there seems no reason why puncture of the theca should be so serious. The fluid has probably something more than a mere mechanical function. In a case of spina bifida in which he was about to inject iodine, the raising the child to a sitting position in order to safely inject the solution after drawing off six or seven ounces of fluid, produced syncope and a convulsive attack. Thus sometimes cerebral disturbance may be set up.—*Lancet*, April 29, 1882.

Treatment of Fractured Thigh.

Dr. HERMANN KÜMMELL, of Hamburg, writes, in the *Berl. Klin. Woch.*, No. 4, 1882, that, for the treatment of fracture of the femur in an infant, the safest and most convenient and successful method is that of vertical extension. This method was first tried by Dr. Schede of Berlin, in 1877, and has since been carried out by this surgeon in all his cases of fractured thigh in children under two years of age, and also in some cases in which horizontal extension had failed with children between three and four. In horizontal extension, in addition to

the eczema and excoriation caused through the constant soiling of the bandages by excretions, and to the great labour attending frequent renewal of the bandages, especially when it is necessary, as in fracture through the upper third of the femur, to include the pelvis, there is the further evil of enforced frequent movement of the injured part, through which movement consolidation is retarded, and dislocation and shortening of the fractured extremity rendered probable results. In this method of treatment, a long continuous band of plaster is fixed to both sides of the injured limb, as high as the seat of fracture, and applied so as to form a free loop below the sole. This long strip is then secured in the ordinary way by circular strips of plaster and by circular turns of a bandage. The leg, having been elevated, is then kept in the vertical position, with the corresponding side of the pelvis suspended, by means of a piece of cord fixed to the loop of plaster, and either attached above to some object over the bed or slung over a pulley, with its free extremity supporting a weight. The fragments of the broken bone then fall into proper position, and remain so, if the extension be maintained until firm union is established. The little patients, it is stated, tolerate this treatment very well, and at once cease to suffer from pain in the injured thigh. Vertical extension does not necessitate constant and complete rest on the back; but Dr. Kümmell does not insist on this as one of the advantages of the method, as he is opposed to the view held by many surgeons, that prolonged rest on the back is dangerous with young patients, and that it causes pulmonary affections and disturbance of the general health. Rotatory displacement of the fragments is not to be feared as a result of vertical extension. In most of the cases observed by Dr. Schede and the author, callus has formed rapidly and in abundance; and in healthy children, it is asserted, consolidation of the fragments is usually well established by the end of the third week, when the bandage and strapping may be removed and the limb lowered. The usual result of this treatment is stated to be speedy and firm union, without displacement, and without any shortening of the injured limb. One disadvantage is mentioned as likely to occur in female infants subjected to this mode of treating fractured thigh. As a consequence of free entrance of air into the gaping ostium vaginae, the little patient may suffer from severe vaginal catarrh, which condition will persist as long as the vertical extension is kept up, but subsequently may be soon removed by careful cleansing and the local application of weak astringents. A tabular statement is appended of twenty-eight cases of fractured thigh in infants treated by this method. Of these patients, twelve were under twelve months of age, and sixteen between the ages of one and two years.—*London Medical Record*, April 15, 1882.

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New Method of Treating Simple Transverse Fracture of the Patella.

Mr. LUND, of Manchester, read a paper on this subject at the meeting of the Medical Society of London, held April 17. On the assumption that the chief, if not the only, cause of non-union in such cases is imperfect apposition of the broken fragments, so that actual contact of the osseous surfaces is not attainable, Mr. Lund has adopted this plan: For the first six or eight days the limb is extended on a back splint with foot-piece, and slightly raised; cold evaporating lotion or ice is applied to the knee until nearly all effusion within and external to the joint has subsided. Then while the patient is under the influence of an anæsthetic, a strong steel pin is drilled through each portion of the patella, from the external to the internal border, a small hole being made in the skin by the entrance and exit of the pin, great care being taken by the mode in which the patellar fragments are pierced that the point of the screw-pin does not injure the articular surface of the bone. These screw-pins, which should be placed as