lying at the bottom of the wound looked dark, but had not lost its surface-polish. On turning back the abdominal flaps, these conditions were observed. On the *left side* was a large internal *inguinal* ring, affording a wide and free entrance into the inguinal canal; but no contents. There was also a large *femoral* ring. Through this the little finger could be readily passed into a sac prolapsed and adherent to the surrounding parts. The sac was thickened and laminated, and had some shreds of apparently recent lymph stretching across its cavity. It did not contain either omentum or intestine. On the *right side* was a large internal *inguinal* ring, much as on the other side; no contents in the inguinal canal. There was a *femoral* ring, through which a knuckle of intestine (ileum) had been protruded, and in which it was still lying. The ring had been freely divided, and would admit the tip of the forefinger. The contained piece of intestine was dark and congested, with a deep sulcus marked on it at the point corresponding to the ring and to the seat of strangulation. Here, on the inner side, a small ragged opening existed, through which fæcal matter had oozed. The intestine was adherent for fully one-half of its prolapsed portion to the internal surface of the sac on its outer side. Well marked fibro-cellular bands stretched between the two surfaces; these needed dividing by the knife before the intestine could be retracted into the abdomen. There was no lymph effused on that part of the ileum which lay in the sac; but on the abdominal surface, and for an adjoining radiating space of nearly two inches of peritoneal lining, there was effusion of firm and coherent lymph, blocking up the abdominal entrance of the ring, and passing downwards into the true pelvis. There was local peritonitis, not very extensive. Some quantity of dirty serous fluid was found in the true pelvic cavity. There had been no hæmorrhage; no escape of fæcal matter into the abdomen. The intestine was pervious through the damaged portion; it was much congested for some distance, and showed dark patches of mottling from distended vessels; and the internal surface was covered with mucous secretion.

REMARKS. It is an old and very true axiom in surgery, that no two cases of hernia submitted to operation are in all points parallel; and the instance now recorded exemplifies more than one of the rarer accompaniments of a strangulated knuckle of intestine. The coexistence of no fewer than four hernial protrusions; the definite strangulation of one only out of that number, with the somewhat unusual coincidence of extensive adhesion between the sac and its contained intestine; and the characters of the swelling at the opposite femoral ring, where a thickened but empty sac simulated very closely an omental hernia,—are all points of interest to the practical surgeon.

As is far too often the case, the long delay between the appearance of the symptoms and the operation forbad almost the hope of success; and the poor old man sank, with no attempt at rallying.

I have thought the case worthy of the notice of the members now present, from the practical interest which attaches to those cases of operation where *post mortem* inquiry has cleared up much that was uncertain during life.

SOLDIERS' FOOD. The *United Service Gazette* warns us not to forget the soldier's food. The result of under-feeding was seen in the Crimea; and the *Gazette* is disposed to attribute the late Prussian superiority to the "ounce more of flesh-forming food." The Prussians get six, the Austrians five ounces; our allowance is four.

Reports
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

KING'S COLLEGE HOSPITAL.

TWO CASES OF EXCISION OF THE KNEE-JOINT.—OPERATION FOR HARE-LIP.—LIGATURING OF VASCULAR TUMOURS.—WOOD'S OPERATION FOR VARICOSE VEINS, AND FOR THE RADICAL CURE OF HERNIA.

WE had occasion to see last Saturday, at this hospital, two capital illustrations of the conservative tendencies of modern surgery, conservative in the sense of saving and preserving according to the light of recent progress in science, not in that of standing still and adhering to old rules and customs. Excision of the knee-joint was performed on two patients, who would certainly have had to submit to amputation in years gone by. Sir W. Fergusson was the operator in one case, and Mr. Henry Smith in the other. Nothing could be more unpromising, at first sight, than these two cases; and, in fact, as Sir William remarked of his own patient, twenty-five years ago her limb would have been amputated about six inches above the knee, without a moment's hesitation. Even at the present time, he added, many surgeons would have preferred amputation at the knee-joint to excision. Had he decided on amputation at all, he would have adopted that plan instead of the operation higher up, as the femur was, to all appearances, not affected. After weighing all things, however, he had determined on following the course usually adopted at King's College Hospital, namely, on performing excision.

