the musicians be requested to forego the questionable compliment paid to the Sunday, by locating themselves in the room adjacent to the *salle-à-manger*, and *deaving* everybody with their screeching and scraping. On ordinary days there is no such disturbance—you take your food in peace and quietness; and on *that* day of *rest*, surely one is entitled to expect the same indulgence, and to be spared an infliction which, on the score of mere taste and liking, is most irksome, irrespective of those other and more solemn considerations which can to no English mind be strange.

In this sketch of the new spa I have endeavoured neither to exaggerate its merits, nor to conceal its defects. While the former are indisputable, these latter will soon have ceased to exist; and therefore I have no hesitation in recommending Neuenahr very highly, not merely on the score of comfort and pleasure as a residence, but as a very valuable addition to our means of cure in the diseases already spoken of. Now, too, is the time to enjoy it in perfection; for by-and-by I fear that its popularity may have risen, so as to flood it with Kur-gäste and their accompaniments, and take from it that character of primitive simplicity, which is at present one of its chiefest charms. Of one thing I feel confident, that, however vast and varied the tide of guests may grow, the intelligent directors will never suffer the curse of the gaming-table to cast its fatal shadow on so fair a scene.

ARTICLE II.—*Cases of Disease and Injury of Bones.* By J. E. T. AITCHISON, M.D., Civil Assistant-Surgeon, Jhelum, H.M. Indian Army.

CASE 1.—*Disease of Elbow Joint. Dislocation of Ulna, without Fracture of Olecranon.*—A little boy, six years old, of Mussulman parentage, was brought to the Jhelum Dispensary on the 18th of October 1860, suffering from what seemed to be scrofulous disease of the elbow-joint: the joint was anchylosed, and more enlarged than is generally the case; thickening also extended to a greater length along the shafts of the bones than is usually seen in this affection.

Dr Daly, 1st Punjaub Cavalry, and myself, decided upon cutting into the joint, with the intention of performing excision, if we found that the state of the parts would permit of it, but prepared to amputate if we found the disease too far advanced to allow of the minor alternative.

I operated on the 22d of October. On making my first cut, which was the same as one of the longitudinal incisions for removal of the joint, I found the joint occupied by a soft mass, while the

shafts of the humerus and ulna were enlarged, softened, and of a cartilaginous consistence.

The arm was therefore removed at the upper third of the humerus. The case did well, and the little patient was discharged, cured, on the 18th of November 1860.

The previous history of the case was as follows:—Eight months before, the child, whilst at play, received a blow on the arm, which thereupon became powerless; an abscess formed, opened and discharged freely; tumefaction took place, and resulted in the swelling which existed when he first came under my care.

On dissecting the limb, the following was found to be the condition of the parts:—The ulna was dislocated forwards; the point of the olecranon was anchylosed to the articulating surface of the humerus; there was no fracture of the olecranon or humerus; the lower half of the humerus, and the upper half of the ulna, were expanded into a soft, spongy mass; a hollow, which easily admitted the point of the little finger, extended through the shaft of the ulna; spiculæ of new bone were deposited on the ulna and humerus; the head of the radius was slightly carious.

This case appears worthy of notice, both from the extent of the disease, and from the existence of a dislocation of the ulna without fracture of the olecranon.

The accompanying engraving, half the natural size (fig. 1), gives a good idea of the condition of the diseased bones.

Case 2.—*Fracture of the Humerus, with Necrosis of Half the Shaft of the Bone.*—Fuzil, æt. 13 years, Mussulman, male, from Cashmere, was admitted into the Jhelum Dispensary on the 6th of October 1860, with the right upper extremity, from the tip of the fingers to the upper border of the clavicle, in an extremely swollen and œdematous condition.

History.—The boy said, that three days before, while pulling at a rope, he had fractured his arm, which became perfectly useless, and gradually swelled till it attained its present size. The arm was so œdematous, that the only point which could be made out with certainty was the existence of a dislocation of the humerus into the axilla. The dislocation was reduced with a suspicious degree of facility; a bandage was applied from the fingers upwards; no motion was allowed, and the patient was ordered to maintain the recumbent position.

On the following day the swelling had greatly diminished, and a fracture of the humerus, at its lower third, a little above the condyles, could be plainly distinguished, as well as a separation of the epiphysis from the shaft of the bone. The separated epiphysis was felt floating, under the acromion process, in a collection of fluid, which was supposed by myself, and Assistant-Surgeon Menzies, of H.M. 93d Highlanders, to be pus. The point of a knife was run into the joint down to the head of the bone, upon which it grated,

Fig. 1.

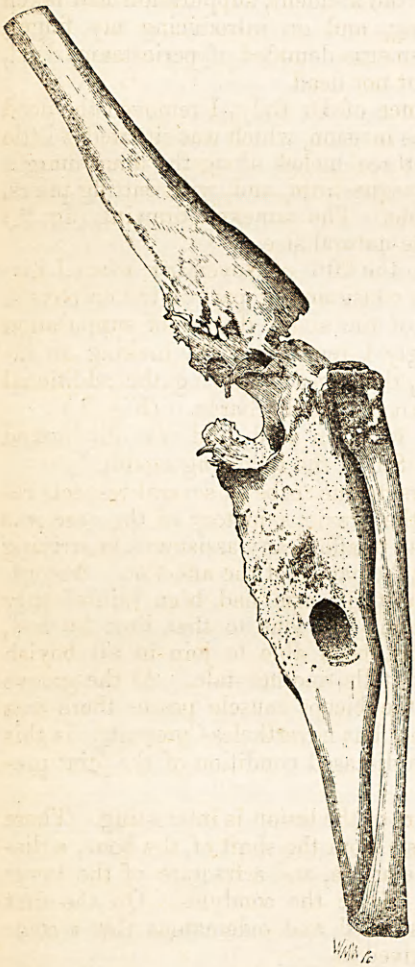

Fig. 2.

