

Wright's cases was  $1\frac{1}{2}$  inch; in 35 cases treated without operation the average amount was 1 inch.

I do not doubt that, as operative surgery improves, the immediate results of excision will be greatly superior to those I have referred to. This is foreshadowed by the results reported by Mr. Barker and Mr. Pollard. They will be so good indeed, especially when the operation is performed early, that unless the results to be obtained without operation are kept well in view, excision will, as I venture to think, be much too commonly performed. It must be remembered that the mere healing of a wound does not show that an operation was the best thing for the patient, or afford any proof that it ought ever to have been undertaken.

The main defect of excision will lie in the ultimate result, as regards the usefulness of the limb, when this is compared with a limb in which no operation has been performed, and in which the joint, instead of having been removed, has been restored to that considerable degree of usefulness which can generally be secured by rest.

I believe it is now recognised by most surgeons that, although the immediate result of excision of the knee, in children, may be all that could be desired—the wound often healing by primary union, or at least very quickly—the ultimate result is unsatisfactory. The union between the bones gradually, in many instances, yields; the bones do not grow imperfectly, deformity ensues, and the functions of the limb are materially interfered with. It will, I venture to think, be much the same in the case of the hip. The wound may heal by primary union, and the earlier the operation the more probable will this form of union be; but deformity will often ensue, and the limb in many cases will be weak and deficient in usefulness. In short, it will be seen in both cases alike—in the knee and in the hip—that when one of the principal joints of the lower extremity has been removed during childhood, the patient has been seriously crippled.

## CLINICAL MEMORANDA.

### HERPES ZOSTER.

MR. HENRY TAYLOR'S letter on herpes in the JOURNAL of July 6th makes me think that this case may be of interest to some of your readers, as it occurred within a few miles of Guildford.

On June 20th a young man came complaining of tenderness over the front of the left thigh, but not of pain except on pressure: a cold sponge felt hot and burning.

In twenty-four hours hyperæmia appeared over a patch an inch and a half in diameter, followed by eruption of vesicles in the line of distribution of the middle cutaneous nerve. This was followed by similar conditions in succession, lasting through six days, in the lines of the internal and external cutaneous and small sciatic nerves of the same thigh. One patch of hyperæmia developed, not into vesicles, but a discoloration as of a bruise.

Accompanying the whole attack there was tenderness and pain over the long sciatic nerve from the left side of the sacrum to the foot; there was also deep-seated pain in the hip.

The interest lies in the number of cases which have occurred in this neighbourhood, in the formation of the bruise, in the affection of all the cutaneous nerves in the thigh, and in the absence of vesicles in the leg, although the sciatic nerve seemed to be affected.

FREDERICK N. BROWN.

Woking.

### TWO CASES OF GONORRHOËAL ARTHRITIS.

CASE I.—A sailor, aged 22, contracted gonorrhœa a week before sailing from India; was much exposed during the last three weeks to severe weather, clothes often saturated for days together; on reaching port, went into hospital for two months, at the end of which he was sent to Harrogate; both knees affected, the right much more than the left; anæmia; muscles of thighs and legs gone to nothing; right knee enormously distended; joint full of fluid; peri-articular surface œdematous; no movement possible; pain, dull aching, increasing at night. Urine loaded with lithates and uric acid; bowels confined; no fever, no urethral discharge. Both knees were smothered in cotton wool, and a six-yard flannel bandage firmly applied. He took two twelve-ounce tumblers of the old sulphur water an hour before breakfast as an aperient,

and an eight-ounce glass of the mild sulphur water at midday; in a week the swelling and effusion had greatly diminished and the pain had ceased. Passive motion of joints with slight massage employed. At end of second week was able to go to the baths, where the hot sulphur douche was played on both knees for three minutes to each; after the douche, joints were well rubbed with camphorated oil. This treatment was carried out for six weeks with the most satisfactory result; left knee well, right slightly enlarged but fairly movable. He left Harrogate, and in twelve months returned, after a voyage round the world as second mate, as strong and active as if he had never had arthritis.

CASE II.—Gentleman, aged 32, of highly nervous temperament and delicate constitution, contracted gonorrhœa three months before he was sent to Harrogate in March, 1889; had slight gleet, was perfect cripple, and unable to be dressed. Right knee only affected; presented the same anatomical characters as Case I; there was the same wasting of muscular substance from hips downwards; no pain; no fever; all the functions were healthily performed and appetite moderate, still he looked bloodless and felt depressed; could not do more than crawl from his bed to his sofa, and whilst the left knee was free from disease, the muscles of the thigh and leg were just as much atrophied as those of the right. The same treatment was enforced. After my second visit I left for a fortnight's holiday, my son taking charge of the case. On my return I was astonished to find my patient up and dressed, with patent leather boots on, and walking about with comfort, although cramped in knee action. At the end of five weeks he returned to town, and resumed his place as a business man, perfectly restored in health. The only point I would call attention to is the extraordinary trophic changes we find in gonorrhœal rheumatism; locally we have the same train of structural changes which may arise from a blow, chill, pyæmia, or ordinary rheumatic arthritis, but except in gonorrhœal rheumatism I never have seen such loss of nutrition in the groups of muscles above and below the affected joint, and the wasting is both sudden and persistent, and to my mind points clearly to the view expressed by various authorities that here we have certain centres of the cord and brain somehow or other partially paralysed by the reflex sympathy existing between them and the inflamed urethra; the wasting in the muscles of the limb not affected with the special joint mischief is decidedly in favour of that opinion.

