Among the most important points for future improvement, is the question of the formation of an artificial anus. While there can be little doubt that if the proximal and distal ends of the bowel can be joined together, that this should always be attempted, nevertheless, in many cases, this is not found practicable, and an artificial anus must be formed. Hochenegg, Willems, Witzel, Rydygier, Gersuny, and others have all suggested and carried out plans to perfect this important step in the operation. Important it certainly is, for it is obvious that for a patient to have no control over an artificial anus in this region, is to leave him in a most deplorable condition.

I do not need to deal with the statistics of this operation ; they are improving every year, and one German operator has expressed the hope that the primary mortality will soon be reduced to 5 per cent. Von Bergmann, quoting Bramann's statistics, showed that he performed the operation twenty-seven times, with one death, or less than 4 per cent. of deaths.

NOTES OF A CASE OF DISLOCATION OF EPIPHYSIS OF A METACARPAL BONE.

(WITH SKIAGRAM).

By E. KEN. HERRING.

Senior Resident Surgeon, Ballarat Hospital.

O. W., æt. 10, brought up as an out-patient by mother, on account of lump in his hand. Had fallen from a tree six or seven weeks previously, and says he fell on his out-stretched hand. He complained of pain in the hand next morning, and the mother says the lump was there then.

Examination.—On the right hand palmar surface, just over neck of second metacarpal bone, there is a small, rounded, hard, and firm nodule, about the size of a pea, not movable from the metacarpal, which appears otherwise normal. Flexion and extension free. No pain on pressure. On closing fist, the knuckle is not quite so prominent as the others.

It was diagnosed by several medical men as an exostosis, but the skiagram diagnosed differently.

By a tenotome, separation and replacement were effected, but the nodule could not be kept in position, and had finally to be removed.

The skiagram was taken by Mr. T. R. Treloar, chemist, to whose kindness we are indebted for many helps to diagnosis.

CASE OF TOTALLY ADHERENT PERICARDIUM IN AN ADULT.

By W. J. Long, M.B. Ch.B.

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Dr. A. J. Wood gives an interesting summary of cases of adherent pericardium in children in the *Intercolonial Medical Journal of Australasia* for February 20, 1897. He says—" Pericardial adhesion contracted in adult life is comparatively unimportant, while in children it generally proves fatal at no distant time, with great enlargement of the heart." I have no experience of this condition in children, but the following brief notes of a case occurring in an adult may be of interest :—

R. C., aged 60, miner, was admitted on January 5, 1894. Patient complained chiefly of great dyspnœa, and pain in right hypochondrium. He presented all the signs and symptoms of cardiac incompetence, which gradually became more severe, until he died on May 23, 1894. He had then great œdema of feet, legs, penis, and abdominal walls, ascites, enlarged liver, and fluid in the pleural cavities. He was treated with strychnine, strophanthus, ether, ammonia, lobelia, digitalis, calomel, squills, incisions of legs and penis, and repeated aspirations of the pleural cavities, none of which were of more than temporary use.

On making a post-mortem examination, I found the pericardial sac totally obliterated. The cavities of the heart were all dilated, as were also the valvular orifices. There was no valvular disease, and very little hypertrophy of the cardiac walls. There was fluid in the pleural cavities, especially in the right. The right lung was partially collapsed. Both lungs were nearly black (anthracosis), and at the apices were patches of fibroid phthisis, partly broken down, but for the most part so dense that there was no air in them, and they cut like cartilage. The rest of the lungs