

accompanying hectic, had placed the patient in a very precarious condition.

Mr. Hill operated by making a curtain flap of integument anteriorly, and a short posterior flap of the same structure. The femoral and smaller arteries were secured by torsion, and but little blood was lost in the operation.

Mr. Hill afterwards, exhibiting the specimen, showed that the disease primarily commenced in the tibia, and extended to the upper articular surface. The joint was totally disorganised, and the bones in many parts were eroded. He alluded to a similar case in which he had performed the same operation about fourteen months previously, but there the progress of the disease was not quite so rapid, and the man was forty-five years of age. He believes that a specific blood poison, such as pyæmia, had given rise to the mischief, and in illustration mentioned an analogous case—that of a woman, under the care of Dr. Brinton in the year 1860, who, after a severe attack of variola, had acute necrosis of the entire femur, implicating both hip- and knee-joints. The specimens of these cases were to be found in the museum.

WEST LONDON HOSPITAL.

A CASE OF DELIRIUM TREMENS; FAILURE OF HYDRATE OF CHLORAL TO PROCURE SLEEP.

(Under the care of Dr. FREDERICK SIMMS.)

THE following case, from notes supplied to us by Mr. G. Herbert Wade, house-surgeon, would seem to be an instance in which the hydrate of chloral, which has generally been found very useful in delirium tremens, failed to exercise its usual soporific influence.

John G—, aged thirty-three, married, gate-keeper on railway, admitted April 16th, 1870. The patient had met with an accident some time back, which necessitated the removal of the left leg, just below the knee. About a week or so ago, whilst suffering from the effects of another accident, he was attacked with symptoms of delirium tremens, and was sent to the hospital.

On admission he had a full, frequent pulse, a sulky look, skin hot, eyes presenting a watery appearance, pupils natural. He seemed to have a difficulty in unfastening his clothes. He answered simple questions rationally, but could not give any account as to his injury. Was ordered half diet, and a pint of beer, and twenty grains of hydrate of chloral every six hours.

April 16th.—11 P.M.: Has taken two doses of hydrate of chloral. Is excited, and talks very much. Fancies railway trains are running over him, and that he sees dead children about him. Pulse 92.—2 P.M.: Very violent indeed. Difficulty in keeping him in bed. Forty grains of hydrate of chloral in two ounces of brandy; no result. Twenty grains more, in one ounce of brandy, were then given, after which he was quiet for half an hour.

17th.—11 A.M.: Has had no sleep. Pulse 124; tongue coated. Is so restless and excited that it has been necessary to have a man to watch him. Is continually picking the bed-clothes. Has taken two eggs for breakfast. To have half a pint of beer every three hours.—9 P.M.: Not quite so restless, but has had no sleep. Takes his food well.

18th.—11 A.M.: Pulse 120. Has been very violent all night, and shows no signs of sleep. Ordered half a pint of beer every three hours, with forty minims of solution of morphia in it. Bowels not open. Ordered five grains of compound colocynth pill.—9 P.M.: Has had three doses of morphia with his beer. Pupils are contracted, and he seems inclined to sleep. The hydrate of chloral has been discontinued since the morning, and he is to continue taking the morphia and beer during the night, if awake.

19th.—11 A.M.: Slept from ten last night till five this morning. Is very quiet, and talks rationally. Feels weak. Tongue is clean, and not tremulous. Pulse 112. Bowels have acted twice. Pupils contracted. Is not to take the morphia unless he becomes restless. Ordered full diet, three pints of beer, and quinine.

19th.—9 P.M.: He is quite quiet and rational. Pupils natural. Has eaten well.

20th.—11 A.M.: Pulse 100. Going on well.

He continued to improve, and was discharged, well, on the 27th.

Provincial Hospital Reports.

BRISTOL ROYAL INFIRMARY.

OCCCLUSION OF THE FEMORAL ARTERY FOR POPLITEAL ANEURISM; LIGATURE REMOVED IN SEVENTY-TWO HOURS.

(Under the care of Mr. AUGUSTIN PRICHARD.)

A SHIFTING LIGATURE was applied to the femoral artery in the following instance by means of an instrument which is described by the reporter of the case, Mr. W. T. Benham, dresser.