The patient, a young female, who looked sadly reduced, had been ill for five years. She had no visceral disease; at least none had been made out, although strong suspicions of it were raised by her peculiarly sickly aspect and emaciated condition. The right knee was the joint affected; and, in consequence of the retraction of the hamstring muscles, there was angular distortion of the limb. The operation consisted in making a transverse incision across the joint, below the patella, and, after dissecting upwards in one direction, and downwards in the other, in removing with a saw the lower articular end of the femur and the upper of the tibia. There was no erosion of the cartilaginous covering of the femur, but it was evident that the bone was not sound, from the lion-forceps, used for fixing it before sawing, sinking too easily into it. The periosteum also was too easily removed from the bone; and this, Sir William observed, was an unfavourable sign, because there was, in such cases, a risk of necrosis supervening, although this result need not of necessity follow in every instance, as the bone might have vitality enough within itself to live on. The patella was taken away as useless. As the disease was chiefly seated in the upper end of the tibia, a considerable portion of this bone had to be removed; in fact, a second segment had to be cut away after the first, and even then the remaining cavity of a small abscess had to be gouged out. The retraction of the hamstring muscles was so great that, even after

so much bone had been removed, the limb could not be brought into a perfectly straight position. The tendons were not, however, divided in order to effect this, as Sir William's experience has taught him that the retracted muscles relax of themselves, a few days after the operation.

Mr. Henry Smith's case presented the unusual feature of excruciating pain coincidently with bony anchylosis. The patient, also a young female, pale and emaciated, between 20 and 25 years of age, had been ill for nine years. For six years she had been able to attend to her duties, but for the last three years she had been entirely incapacitated from work. The right knee was the joint affected in this instance also, and was likewise angularly distorted. The great feature of the case was the intense pain complained of by the patient, and which, as it turned out, was correctly ascribed by Mr. Smith to the presence of scrofulous abscesses in the bones. The operation was performed in the same manner as the other, only less bone had to be taken away, and the limb was easily straightened and placed in a hollow iron splint.

We shall, in a future report, give the results of these cases.

Some smaller operations were performed on the same day by Sir William Fergusson. One was for the cure of hare-lip; the cleft was single, and, as generally occurs in such cases, it was situated on the left side; it implicated the alveolar ridge but not the hard palate. Another was for the removal of a large vascular tumour—aneurism by anastomosis—growing in the inner canthus of the right eye, in an infant, and threatening to involve the eyelids. Another of these vascular tumours, which had rapidly enlarged and developed from a mere bluish speck in the pericranium covering the right parietal bone was operated on in an infant, by Mr. John Wood. The plan adopted in both these cases was the usual one, namely, transfixing the base of the tumour in two places, in a crucial manner, with an aneurism-needle carrying a looped ligature, cutting the loop, and tying the cut ends of one ligature with those of the other, so as to encircle the swelling at the base, and cause it to slough by cutting off its supply of blood.

A man was next operated on for varicose veins of the right leg, by Mr. Wood, by a new method, which consists in including the dilated vein between a needle in front and a double metallic wire behind. The needle and wire are introduced through the same openings, the latter first, and it is twisted as tightly as possible round the two projecting ends of the needle. Within two or three days, the wire works its way through the vessel. If by that time it have not done so through a piece of fascia intervening, it may be untwisted and tightened again. In this instance the vein was operated on in two different places, at an interval of about an inch. Mr. Wood stated that all the cases which he had treated by this method had done well; he had never had to deal with troublesome sores, and in one case only had there been a small abscess in a man in a low state of health; while he considered that it was a great point in favour of his mode of operating that it was not attended with any risk of hæmorrhage, an accident which he has known to occur after Mr. Lee's operation for varicose veins, in which the vein is divided between two ligatures. He added, however, that where there was a mass of dilated veins, as in the scrotum for instance, Mr. Lee's method was preferable to his own.

The proceedings of the day terminated with Wood's operation for the radical cure of hernia, performed in a case of inguinal rupture by Mr. Watson. We shall give the details of this case in a future report, along with several others of the same class, which we are now collecting from the practice of different metropolitan hospitals.

WESTMINSTER HOSPITAL.

SPINAL CONGESTION FROM SUDDEN SUPPRESSION OF MENSTRUATION: PARALYSIS OF THE FOUR LIMBS: RECOVERY.