Harrogate.

A. S. MYRTLE, M.D.

### CASES OF "LARVÆ" PASSED PER ANUM.

WITH reference to the article by Dr. James Finlayson in the JOURNAL of June 8th, I have met with a case in which larvæ somewhat similar to those figured were passed from the bowels; in my case they were more like maggots of half the natural size, and were passed in large quantities. I reared a couple, and, after a week or more, they hatched. The flies were similar in outline to those figures; they had bluish bodies and more delicate outline; the wings more set back, and very transparent.

I regret I lost sight of the specimen, owing to the vagrant existence one lives in this country. I attributed their existence to the drinking of impure water. By the free use of purgatives and injections of strong quassia infusions the patient was soon freed, and has not had a recurrence. The fly is very common here, and can often be seen at any stagnant pool; agile and wary, it is a difficult matter to catch one. I do not believe that entrance to the bowel could have been obtained by deposition on the anal orifice.

Jamaica.

JAS. A. L. CALDER.

THE interesting cases recently published by Drs. Finlayson and Fleming reminded me that I had met with a case of living larvæ passed by a child ten months old. I preserved one of them as a microscopic specimen. The child had several severe convulsive fits. A brisk calomel purge acted copiously. The motion consisted of the spinach-like matters so often passed after calomel, and of some very slimy-looking mucus, in which six or seven larvæ were actively wriggling. I selected three of them, and took them home in a bottle of water.

The child recovered, and passed no more. The larvæ were all alike in size, and very much resembled the maggots of the blow-fly, though I remember that their segments did not seem to be so strongly marked. After some soaking in turpentine I mounted the most transparent one in Canada balsam, with pressure, in the usual way. The balsam has become very yellow, but the speci-

men is quite as good as at first. In its present compressed state it is exactly three-eighths of an inch in length; the head pointed and the anal extremity truncated.

I do not remember upon what authority I suspected it to be *musca vesicaria*, but I showed it to no expert, being unaware of the rarity of the case.

Abergavenny.

NORRIS F. DAVEY.

## SURGICAL MEMORANDA.

### CASE OF TYPHILITIS CAUSED BY A DATE STONE SWALLOWED SIX MONTHS PREVIOUSLY.

H. F., farmer, aged 35, sent for me at 9 P.M. June 26th, 1889. I found him in bed suffering from the usual symptoms of obstruction of the bowels, abdominal pain, vomiting, etc. There was evidently an accumulation at the cæcum, and great tenderness on pressure at this point. He attributed his illness to catching cold from going to sleep on a damp fermenting haystack, and a few days previously he had eaten a quantity of cherries, but was quite certain he had not swallowed any stones. He had, moreover, for some time felt far from well, had had constant uneasiness in the bowels, and had had to take quantities of aperients. The day before my visit he took some strong pills, which gave him, as he expressed it, quite a "turn out."

The treatment consisted in opiates and hot application, followed by castor oil. The first dose or two of oil was vomited, but persevering with it he kept a dose down, and on June 28th a large accumulation of fæces was passed, which gave immense relief to all the symptoms. Sinking to the bottom of the vessel was a date stone; it was quite black, slightly eroded at the ends, and had evidently been some time in the bowel. Unfortunately, the improvement was only transient, an abscess formed very slowly, bursting into the bowel on July 5th. After this my patient made a rapid recovery.

REMARKS.—There is nothing remarkable about this case but the time the date stone must have been caught at the cæcum and remained there without producing very serious symptoms. The latest date at which H. F. partook of dates was at Christmas, 1888, which gives the stone six months' residence in the bowels. He also had no recollection of swallowing one.

Feltwell, Brandon.

ERNEST G. ARCHER, M.R.C.S., L.S.A.

## TOXICOLOGICAL MEMORANDA.

### POISONING BY "SICHERHEIT" EXPLOSIVE.

A SIMILAR case to the interesting one reported in the JOURNAL of July 20th by Dr. Sykes, of Mexborough, was brought to me by the manager of the "Flameless Explosive Company" on July 6th.

