only the proper structure of the testicle; but it seemed to him scarcely probable that inflammation, if attacking one of these organs, would not extend to the other, and under any circumstances it followed, almost of necessity, that an effusion of fluid from the distended bloodvessels would escape into the tunica vaginalis, and perhaps, also, into the tunica albuginea. Every surgeon who had punctured the testicle in acute orchitis must have observed that the escape of a small quantity of fluid along the groove of the needle was not unfrequently followed by instant relief of the pain and a diminution in the hardness of the testicle, and it had always appeared to him that the relief was analogous to that afforded by diminishing the tension of the eyeball in acute glaucoma. Mr. Macnamara further remarked that he could claim to speak with some degree of confidence on this subject, for, some years ago while riding, he was thrown forward on the pommel of his saddle, and injured his left testicle. Symptoms of orchitis soon set in. Happily having been informed by his friend, Dr. Herbert Baillie, only a short previously of the case of an artillery officer whose testicle had been punctured for orchitis after the plan recommended by Mr. Henry Smith of King's College, Mr. Macnamara got Mr. Culcliffe to run a grooved needle into the inflamed and injured testicle. The relief in his own case not only instantaneous, but was permanent, and for these and other reasons he said he had never hesitated to employ the same treatment on his patients. He himself had never seen any but favourable results follow this mode of treatment, though, of course, he was not prepared to say it was always curative. He added that he felt himself under a personal obligation to Mr. Henry Smith for having introduced into modern practice the plan of puncturing the testicle in cases of acute orchitis, and he could with confidence recommend his pupils to follow this treatment in similar cases, because there are few diseases in which pain can be more effectually and speedily removed.

TUNBRIDGE WELLS INFIRMARY.

UNUSUAL FRACTURES.

FOR the notes of the following remarkable cases we are indebted to Mr. Cleland Lammiman, house-surgeon.

CASE 1. *Separation of the basial epiphysis of the scapula.*—M. T——, a girl, aged five years, was taken to the infirmary by her mother on Dec. 6th. The mother stated that while walking with her child along the middle of the road she was suddenly surprised by the rapid approach from behind of a light cart. Seeing her danger, she violently lifted up the child by the forearm, and fled to the pavement.

Upon examination, no injury could be found in the upper extremity, but even upon taking hold of the child's wrist crepitus of a very marked character could be detected. There was nothing unusual about the shoulder, which retained its symmetry, but whilst the joint was being examined the crepitus seemed to be more intense, and as the shoulder-joint seemed quite uninjured, the inquiry was pushed to the scapula, the neck and spine of which, with all the processes, seemed unbroken. On passing the finger along the spine to the base, a fracture was discovered extending its whole length, separating, in fact, the whole basial epiphysis, with the exception of the posterior inferior angle, over which the latissimus dorsi played. The rhomboid muscles strongly drew the epiphysis towards the vertebral column, separating the fragments quite three-quarters of an inch. A figure of 8 bandage was placed round the shoulders, and the arms fastened in that position by a starched bandage.

CASE 2. *Horizontal fracture of astragalus, and dislocation of the foot outwards.*—T. C——, a stonemason, was moving a large flat slab of stone, when he found that he had allowed it to slant too much, and that he must release his hold. In doing this he made a great effort to escape, but the slab caught him in its fall, and jammed his foot against a smaller stone on the ground. Mr. Hemming, who saw the case, found the tibia and fibula quite uninjured, but the inner malleolus formed a large tumour on the inner side of the ankle, and the foot was dislocated much beyond the external malleolus. It seemed evident that there was a horizontal fracture through the astragalus, the lower fragment of which was retained by the astragalo-calcanoid ligament, and accompanied the rest of the bones of the foot in its dislocation outwards; the upper fragment was retained between the two uninjured malleoli. Upon placing him under the influence of chloroform, administered by Mr. Cambridge, the deformity was at once removed by extension, the foot returning to its position with an audible grating, and the other bones were found quite uninjured.

HÔPITAL DE LA PITIÉ, PARIS.

STRICTURE OF THE ŒSOPHAGUS; GASTROSTOMY; RECOVERY.

(Under the care of M. VERNEUIL.)