(Under the care of Dr. RADCLIFFE.)

AN able observer, Abercrombie, has expressed doubts that the phenomena ascribed to spinal congestion were really dependent on that cause, and has suggested that the morbid appearances found after death resulted from the position in which the body had lain. Certainly, the three cases which he quotes from Portal, Esquirol, and Morgagni, were not likely to convince him or any one else. But the researches of the two Franks, father and son, and particularly of Ollivier, have established the existence of spinal congestions, which the anatomical disposition of the intravertebral vessels, the absence of valves from the spinal veins, would certainly tend to promote and favour. Ollivier has, however, fallen into the error of confounding paraplegia depending on spinal congestion, with cases of paralysis of reflex origin, such as paraplegia from diseases of the kidneys, intestines, or womb, or from exposure to cold.

The following case, for the notes of which we are indebted to Dr. Radcliffe, is one of very great interest, as bearing on this point. The absence of all intellectual disturbance excluded at once all idea of brain-mischief, while the suddenness with which the loss of motor power set in, its supervention on sudden suppression of menstruation, the absence of fever, of anæsthesia, of cramps, and of rectal and vesical complications, pointed to spinal congestion as the cause of the attack. As to the persistence of the paralysis, it was probably due to a secondary effect of the congestion; namely, an increase in the amount of cerebro-spinal fluid. The order in which the affected parts regained power—first the arms, next the trunk, and last of all the lower limbs—would seem to indicate this, as the fluid would naturally tend to gravitate downwards, and would thus compress that portion of the cord from which the lower extremities derive their nerves.

The patient may be congratulated on her lucky escape; for spinal congestion, when so extensive as to involve the four limbs and the trunk, has been known to terminate rapidly in death by asphyxia, as in an instance communicated by Dance to Ollivier, and related by the latter, in his *Traité sur la Moelle Epinière*, vol. ii, p. 51.

A female, aged 28, married, thin and emaciated, with grey hair and a worn look, which gave her the appearance of being at least twice her actual age, was admitted into the Westminster Hospital (Tillar's Ward) on June 12th, 1866.

She was able to turn her head on the pillow, and to move her fingers and toes a very little; but, with these exceptions, she lay helplessly on the bed without the least power of voluntary movement anywhere. Tingling in the fingers and toes was complained of, and also a feeling in the body and limbs of being "tired to death", and of a dull burning aching along the back. The feelings of touch, tickling, temperature, and pain, were over-sensitive everywhere rather than benumbed; the muscular sense was perfect. The sensation of dull burning aching in the course of the spine was increased by the passage of a sponge soaked in hot water, but in no one spot particularly; nowhere in the same region was there any tenderness on pressure. Not the slightest reflex movement was pro-

duced by tickling the soles of the feet. The mind was not at all affected. The bladder and lower bowel had lost none of their power. All signs of fever, as thirst, heat of skin, and marked loss of appetite, were absent; and the state was evidently one of great exhaustion and prostration. Indeed, on looking more particularly into the condition of the circulation and respiration, it was found that the pulse could only just be felt, and that what breathing there was was carried on much more by the diaphragm than by the intercostal muscles.

Three weeks ago, menstruation, which had only just begun, was suddenly checked by an alarm of fire. This was shortly before bed-time. The next morning, after a very sleepless night, the state had become what it now was, and so it had remained ever since. Before this time, it appears, menstruation had always been scanty, and attended with a good deal of pain and weakness in the back and legs, so that it was difficult at this period "to hold up and get about." The patient was never pregnant; and, though often weak and ailing, she had never before been obliged to remain in bed, even for a single day. Neither was there anything very obviously wrong in her family history.

During the next four months the power of voluntary movement returned slowly and steadily, first in the arms, then in the trunk, and lastly in the legs; and at the end of this time it was possible to stand and move about. The tingling in the fingers and toes disappeared within the first fortnight, and so did the aching in the back and limbs; and these feelings did not reappear, except to a small degree and for a day or two at each of the menstrual periods. There never was any trouble either with the bladder or with the bowel all the time she remained in the hospital, which was up to December 3rd; and the only difficulty to be dealt with in the course of the treatment was an occasional slight attack of asthma at night. The treatment pursued was chiefly rest, good living, hypophosphite of soda, nux vomica now and then in small doses, and cod-liver oil.

