

were then brought together in the usual way; a long straight splint, reaching from the foot nearly to the axilla, was applied to the outside of the limb, having a deficiency opposite to the wound, where its place was supplied by an iron bar. There was still some inclination of the limb inwards. Water dressing was applied to the wound.

July 10th. He has been doing well; the limb is brought into a better position.

July 14th. The wound is looking healthy. The child's health is very good.

July 23rd. He has been progressing most favourably since last report.

REMARKS. The disease in this instance had proceeded so far as to render ultimate recovery doubtful, unless the child could have had the benefit of a residence at the sea-side, and great attention paid to his general health—advantages which it was hardly expected he would have been able to obtain; and, even if he could, the limb must have been, from its position, almost useless. Neither the symptoms nor the operation present any peculiar points of interest; but the subsequent restoration of the limb to its natural shape and position form an important subject. It was thought that the long straight splint, as above described, offered the best chance of securing this desirable object, as by its means gradual extension could be more effectually maintained, and any deviation of the limb from its proper position more easily rectified; while, at the same time, the interruption of the splint at the part corresponding to the wound greatly facilitated the daily renewal of the dressings, and removed all pressure. Much care was required for the first few days; and it was only by very gradually extending the limb, and the application of bandages, that complete success was attained. The patient is now free from pain; the shortening scarcely amounts to half an inch; and the limb is in an excellent position.

UNIVERSITY COLLEGE HOSPITAL.

STRUMOUS DISEASE OF THE ELBOW: EXCISION.

Under the care of J. E. ERICHSEN, Esq.

[From Notes by W. F. TEEVAN, Esq., House-Surgeon.]

THOS. M., aged 7½ years, was admitted into the Hospital July 8th. He had always lived in a salubrious locality, and never suffered from privation of food. He had three brothers and two sisters; these, together with the parents, are all alive and well. Although he appears in very good health, and is cheerful, yet there is a certain amount of struma about him. With a large head and plump cheeks, he has a small developed chest and limbs. He states positively that he is as stout now as he ever was. When at school four months ago, it was noticed that his left elbow began to swell gradually, and to become rigid. All this was unattended with pain or any derangement of health. About six weeks later, an abscess formed on the outer side of the joint; this was opened, and through the sinus diseased bone was discovered a few weeks afterwards. He was then sent down to the sea-side; and as, after his return, the arm was worse, and the disease increasing, it was determined to excise the joint. At the time of his admission, the left elbow was about twice the size of the right. Several sinuses led down to diseased bone. The apertures of the former were encircled with pale fungoid-looking granulations.

At 2 P.M., July 8th, he was placed under the influence of chloroform; and a T-shaped incision having been made, the joint was excised in the usual manner. There was nothing special to remark about the operation, except that the articular surfaces were found extensively diseased. Water dressings and a straight splint were then applied.

On July 10th, the lowly organised plastic matter around the joint assumed a sloughy aspect, and poultices were used for the four following days, at the end of which time it had entirely dissolved away, and healthy granulations were springing up. The arm was now put on an angular leather splint, and water dressing or red wash applied; and the boy was allowed to get up.

At the present time (August 2nd), the wound is all but healed. His health and appetite have continued good throughout; and, in the course of a day or two, the splint will be discontinued.

Original Communications.

SEQUEL OF A CASE OF PUNCTURE THROUGH THE ABDOMINAL PARIETES IN IMPASSABLE OBSTRUCTION OF THE BOWELS.

By Sir HENRY COOPER, M.D.Lond., Physician to the Hull Infirmary.

[Read before the British Medical Association, July 30th, 1857.]

IN February last I communicated to the *BRITISH MEDICAL JOURNAL* a case (with comments) of obstructed bowels, treated by puncture through the abdominal parietes. The subject of this history has since died from causes independent of the intestinal obstruction. I purpose now to relate the sequel to the Association, premising a very short review of the case, in order to connect the result with the previous history.

CASE. M. A. K., an unmarried female, aged 34, robust, healthy, and without apparent predisposition to disease, had experienced for many weeks difficulty in evacuating the bowels. This difficulty increased, with occasional attacks of colic, till December 1855, when I was requested to see her in consultation with Mr. J. H. Gibson. She had then been entirely without relief for ten days, and had had very imperfect evacuations for a much longer period. She was suffering from the ordinary symptoms of obstruction in an aggravated form, including meteorism, vomiting of suspicious matter, hiccup, and prostration. The usual means had been judiciously employed by Mr. Gibson during this period, and, in a modified form, were persevered in for two days longer, without relief, when, the patient being apparently moribund, and relief by ordinary means hopeless, an opening into the bowel was proposed and assented to. After much deliberation, we were induced, partly by the uncertainty as to the seat of the stricture, but principally by the patient's exhausted condition, to select the most prominent point of distension (which must necessarily be above the stricture), and puncture it with a large sized trocar. Immediate and complete relief was the result of this simple proceeding; the patient rallied and did well, recovering so far her health and strength as to have been able, at the time the case was communicated, to walk several miles, and to attend to her usual household duties. For the details of the management of the case, I must refer to the *BRITISH MEDICAL JOURNAL* of February 21st, 1857, where the precautions deemed necessary to secure success, and the advantages held out by this operation over the opening of the bowel in the loin, and especially over gastrotomy, are fully discussed.

In March of the present year (fifteen months after the operation), Miss K. began to fail in flesh and strength; her appetite left her; and she had feverish attacks, with much abdominal tenderness. In May, while making an extraordinary effort in moving some heavy article of furniture, she felt "something give way" in her body; and from that time her symptoms steadily and rapidly advanced. A tumour for the first time became perceptible above the pubes, occupying the position and having something of the feel of a gravid uterus; the tenderness increased, with some distension. Once only in the course of this last illness was any interference necessary with the artificial opening into the gut. It was examined with the finger, which it readily admitted; and some scybalous accumulations were washed out of the distended bowel into which it directly opened. After this no further difficulty was experienced. The tumour increased quickly, with severe constitutional symptoms; aphthæ, and the usual symptoms of failing vital power, showed themselves, and she died on June 10th.

Twenty-four hours after death, a *post mortem* examination was made. The body retained considerable embonpoint; the abdomen was much distended, and partially tympanitic; there were several pints of effused fluid, with floating flakes of lymph, in the peritoneal cavity; but no other marks of recent serous inflammation. A large mass occupied the lower part of the abdominal cavity, reaching nearly to the umbilicus; its size equalled that of the adult human brain, and its appearance so similar that it might almost at first view have been mistaken for that organ. On section, it presented all the characters of cephaloid cancer; in the interior, and toward the lower portion, were several cells of the size of walnuts, filled with gelatinous fluid. There was much difficulty in tracing the connexions and origin of this mass, so much were the character