

*Deformity after Fracture successfully treated.*—Dr. DANIEL BRAINARD states (*Chicago Med. Journ.*, Jan., 1859) that in 1853 he proposed a new method of treatment for irregularity of bones resulting from badly treated fractures. This method consisted in weakening the bone by subcutaneous perforation, and causing it to soften by the inflammation thus excited, and then straightening it by pressure. This mode of treatment was founded on experiments on animals, and it is only recently that he has been able to try it in the human subject.

This case was that of a stout boy, three years of age, who, when three months old, had fractured his left leg, to which injury little attention had been paid, and when seen by Dr. Brainard, the leg was three inches shorter than the other, and presented an angularity forwards a little below the middle.

"The child having been placed under the influence of chloroform, a perforator, one-fourth of an inch in breadth, was passed in two different directions through the tibia at the point of fracture, but a single puncture being made through the skin. After the perforator was withdrawn, a piece of adhesive plaster was placed upon the puncture through the skin, and a light bandage placed around the member. The leg lying at the time upon a firm bed, I attempted to rupture the callus with my hands, by throwing nearly the whole weight of my body upon it. It did not, however, yield in the slightest degree, and not thinking it safe to use more force I desisted, and ordered the bandages to be kept wet with cold water.

"The inflammation which followed this operation, and the efforts to straighten the member, was considerable, and an erysipelatous redness extended from the ankle to the knee, which lasted more than a week. There was no suppuration, and by rest and the use of evaporating lotions, this was dissipated; and at the end of ten days, viz: on the 25th May, 1858, another attempt to straighten the leg was made.

"Although hoping for a favourable change, I was somewhat surprised to find that a very moderate degree of force, applied by the hands, was sufficient to cause the callus to give. A carved wooden splint, well padded, with a foot piece, was now placed behind the leg, and secured to it by a roller drawn across the angular projection as tightly as could be borne. This giving rise to no pain, the bandage was reapplied, every three days at first, afterwards once a week, for four weeks, at the end of which time the leg was quite straight, except a slight overlapping of the fragments. During this part of the treatment, the boy walked about with the splint on his leg and suffered no pain. The parents were directed to press upon the projection daily with the hands."

Three months after the operation the splints were discontinued, the boy could walk, and Dr. Brainard considered the cure to be complete.

*Ovariectomy.*—Dr. J. W. HAMILTON, Professor of Surgery in Starling Medical College, relates (*Ohio Med. and Surg. Journ.*, Jan., 1859) two cases in which he performed this operation. In one the tumour was removed, and the patient recovered. In the second, after opening the abdomen, the adhesions between the abdominal walls and the tumour were found to be so firm that it was impossible to separate them. A trocar was introduced, but no fluid was discharged. The wound was closed, and the patient expired forty-two hours after the operation. Dr. Hamilton states the following facts in regard to the results of ovariectomy in Ohio:—

"In 1854, Dr. P. J. Buckner, now deceased, made a report to the State Society, that was supposed to contain all the cases operated on up to that time. It included eleven cases, of which six were successful and five fatal. Since that time, without having made this a special subject of attention, we have learned, through private channels mainly, of the following cases:—

"Professor Howard operated twice, found inseparable adhesions in one case, and abandoned the operation as impracticable, his patient dying within a few days. The other was cured and is still living. One esteemed friend operated twice, one patient dying, one recovering. Another undertook it twice, and was obliged to abandon it as often, one of the patients dying, one surviving. Within a few months, an eminent surgeon performed the operation, his patient dying within a few hours. Another made a moderate incision through the abdominal