Daniel L—, aged nineteen, farm labourer, was admitted on Sept. 20th, 1869, with a well-defined popliteal aneurism on the left side. Forcible flexion, compression of the femoral artery by tourniquets, and forcible extension having been severally tried, without success, Mr. Prichard decided to occlude the femoral artery by means of an "arterial compressor," which he ordered to be made for the purpose. This little instrument is a hollow metal tube in the form of a cross, three inches in length, and about the bore of a No. 8 catheter. The ligature (which may be of almost any sort, but in this case was plaited horsehair) is firmly fastened to the cross-piece, the free end being then passed in at the mouth of the tube, down through it, and out at the other extremity, when the instrument is ready for use. The mode of applying it is as follows: The free end of the ligature is passed round the artery by means of an aneurism-needle, then up through the tube, and out again at its mouth; it is then pulled sufficiently tight to occlude the artery completely, and is firmly fastened to the cross-piece.

Nov. 15th.—1.30 P.M.: The patient having been put under chloroform, Mr. Prichard dissected down to the femoral artery in the usual manner, and without the slightest difficulty applied the compressor in the way indicated above. The compressor was then placed so as to project obliquely at the upper part of the wound, which was brought together by horsehair sutures. A strip of lint soaked in compound tincture of benzoin was applied over the wound, and the limb was enveloped in cotton-wool and bandaged. The patient was removed to bed, and hot-water bottles placed on either side of the leg.

18th.—1.30 P.M.: Patient has passed a good time since the operation, with little or no constitutional disturbance. Tongue clean; pulse 80, good; temperature 98° Fahr. On examining the wound, it was found to be healed by first intention, excepting at the spot where the compressor projected. Mr. Prichard then proceeded to remove the instrument, which was easily done by cutting through the two ends of the ligature which projected from the mouth of the tube and were fastened to the cross-piece. A little oil was then poured down the tube and it was steadily pulled out of the wound, leaving the two free ends of the ligature projecting in its place. One of these was cut off as close to the artery as possible, and, traction being made at the other end, the ligature was at once removed. No pulsation could be felt in the tumour or in the femoral artery below the seat of occlusion; but, from anastomotic circulation being fairly established, the tibials pulsated slightly. The small wound that was left was brought together by a piece of sticking-plaster, and healed in due course, and the patient was discharged cured.

BRISTOL GENERAL HOSPITAL.

A CASE OF PSOAS ABSCESS.

(Under the care of Mr. GEORGE F. ATCHLEY.)

THE treatment of psoas abscess is in general of a most unsatisfactory nature; for the patient usually lies upon his back for many weeks, perhaps, without much actual pain, though with great mental anxiety, the effect of long-deferred hope. When at length the abscess breaks, there is rarely any expectation of a favourable termination of the case; on the contrary, a more or less speedy death from exhaustion may be anticipated. The following short notes of a case of this kind indicate a plan—an adaptation of Prof. Lister's practice—which may reasonably be expected, Mr. Atchley thinks, to furnish a more successful result.

W. H.—, aged twenty-eight, a country labourer in good condition, was admitted on the 5th of March, 1869, with a large fluctuating tumour in the upper and fore part of the left thigh, communicating, under Poupart's ligament, with another similar swelling, extending into the abdomen, along the line of the psoas muscle. The patient was unable to bend any of the lumbar and two or three last dorsal vertebræ. After resting in bed six weeks, the tumour was found to be considerably increased in size, and the contents appeared to be making their way to the surface.

The following plan was then carried out. The patient was put into a warm bath, to which was added a solution of carbolic acid sufficient to give off a very perceptible odour (about two pints of solution 1 to 30). A valvular incision was then made under the water, over the most prominent part of the swelling, and the evacuation of the contents of the abscess aided by slight pressure. As the water became opaque by the discharge of the pus, it was partially turned off, and more water and carbolic acid added as required. Lint, saturated with the same acid and oil, was then applied to the wound, and the part bandaged, and great care taken to maintain the part under the carbolic bath throughout the operation. The wound healed in a few days. The abscess subsequently twice refilled, and a similar procedure was effected on each occasion. After the third evacuation the wound discharged small quantities of perfectly sweet matter for three weeks, and then healed permanently, and was followed by no refilling of the abscess.

The patient was discharged, well, on August 30th, just four months and a half after the first operation. He was seen a few weeks ago, when he was in full work and apparently perfect health.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

FOREIGN BODY IN TRACHEA; TRACHEOTOMY.

(Under the care of Mr. T. M. BUTLER.)

THE following case, reported by Mr. Flower, house-surgeon, is not remarkable for the operation, but chiefly for the length of time the foreign body (and that, moreover, having one end jagged and sharp) remained in the trachea, and, violently thrust upwards with every expiration, set up for some days such very trifling irritation. The boy did not present himself at the hospital until five days after having swallowed the presumed bead, and then certainly the symptoms had become urgent and alarming.