Progress of Medical Science.

SURGERY.

FRACTURE OF RIBS WITH EMPHYSEMA: EFFECT OF REST. An old man, aged 71, had his ribs broken by a kick from a horse. There was, on his admission into hospital the next day, considerable effusion of blood at the seat of injury, and emphysema extending to the neck, a part of the chest, and the right arm: the following day, the emphysema had reached the forearms and thighs. No apparatus could be applied; and the only treatment employed was rest, with iced drinks for some days. The symptoms gradually disappeared, and the man left the hospital free from all emphysema, and having only an enlargement in the back, the unabsorbed remains of the effusion. His expectoration still contained some traces of blood. (*Journal de Méd. et de Chir. Prat.*, Dec. 1866.)

MODIFICATION OF SYME'S AND PIROGOFF'S OPERATION. Dr. Post, on behalf of Dr. Isaac Quimby, of Jersey City, exhibited the result of a new operation, in the person of a lad aged about ten years, whose foot had been badly crushed some four months ago. The operation may be described as follows. A curvilinear incision is made across the dorsum of the foot, commencing anterior to and about an inch below the internal malleolus to a corresponding point on the opposite side, and these are connected on the sole of the foot after the method of M. Pirogoff. After forming the anterior flap and turning it back, the astragalus is carefully dissected from its attachments, care being taken to keep close to the bone. Then forming the posterior flap from the sole of the foot, and keeping close to the bone, the anterior half of calcaneum is dissected out. This being done, and the soft parts being well retracted by an assistant, the saw is applied so as to remove the anterior half of the bone; then, after rounding off the sharp edges of the bone, and removing any spicula, the posterior half of the bone is applied directly to the articular surface of the tibia. After stitching up the flap in the usual way, a strip of adhesive plaster, three inches in width, extending from the upper portion of the gastrocnemius muscle to a corresponding point on the anterior surface of the leg, and passing directly over the os calcis, keeps the flaps closely and pretty firmly in apposition to the articular surface of the tibia. The plaster is kept there until union between the bones has taken place. The adhesive plaster and the manner of using it is regarded as a very important auxiliary in the treatment, as it effectually prevents the retraction of the muscle of the calf and the gaping of the wound. In the present case the patient was able in six weeks to bear some weight upon the stump, in two months could walk quite well, and in three months was going to school, running and playing with the rest of the boys, with but very little apparent inconvenience, and without any artificial assistance from crutch or cane. The first advantage of this operation over any other at the ankle-joint is, that the vascular relations of the principal flap are much less disturbed, and there is therefore less danger of sloughing or of tardy and imperfect healing of the wound. The second advantage is, that the integrity of the tibia and fibula is preserved, and there is on that account a better chance for the growth and development of the limb in young subjects. The third advantage is, that the length of the limb, from the hip to the heel, is diminished to so slight a degree that the difference is scarcely appreciable. (*New York Medical Record.*)

RHEUMATIC IRITIS. M. Galezowski had under treatment a young man affected with rheumatic iritis of the right eye, subsequent to rheumatism. The disease had been treated in various ways during six months, when M. Galezowski applied sulphate of atropine to the eye, and gave quinine in large doses internally. The disease was cured in a fortnight. In another case, also of rheumatic iritis with painful swelling of the right foot, M. Galezowski gave sulphate of quinine successfully. From these and similar facts, he concludes that sulphate of quinine is one of the most efficacious remedies for rheumatic iritis. (*Gaz. Méd. de Lyon.*)

COCCYGEAL CYSTS. At a meeting of the New York Pathological Society, Dr. Buck presented two cysts removed from over the coccyx of a young woman, aged 20. One, which was larger than the other, was subcutaneous; the smaller one being afterwards brought into view. The patient had had a lump in the region referred to since she was five years of age. Previously to her admission to the hospital last summer, it had increased rapidly, and became a source of discomfort and more or less suffering. It fluctuated, and was opened, and discharged twenty-two ounces of fluid having the appearance of pus. After this was done, the cyst rapidly contracted, but remained open. On examination of the parts, an opening was found in the situation referred to, and in the line of