The man, E. P., aged 37, had always enjoyed good health, with the exception of occasional rheumatic attacks, and up to the present time had been an engine driver. He was first employed at the "Sicherheit" works on July 2nd, and was then quite well, and continued so on the 3rd; on these two days he was crushing and sieving the ingredients, and worked nine hours on each day. On Thursday and Friday, the 4th and 5th, he was "steaming" the mixture, and on the Thursday night he felt languid and did not sleep well, but had no sickness, diarrhoea, or headache. On Friday night he felt more languid, and had to stop on his way home several times "to get his wind;" he had pains across his chest and at back of head and neck, and "thumping" of his heart. He still feels weak, especially in his legs. His face had a bluish appearance, lips purple, and the mucous membrane of gums and inside of mouth blue and somewhat pale. The tips of his fingers and nails were white, bloodless, and cold, the bases of the nails purple. The heart's action was excited, sounds normal; respiration normal: expansion under clavicles somewhat deficient. The urine was very dark coloured; specific gravity 1006, acid, free from albumen, sugar, blood, or bile pigment. Careful analysis gave distinct evidence of nitro-benzene in the urine.

REMARKS.—I believe the vapour given off during the process of steaming the "Sicherheit" is either nitro-benzene or dinitro-benzene; a case of poisoning by the latter vapour is recorded in the *Lancet* of July 13th, as occurring during the manufacture of robruite. I gave my opinion that the man, E. P., was suffering from the poisonous effects of the inhalation of nitro-benzene vapour, and pointed out its dangerous effects upon man; and,

doubtless, the company will adopt means, either by ventilation or some mechanical process, to prevent the danger produced by its inhalation. The difficulty of breathing, languor, and weakness of the legs, together with the "thumping" and excited action of the heart, seem to point to a paresis of the respiratory and other nerve centres; but I have as yet heard of no case passing on to coma or death in this neighbourhood, although a fatal case is recorded in Dr. Swaine Taylor's work.

Rotherham.

HENRY JOHN KNIGHT, M.R.C.S., L.S.A.

## REPORTS

ON

### MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

#### GENERAL HOSPITAL, BIRMINGHAM.

#### CASE OF FRACTURED STERNUM: DOUBLE PLEUROPNEUMONIA IN A MAN AGED 64: RECOVERY.

(Under the care of Sir WALTER FOSTER.)

[Reported by T. SYDNEY SHORT, M.B., Resident Medical Officer, from the Hospital Notes]

D. C., aged 64, was admitted on May 20th, 1889, with urgent dyspnoea and pains in both sides of the chest. Pulse 120; respirations 58; temperature 103°. On examination it was found that he was suffering from pleuropneumonia of both sides; the lower part of the chest behind and at the sides was dull with bronchial breathing and crepitations. A loud friction could be heard and felt in the lower axillary region on the left side. He coughed violently and with pain in both sides, but that on the left side seemed to be the more severe. The lower part of the sternum from the upper border of the fourth costal cartilage moved with each inspiration on the upper, with distinct crepitation. Patient was a spare but fairly developed man, conscious, and answered questions, as far as his breathing would allow, rationally. He was very deaf, and, being greatly distressed, a woman, his landlady, who brought him in, gave the details of his illness. It appeared that four days before admission he fell downstairs, and afterwards complained of great pain in the front of the chest, in the back of the neck, and in the left side. His breathing was bad, and he got steadily worse until he was brought to the hospital. He had been feverish, very thirsty, and blue about the face, with loss of appetite and constipation.

On further examination it was noted that his tongue was large, white, and flabby, with dirty fur at the back. The abdomen was normal in appearance, without tenderness. Liver dulness reached from the sixth rib to the costal margin in the vertical nipple line, measuring vertically about three inches. Spleen appeared normal. Cardiac dulness was not increased upwards; the apex beat was in the fifth interspace, just internal to the vertical nipple line. Second sound much accentuated at the base on the left side. No murmur was heard. Pulse irregular, intermittent, full, and of good tension. Wall somewhat thickened. He was put to bed with hot bottles, and ordered a drachm of brandy every hour, with a morphine linctus for the cough and pain.

During the night his breathing became stertorous, and his face and hands dusky and blue. He was wandering and making a good deal of noise, but understood what was said to him when shouted into his ear. He was able to cough up sputum, which was muco-purulent; and he did not pass evacuations into the bed.

The next morning he was in much the same condition. His urine was of specific gravity 1020, acid in reaction, and contained a faint trace of albumen and an excess of phosphates. It was found that a pad of lint, with a piece of strapping about two inches wide, passing from between the fourth and sixth ribs on one side to the same position on the other side of the chest, to keep the pad in position, lessened to some extent the movement of the lower part of the sternum, and this was ordered to be applied and readjusted from time to time.

On the third day he was still in a very precarious condition. His pulse, however, remained of fair tension, though not so good as on admission; and he was ordered a drachm and a half of brandy every hour, and a mixture containing acetate and carbonate of ammonia and squill. There had been no evidence of