W. M.—, aged six, a stout little lad, was brought to the hospital on February 9th, 1870, at noon. He said that on Feb. 4th, at 10.30 A.M., he swallowed a bean-shaped bead, but it had not a hole through it. He has had some cough and slight irritation since, but the symptoms did not become alarming until this morning, when, on admission, he had constant cough, some heat of skin, and paroxysms of threatening suffocation. On placing the hand over front of neck, some hard body could be felt to knock violently against trachea with either cough or expiration.

Was put under chloroform, and, the head hanging well back, a longitudinal incision about an inch and a half long was made in front of the trachea, and there being no hæmorrhage, the latter was opened, and, the edges of the opening being held apart by blunt hooks, the foreign body was coughed out. A piece of wet lint, cotton-wool and bandage were applied over wound, and the boy was put to bed in a ward well heated and steamed. The patient progressed most satisfactorily; some mucus was coughed through wound for a few hours after the operation, and he talked the same evening. The temperature never rose above 100° Fahr., pulse over 108, nor respiration over 28. Had meat a week after operation, and went out on February 24th, fifteen days afterwards, with wound quite healed.

The foreign body appears to be the drop of a jet earring, is solid, and has a piece of wire projecting from one end. It weighs 28 grains, and measures 11-16th of an inch in its longest diameter.

THE British Home for Incurables has received the munificent donation of £1000 from "C. D. T."

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 10TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ANALYSIS OF 184 CASES OF STONE IN THE BLADDER OF THE ADULT TREATED BY LITHOTRITY.

BY SIR HENRY THOMPSON, F.R.C.S.,
SURGEON-EXTRAORDINARY TO H.M. THE KING OF THE BELGIANS,
SURGEON AND PROFESSOR OF CLINICAL SURGERY TO UNIVERSITY COLLEGE HOSPITAL.

THE author presented a series of 184 consecutive cases of lithotritry in the adult, operated upon within a recent period; all treated by the same method and with the same instruments. He furnished all the most important details relating to each case, and presented the stone itself in almost every instance, preserved for inspection. His object was to make an impartial estimate of the crushing operation, to ascertain its real value, and its place amongst surgical operations. Although this had never yet been fully done, he regarded Sir B. Brodie's last communication to the Medical and Chirurgical Society as perhaps the most trustworthy and valuable record, so far as it goes, which exists on the subject. In order to accomplish this object, he had made carefully written records of every case; and he cited the following circumstances as necessary to be taken into consideration: that the 184 cases had been treated by a uniform method, within a comparatively brief period of time; that all were adults, and embraced much variety of constitution; that all the important facts relative to each were noted in a history of each one, which was attached to the paper as an appendix; and that a large proportion of the calculi were of considerable size. And the author believed he was correct in saying that so complete an opportunity for studying the results of lithotritry had not been offered hitherto, since, as far as he was aware, the data necessary for the formation of a judgment had not been presented to the profession, either in this country or elsewhere.

The results of the operation were discussed under the following heads:—1st. The rate per cent. of recovery after the operation, and the causes of death when it occurred. 2nd. The general condition of the patient after the operation. 3rd. The frequency of recurrence of stone after lithotritry.

The chief facts relative to the 184 cases were as follows. They were consecutive in point of time, no case being omitted; that all were adults, and mostly of advanced age; that they included many individuals of very feeble health and constitution; that they were chiefly British, although several were from other nations. The mean age of the 184 cases was no less than sixty-one years. The youngest was twenty-two years old. Only three were below thirty years. The oldest was eighty-four years. There were forty-six cases of seventy years and upward. With very few exceptions, all stones of an ounce and upward were reserved for lithotomy. All obviously below that were crushed. Not one case was refused operation, not one was left unfinished, and in no instance was an operation of lithotritry completed by lithotomy. The recoveries, reckoning every kind of casualty following the operation, were 93 per cent.; but omitting five cases of death, not by any means due to it, the mortality amounted to only 4 per cent. A second operation for recurrence of the stone was performed for thirteen of the 184 cases; 122 were uric acid and the urates; 16 were mixed; 40 were phosphatic; 4 oxalate of lime; 1 cystic oxide; and 1 pure phosphate of lime.

The important logical conclusion to be derived from the mass of facts considered was, that lithotritry is an eminently successful operation. For a certain number of cases, its success may be regarded as a certainty—absolutely without fear of any contingency, except such as attends the minor operations of surgery,—for example, the opening of a small abscess, or the passing of a catheter. For the author stated that he had never lost a patient in the whole course of his experience after crushing a stone which was no larger than a small nut; and this he considered was a size at which, with few exceptions, every stone ought to be discovered. But this very fact led the author to remark