THE operation of gastrostomy was performed for the first time by Sédillot in 1849. Since then, this operation has been practised a large number of times in England, America, and in Germany, but before the present case it had never been followed by recovery. It is true that, in the great number of cases which have hitherto been recorded, the operation was undertaken where the stricture was due to some morbid growth of the œsophagus. The account of the case is briefly as follows:—

R. M——, seventeen years of age, of somewhat slender build and childish appearance, inadvertently swallowed on the 4th February, 1876, a solution of potash, which caused a very severe burning sensation in the throat. Strong fever came on, and deglutition was excessively painful, and almost impossible during a few days. After two weeks the œsophagitis subsided, but the youth continued to experience great difficulty in swallowing solid food. On the 31st of March he was admitted into the Pitié, into the service of M. Dumontpallier. Under the care of this gentleman, dilatation of the œsophagus was attempted during two months by means of various instruments, and finally, on the 24th May, seeing that the general condition of the patient was gradually growing worse, he was passed into the wards of M. Verneuil. At this time swallowing was almost impossible, and he threw up what he took after a short interval. He had lost a great amount of flesh, and was almost exhausted. The skin was cold and cyanosed towards the extremities, and the pulse was very weak. Hunger and thirst were persistant and very trying. Upon exploration the stricture was found to lie seven centimetres down, but it was found impossible to make way into the stomach. Nutrient enemata were given in order to gain time, but finding that the general condition was getting less and less satisfactory, M. Verneuil decided upon operative interference. A last attempt to pass the stricture, under chloroform, was made, and was crowned with success. This caused temporary relief, and allowed the patient to take some nourishment. On the 10th of July, however, the stricture became, seemingly without any reason, suddenly and completely impassable. The axillary temperature at this moment was 35° C. (95° F.)

The patient having implored M. Verneuil to do something in order to relieve him, it was decided to make an opening in the stomach on the 25th of July. Having taken all necessary antiseptic measures, an incision five centimetres in length, at the left limit of the epigastrium, parallel to and two centimetres from the cartilage of the eighth rib, was made. The several tissues were successively incised, and, lastly, the peritoneum having been opened, the stomach was laid bare. This organ was then drawn to the orifice of the wound by means of a pair of forceps, and firmly sutured to its edges, without an opening having been made. This method is superior to that in which the stomach is incised before being fixed to the edges of the wound, as in the former there is no danger of any blood falling into the peritoneal cavity. A buttonhole opening was then made in the wall of the stomach. A soft red caoutchouc sound was next placed in the stomach in order to keep the opening patent and to allow the free introduction of food. A plug was placed in the extremity of the sound, in order to prevent any air penetrating into the cavity of the stomach. Antiseptic dressings were then applied to the wound. Evening temperature, 35·6° C. Slight pain. Pulse normal. At midnight 140 grammes[1] of milk were injected, but they produced

[1] One gramme is equal to 15·4 grains.

vomiting, and a portion of it was thrown out by the tube in a semi-coagulated state.

July 27th.—Complains of some difficulty of breathing. Nothing wrong on auscultation. Complains always of pain. Pulse feeble; temperature low. Injection of bouillon and Bordeaux wine every four hours. Slight jaundice. Wound healthy.

28th.—Jaundice more pronounced to-day. No fever. Stomach painless. Bears the injections well.

29th.—Pulse and temperature higher; breathing freer; no cough.

30th.—General condition the same. Slight blush round the wound; no erysipelas.

August 1st.—From this date the patient continued to recover rapidly. He gained flesh, his cheeks filled out, and he became cheerful. The injections do not inconvenience him in the least.

15th.—Wound completely healed.

The following table gives an idea of the rapid manner in which the economy repaired its forces:—

July	26th.	Patient weighed	33	kilogrammes.[1]
Aug.	18th	,, ,,	34	,,
	21st	,, ,,	34·4	,,
	25th	,, ,,	35·5	,,
	31st	,, ,,	36	,,
Sept.	8th	,, ,,	37·5	,,
	14th	,, ,,	39	,,
Oct.	4th	,, ,,	40	,,
	20th	,, ,,	42	,,

The nutrient injections into the stomach only determine a sensation of cold or heat. The absence of saliva amongst the ingested articles does not seem to interfere with the functions of digestion, as every kind of food seems to be assimilated with an equal degree of facility. Eminent physiologists are now utilising this subject for the purpose of making researches on digestion. At a later period we hope to publish the result of their researches, and the ultimate issue of the operation, which, up to the present moment, may be considered a complete success.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE ordinary meeting of this Society was held on the 9th inst., Dr. Cotton, V.P., in the chair. Two communications were read, each dealing with isolated but rare cases, the one being a case by Mr. Hussey, of Oxford, of successful removal of a large parotid tumour of slow growth from a patient seventy-three years of age; the other a remarkable case of morphœa nigra and sclerema, by Mr. Gaskoin. Owing to the length of the latter's paper the time for its discussion was very limited, but an opportunity will be afforded for further debate on the subject of scleroderma at the next meeting of the Society, when another paper on the same subject is to be read.

