

where, in the one case menorrhagia, in the other amenorrhœa, preceded the breaking up of the general health.

With respect to the remarkable and profuse vaginal discharge in the first patient, I conclude that it consisted chiefly of softened tubercular matter. For cases confirmatory of this supposition, I must refer the reader to the writings of Carswell and Louis. The loading of the Fallopian tubes with strumous deposit, and their consequent dilatation and tortuosity, seems to have been observed more frequently than the occurrence of the same deposit in the uterus itself. Ulceration of the vagina, such as was noticed in Case II, is rare; and when it does take place, it is generally due to the action of the discharge, which, as first stated, probably consists of softened tuberculous matter. In Case I, faecal matter was found in the recto-uterine pouch of the peritoneum, owing to the extensive ulceration which had taken place into the gut. That this is not of very frequent occurrence in serofulous disease, is evident, as Dr. Watson (vol. ii, p. 182; third edition) says that *only once* has he known it to happen.

These brief remarks I think sufficiently point out the comparative rarity of cases like the above. If reference is made to Mr. Ancell's Table, showing the frequency of the development of tubercles in the various organs of the body in upwards of one thousand cases, and the relative frequency in each organ, a mere fractional part of the whole number will be found to come under the head of "Female Organs of Generation". Yet, as Mr. Ancell candidly owns, this table is only one step in the right direction: and we quite agree with him that the adoption of the numerical method on a far larger scale, and an uniform plan for the registration of *post mortem* appearances, are absolutely necessary in order to arrive at correct conclusions as to the relative frequency of tubercles in the different organs.

## II. GANGLIONS IN RELATION WITH THE RADIAL ARTERY.

Under the care of PRESCOTT G. HEWETT, Esq.

M. CHASSAIGNAC has recently, we believe, directed attention to the fact that ganglions lying on the outer side of the wrist are sometimes situated beneath the radial artery, and that care is required in these cases to ascertain the position of this artery before a puncture is made. Two instances have recently been under Mr. Prescott Hewett's care, which illustrate the truth of this observation. In both, ganglions connected, in all probability, with the tendon of the supinator longus muscle, were observed to have raised the radial artery, which could be felt pulsating on the superficial surface of the swelling. In one case, that of a boy six years of age, the swelling was of small size; it was punctured at one side beneath the artery, and was soon cured. In the other case, that of an adult, the swelling was of large size. No treatment was adopted, as the man was only passing through London.

## ST. BARTHOLOMEW'S HOSPITAL.

COMPOUND FRACTURE OF THE THIGH, WITH INJURY TO, AND ABSCESS IN, THE OPPOSITE KNEE-JOINT.

Under the care of E. STANLEY, Esq.

[From Notes by E. BARKER, Esq., House-Surgeon.]

THOMAS J., aged 10, was admitted under Mr. Stanley's care in the evening of September 30th, on account of an accident in which his right leg had become entangled in the spokes of a cabwheel. He had suffered a compound fracture of the right thigh a little below the junction of the upper and middle third. The fracture ran in an oblique direction, and the upper fragment was protruding from the wound. There was much collapse; both limbs were cold. In the left leg (which was much bruised, in consequence of his having been dashed against the ground), the tibial arteries could be felt pulsating feebly, but no pulsation could be felt in the other limb. He was said to have lost much blood, but there was no great hæmorrhage at the time of his admission. The boy complained of feeling drowsy. As it seemed doubtful whether the artery had not been wounded, Mr. Stanley was sent for. Before his arrival, however, the pulse had reappeared in the tibial arteries of the injured limb; the idea of the necessity of amputation was therefore abandoned, and the limb was put up in splints, extension having been made under chloroform. Effusion into the knee-joint came on in the course of a few days, leading to the suspicion of fracture of the lower epiphysis of the femur. His situation, however, of course precluded any examination. He remained in a very listless, languid condi-

tion, exceedingly irritable and tender to the touch everywhere. On October 5th, the left leg was seen to be excessively œdematous and swollen, with much blood effused all around it. On October 8th, effusion was noticed in the left knee-joint, and there was a sensation of fluid at the lower part of the thigh. He was ordered nourishing diet and port wine; and an incision was made on the outer side of the limb, down to the tendon of the rectus muscle. This, however, did not give exit to any matter. On the 12th, more incisions were made, in the hope of finding matter in the neighbourhood of the joint which was setting up irritation and causing effusion in its cavity; but, as this was frustrated, it was determined to open the cavity of the knee-joint, which was accordingly done on October 19th, when a quantity of purulent fluid was evacuated by a free incision into the outer side of the knee. Things went on after this pretty well till November 1st, when, as the house-surgeon was going round the ward, he observed that the boy was unnaturally pallid, and, on turning down the bedclothes, discovered that he had lost a very large quantity of blood from the wound of the compound fracture. The source of this hæmorrhage remained obscure; it had ceased before it was discovered, and therefore, of course, no steps were then taken to find the bleeding vessel; and it did not recur. Since then he has been going on quite well. The wound in the knee-joint, after having remained open for more than three weeks, had been, on the last report (November 23rd), closed for some days; and an attempt was about to be made to restore the movements of the joint by passive motion. The fracture is in process of consolidation.

REMARKS. We hope to give the termination of this interesting case at some future time; meanwhile, what we wish to call our readers' attention to is the difficulty which was at first experienced in deciding whether the artery was wounded or not. The total absence of pulse in the artery of the injured side, while that in the opposite artery was plainly felt, would have led, if too hastily acted on, to a conclusion which would, in all probability, have been found erroneous. The hæmorrhage, which occurred so long after the accident, was not clearly proved to have been arterial, and might have been caused merely by some accidental change of posture, or other slight cause; still, coupled with the other features of the case, it was suspicious. Mr. Stanley mentioned at the time that he had seen instances in which the pulse had been suspended temporarily in arteries of injured limbs, and where the spontaneous restoration of the circulation had shown that this had been the result of some temporary loss of tone from contusion, and not laceration. The child's recovery appears now almost certain; and we hope to have to report that the motion of the injured knee has been restored—a circumstance which does occur in childhood not very unfrequently, after abscess in the joint.

ERRATUM. In last week's Report from St. Mary's Hospital, at p. 964, column 1, last line but two of Case IV, for "cuticular" read "articular".

## Original Communications.

### DIPHTHERITIC CONJUNCTIVITIS.

By AUGUSTIN PRICHARD, Esq., Surgeon to the Bristol Royal Infirmary, and the Bristol Eye Dispensary.

I CAN find in no systematic or other treatise on the Diseases of the Eye which I have had an opportunity of examining,\* a description of a pathological state which I wish to bring before the notice of the Association, and with which I and doubtless many of my fellow associates have been familiar for some years. Writers upon ophthalmic surgery must have noticed it, if they were practically acquainted with their subject on an extensive scale; but they do not appear to have considered it a disease sufficiently distinct to require a separate description. I allude to acute conjunctival inflammation, with fibrinous

\* I have looked through, for this purpose, the authors named in the following formidable list:—Demours, De Sauvage, Guthrie, Wharton Jones, Jüngken, Lawrence, Mackenzie, Middlemore, Morgan, Sanders, Scarpa, Slade, Vetch, Walker, Ware, Wardrop, Warner, Watson, and Weller; besides the "Cyclopædia" and "Library of Medicine", the "Dictionnaire de Médecine"; and West, Underwood, Evanson and Mansell, and Syer, on the Diseases of Children; and other general works on the practice of medicine and surgery.