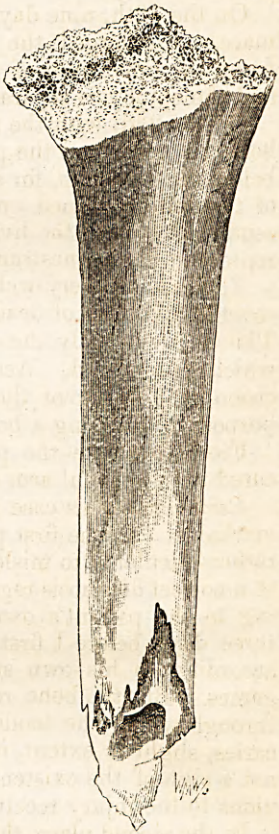

Fig. 3.

showing that death of the bone had occurred. A profuse flow of a serous fluid now took place from this minute aperture, removing the tension to which the parts covering the joint had been subjected, and thereby probably preventing the death of the skin, which already had become much discoloured, and appeared to be about to slough.

On the 12th, nine days after the accident, suppuration had taken place. I enlarged the opening, and on introducing my finger, found the upper part of the humerus denuded of periosteum, dead, and the epiphysis separated, but not dead.

On the 23d, with the assistance of Dr Daly, I removed the dead bone. I continued the previous incision, which was situated a little below the acromion, for about three inches along the inner margin of the deltoid, turned out the sequestrum, and, with cutting pliers, separated it from the living bone. The annexed drawing (fig. 2.) represents the sequestrum of the natural size.

The case did very well up to the 10th of November, when I discovered a portion of dead bone, consisting of part of the epiphysis. This was evidently the cause of the slight degree of suppuration which still existed. Accordingly I removed it, by making an incision at the back of the joint, the incision serving the additional purpose of affording a better exit for the discharge. (Fig. 3.)

From this date the patient went on well, and was discharged cured with a useful arm on the 8th of the following month.

Remarks.—This case appears to me to be in several respects remarkable. In the first place, the previous history of the case was rather calculated to mislead than to afford any assistance in arriving at a correct diagnosis regarding the nature of the affection. According to the patient's own account, his arm had been injured only three days before I first saw him; previous to that time he had, according to his own statement, been able to join in all boyish games. But the bone removed tells another tale. At the groove through which the tendon of the biceps muscle passes there was caries, slight in extent, it is true, but nevertheless present. Is this not a sign of the existence of a diseased condition of the joint previous to the injury received?

In the second place, the nature of the lesion is interesting. There was a separation of the epiphysis from the shaft of the bone, a dislocation of the humerus into the axilla, and a fracture of the lower end of the bone immediately above the condyles. On the first examination, the arm was so swelled and œdematous that a complete diagnosis could not be arrived at.

When the lower fracture was made out, the arm was put up in splints, and the patient was directed to be kept in the horizontal position. Further, either from the limb having been kept too much at rest, in order to promote union of the lower fracture, or from the presence of part of the periosteum of the portion of bone which had been removed, osseous union occurred between the humerus and

scapula, which interfered very seriously with the movements of the arm, but was to a great extent compensated for by the free mobility of the scapula.

When the splints which had been applied over the lower fracture were first removed, the elbow-joint was found to be somewhat stiff; but, under gentle manipulation, it soon recovered, and is now as sound as the other.

The arm is now (March 15, 1861) two and a-half inches shorter than the other, measured from the acromion process to the external condyle; but it is so very useful that only a careful observer would notice any difference in the mobility of the two limbs.

This case seems, so far, at least, as the acute necrosis is concerned, to be the counterpart of one mentioned by Professor Syme in the *Edinburgh Medical and Surgical Journal* for 1836.

ARTICLE III.—*Case of Compound Fracture of the Skull.* By R. UVEDALE WEST, M.D., F.R.C.S.E., etc.

ON the 29th of last month I received a hasty summons to visit a man, three miles away in the country, "who had got badly kicked."

The patient, aged thirty-two, a blacksmith by trade, and therefore fearless with horses, was doing harvest work. He was driving home a nearly empty waggon. In the act of mounting on the shafts, he incautiously, while kneeling on them, laid hold of the crupper-strap to pull himself up. The horse kicked, or lifted, so as to dash the young man's head violently against an iron staple projecting from the upper framework of the front of the waggon. He immediately fell backwards on the road, and the men in the waggon, who had noticed that the horse had kicked, thought that the kick had propelled him there. But as he lay thus on his back, it was soon seen that he was bleeding from the right side of his head; his left arm twitched as if convulsed, and he moved his right leg up and down two or three times, otherwise he was motionless and unconscious. His mates carried him home. I found him there, lying on an extempore couch made of a few chairs. He was quite unconscious, but there was no stertor; his eyes were closed, and both pupils contracted; his pulse was natural, firm, and quiet, not at all the pulse of collapse, although he was very pale, probably from loss of blood; there was blood on the right side of the head and down the sleeve of that arm. Feeling about his head for the wound, two of my fingers passed into what felt like a round hole in the skull in the upper and posterior part of the right parietal bone. On clipping away the hair from this part, I found a ragged cut through the scalp, through which a mass of brain, quite white, pulsating strongly, and nearly as large as a walnut, was protruding. The hole in the skull underneath appeared to be larger than the cut