Some plaster casts, illustrative of Mr. Spencer Watson's case of neurectomy, read on Dec. 12th, were exhibited at the meeting.

The following is an abstract of a paper on a "Large Pendulous Tumour from the Cheek, removed by operation," by Mr. Edward Law Hussey, F.R.C.S., senior surgeon to the Radcliffe Infirmary, Oxford. A gentleman, seventy-three years of age, was the subject of a parotid tumour of unusually large size, which had been growing slowly for more than fifty years, and hung down far below the jaw, and rested on the clavicles and shoulder. He had taken the opinion of a medical practitioner in an early stage of the growth, but never consulted one in subsequent years, notwithstanding the increase of the incumbrance and the attending deformity. In May last he had a sudden and alarming attack of hæmorrhage from the superficial vessels, and after this the tumour was observed to be growing more rapidly. After a consultation with Mr. Prescott Hewett, who concurred in the opinion given of the practicability of the operation, and advised the performance without delay, the tumour was removed by Mr. Hussey, and the patient recovered perfectly. The operation was attended with profuse and almost fatal hæmorrhage. Great difficulty was experienced in securing the large arteries in the pedicle. It was found to be impossible before operating to compress the pedicle in any way so as to arrest the hæmorrhage which was to be expected upon division of the vessels. In general structure the tumour seemed to be of the usual nature of parotid tumours; the older part was of firmer consistence and darker colour. It was free from cartilage, and from purulent or malignant deposit. The weight was three pounds avoirdupois. The preparation had not been preserved for minute examination.—Dr. BLACK mentioned that he had known Mr. Hussey's patient for upwards of forty years, and he corroborated the statement that even at that early period the tumour was present, although of small size. He had seen him on many occasions since, and had noticed the gradual increase in the size of the growth, and he could testify to the perfect success of the operation.—Mr. BEGLEY had also known the patient, and confirmed the account already given.—Mr. HUSSEY regretted that he had been unable to preserve the tumour owing to the friability of the growth and the circumstances attending the operation. Certainly the chances of the recovery from such an operation were very slight in a subject of so advanced an age, and when to this was added the risks encountered from hæmorrhage and the entrance of air into the veins, a favourable result could hardly have been anticipated. Had not the pedicle proved so tough he would have secured it by a single ligature before proceeding to the removal of the growth. He did not think that the chloroform had any effect in producing the collapse during the operation, which was due evidently to the profuse hæmorrhage. There was indeed such cutaneous anæsthesia that it was really not necessary to have administered chloroform at all except to calm the patient's fears.—Dr. BLACK added that the possibility of entrance of air into the veins during a surgical operation ought never to occur.

Then followed a paper "On a Case of Sclerema Adultorum," by Mr. GEORGE GASKOIN. The case was that of a married woman, aged forty, who experienced a mental shock when six months advanced in pregnancy, and was subsequently affected with certain stains or patches on various parts of the body, which had generally the character of morphœa. They were large in size, and in shade of colour mostly dark, but varying from dark-red to yellowish-white, with much diversity of tint. These patches were extremely hard, and were the seat of pain, anæsthesia, pruritus, and constriction. A certain proportion of them were marked by a notable subsidence of the central portion of the patch. There was besides a temporary œdema and condition of tenderness. The stains were far more numerous on the lower than on the upper limbs. The region of the head and face were alone exempt. The constitutional symptoms were not strongly marked, but assimilated to those of anæmia. During the course of the past year these patches have gradually disappeared, and have given place to an intense staining of the general integument, so as to rival the colour of a negress, but by no means with the same uniformity of tint, nor the same universality in its distribution. It affects the greater part of the body, but more the lower half and the limbs. It is attended by a condition of sclerema which answers generally to the sclerema of Thirial—i.e., the limbs are like logs of wood; they feel firm and icy cold, like those of a corpse, and the skin is tightly stretched, with a glossy, shining superficies. The sclerema affects not only the integument, but the muscles, aponeuroses, and tendons; the joints are painful and contracted, and there is also pain in the bones. The origin of the complaint seems to be tubercular. Certain knots or aggregations of tissue are found in the deep and superficial tissues. These run a certain course which anticipates the tension and the hardness; in the process of their development a blackness is added to the skin. The sclerema appears to be of a mobile character. It is true that all the limbs are affected and much of symmetry is discerned, but in point of time there is inequality; the invasion of these parts is not simultaneous. This disorder seems influenced by damp and cold; it appears to have

[1] One kilogramme is equal to 2 lb. 3 oz. 120 grains (nearly).