serve regions marked. There are some convenient outlines for recording diseased conditions of the larynx, nose, ear, eye, and fundus oculi; thirty-three sketches of bones and joints are also to be obtained. Some "case sheets" suggested by Dr. Cosgrave are drawn up on the plan of a hospital bed card, and will be found convenient; another sheet of "instructions to patient or nurse" resembles a hospital diet card. The temperature charts are rather too small, but have the recommendation of cheapness. The "perfect" clinical chart is larger and is neatly printed, but hardly deserves the extravagant praise claimed for it by the title "perfect." Physicians who consider it desirable to have the temperature taken oftener than twice in the twenty-four hours in serious fever cases—and this is now probably a very general custom—will perhaps consider the chart somewhat imperfect. The clinical figures are most excellently done and very useful, but there is little either of a novel or specially commendable character in the charts.

REPORTS AND ANALYSES

AND DESCRIPTIONS OF NEW INVENTIONS, IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

GLYCERINE SUPPOSITORIES.

IN the JOURNAL of December 8th there is a note about glycerine suppositories. For the last eighteen months I have been using glycerine in this manner with good results. But the suppositories are not made in the way Dr. Kroell suggests, namely, by enclosing the glycerine in a cone of cocoa-butter, but by gelatinising glycerine. By this means we get a firm yet supple transparent suppository, pleasant to look at and to handle, and which readily dissolves.

I send you some specimens made by Mr. Round, chemist, of this town.
EDWARD DAY MCNICOLL, F.R.C.S.Ed.
Southport.

MESSRS. WYLEYS and Co., of Coventry, have recently submitted to our notice specimens of glycerine suppositories manufactured by them. They contain 75 per cent. of glycerine, and are elegantly made up with a gelatine basis. They are of two sizes, one being for adults, and the other for children. Each larger suppository weighs, on an average, nearly 140 grains, and each smaller one about 17 grains. They constitute a very convenient and portable form by which glycerine can be administered into the rectum.

A NEW FORM OF SPLINT FOR THE TREATMENT OF FRACTURES INTO AND IN THE VICINITY OF THE ELBOW-JOINT.

By C. R. ILLINGWORTH, M.D., M.R.C.S.,
Clayton-le-Moors.

WITH the exception of fractures of the olecranon, injuries of that nature into and in the vicinity of the elbow-joint are generally treated by the application of a rectangular splint to the inner side of the arm, the forearm being placed in a semi-prone position, or, more accurately, in a position between pronation and supination. It is with the object of showing that the use of this splint in such injuries is a constant cause of much deformity of the elbow that I have written this short note.

It is a well-known anatomical fact that, in the supine position of the hand, the axis of the forearm runs in a direction from below upwards and inwards, whilst that of the upper arm passes from above downwards and inwards, and that, consequently, the axes of the two portions of the limb are not parallel, but cross at the elbow-joint, forming there an angle directed inwards. In the prone position, however, the axes are parallel, and continuous through the elbow and wrist with a line placed between the middle and ring fingers.

In my treatment of several cases of fracture by the rectangular splint, applied in the usual way, I have found, first, that passive movement, even when begun at the end of eight or ten days, is

accomplished and kept up with difficulty; and, secondly, that in one or two there has resulted an alteration in the normal axes of the arm and forearm from pressure upon the internal condyle of the humerus and inner aspect of the joint.

Fig. 1.—The box splint for fractures of the elbow.

In the elbow of a little boy of 6, treated two years ago by a well-known Lancashire bone-setter, it was observed that the directions of the axes of the limb were reversed, that of the upper arm passing downwards and outwards instead of downwards and inwards to the elbow, and that of the forearm upwards and outwards, instead of upwards and inwards towards that joint. A great protrusion of the outer aspect of the elbow is the result. In all these cases the normal movements of the arm are complete, the only drawback being the unsightly shape.

Fig. 2.—The splint applied—
inner side.

Fig. 3.—The splint applied—
posterior view.

It occurred to me that if the forearm were extended and the hand pronated, lateral splints might be applied to the elbow and pressure upon the condyles thus avoided, whilst the hand was kept in the prone position by a splint placed on the palmar aspect of the forearm, and extending from half to three quarters of an inch below the internal condyle down to the centre of the hand.

COST OF MEDICINES IN THE CORK UNION.—The amount expended in medicines for the half year ending September 29th last shows an increase as compared with the corresponding period of the previous year of from £643 in 1887 to £876 in 1888, or an addition of 25 per cent. The matter has attracted the attention of the Cork guardians, who have asked the secretaries of the various dispensaries in the union for an explanation of the cause of so large an increase.