

the cartilage, and an elliptical section of this was dissected off from the skin covering the anterior aspect of the auricle, without wounding that integument. The portion of cartilage removed was not quite as wide or long as the section of skin taken from the posterior surface of the auricle. The edges of the wound were united by three sutures, which included the skin only, and the parts were dressed with absorbent cotton and net bandage.

Union by first intention occurred and the sutures were removed the fifth day. However, the patient chose a pleasure excursion in preference to the clinics before the wound had healed thoroughly; the dressing became displaced and the wound was torn open along the centre. Consequently this portion of the wound healed later by granulation. There was but slight pain or swelling, and the child evinced no dread of an operation on the other ear except with respect to the ether.

The result of the operation is that the auricle now projects but three-fourths of an inch instead of one and one-fourth inches, making a difference of one-half inch between the projection before and after the operation. Besides this, the natural elevations and depressions which are requisite to the beauty of a well formed ear have been restored.

I do not know that any surgeon has previously performed an operation identical with the one I have devised, but when a learned professor informs the French Academy of Sciences that before the illustrious Jenner was born, and "from a period so remote that it loses itself in the night of time," the inhabitants of Senegambia have practiced inoculation for the prevention of a contagious disease, I have not the temerity to call any operation new. A short time since I thought I had originated another new method of treatment, when to my surprise I learned that Dr. Sexton, of New York, had been experimenting in the same direction, although he had not published the fact. Drs. Ely and Roosa have operated in a different manner to effect a similar result. They transfixed the auricle at its junction with the side of the head, and removed the cartilage and the skin covering both the anterior and posterior surfaces.

By the operation which I performed it is apparent that the integument covering the anterior surface of the auricle, or the part most exposed to view, was not at all injured. I was not able to ascertain the exact results in Dr. Ely's case. In Dr. Roosa's case the projection before the operation was the same as in mine, but the projection in my case after the operation was one-eighth of an inch less than in his.

REMOVAL OF THE ENTIRE TIBIA.

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In December, 1883, I was called to see a boy, aged 13 years, who had been treated three weeks for rheumatism. On examination, I found the leg much swollen, very hot and painful, with marked fluctuation, the result of extensive periostitis. The boy was very anæmic, and much exhausted.

I opened the leg at its upper third, and anterior aspect, and discharged over a quart of pus and broken down tissue. A rubber band was applied, and a restorative course of treatment was given for four weeks, until the system could be restored sufficiently to permit the removal of the diseased bone. On January 30th, 1884, with the patient under influence of chloroform, I began an incision close to the knee, and finding no sound bone, continued the same to the ankle; and by the use of the enucleator, separated the tibia from its epiphysis.

The upper end having been loosened by disease, the entire bone was easily removed. With the raspatory I scraped the tibial side of the epiphysis at the knee. After dressing the wound with oakum for ten days, it was gradually drawn together by means of adhesive straps. In ten weeks the new bone had so far re-formed that he could bear his weight upon the limb. About four months elapsed before he was able to walk without the aid of crutches. At this date (October, 1885) recovery is perfect, tibia full size, and there is no halting in his walk.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

WHAT BECOMES OF THE BILE IN THE ALIMENTARY CANAL.—Schiff admitted in 1870 that there was a circulation of the bile from the liver to the intestinal canal, and *vice versa*, as it seemed to him that the quantity of bile was always increased when bile was introduced into the canal. Sokoloff denied both the fact and the theory, for after injecting glychocolate of soda into the intestine of a dog, he could find none in the bile.

A. WEISS has recently repeated these experiments, and the results are published in the *Bulletin de la Société Impériale des Naturalistes de Moscou*, 1884. He made injections of glychocolate of soda into the intestinal canal of a dog for three days, killed the animal, and examined the contents of the gall-bladder for the glychocolate of soda. His results were contrary to those of Sokoloff. The presence of glychocolate of soda was established by the reaction with neutral acetate of lead, and by Hoppe's quantitative method, by which the quantity of cholalic acid and sulphur are determined. From the quantity of sulphur the taurine is found, and consequently the taurocholic acid. Weiss found a surplus of cholalic acid, which could only have come from the glychocolic acid introduced in the experiment, and which had passed into the bile. Had glychocolle been introduced instead of the glychocolate, the result would have been different: the bile would have contained taurocholates only. If cholalate of soda be introduced, it passes into the bile in small quantities, and glychocolic acid is found; by giving the cholalate only a small quantity is found. In the first case it is combined with the glycolle; in the second glychocolates appear; cholalic acid, which is not found in the natural state, being really combined with