

35. *Reduction of a Hernia.*—Well-read surgeons will read with some surprise the statement made in the *Gaz. Hebdom.* (20th Nov.) that M. PERIERA communicated to the Surgical Society of Paris (Nov. 19th) a case of strangulated inguino-scrotal hernia reduced by a *new method*, which new method consisted in an assistant raising on his shoulders the legs of the patient, the head and shoulders resting on the bed. In this position M. Periera made the taxis and replaced easily the hernia. This method, all our readers know, has no novelty, but may be traced far back in the history of our art, and an excellent paper on this subject by Dr. Leasure was published in our No. for April last.

36. *Treatment of Orchitis by Absolute Rest.*—Dr. PONZONI furnishes an account of the great success which, at the Hospital at Lodi, has attended the treatment of orchitis, whether traumatic, idiopathic, or secondary to blennorrhagia, by absolute repose. Dr. Fiorani, the senior surgeon of the hospital, introduced the treatment some years since, under the belief that the cases which were said to recover under the use of collodion, nitrate of silver, etc., really did so in consequence of the immobility which accompanied these different modes of treatment. In 1872 he published twenty-two cases in which a cure was effected by this means alone. Since that time the practice has been continued, and Dr. Ponzoni now publishes twenty-eight additional cases, of which number sixteen were examples of blennorrhagic orchitis, five were idiopathic, and seven traumatic. To these are also to be added two cases of idiopathic epididymitis, and two cases of spermatitis, one blennorrhagic, and the other traumatic: making thirty-two in all. In two of the cases of blennorrhagic orchitis, repose was accompanied by the application of collodion in order to secure a greater quietude to the organ in consequence of the indolence of the patients, caused in one case by a cough, and in the other by abdominal pain. In two others the pain had been dissipated by rest, and the size of the testicle had become reduced, but, as the resolution seemed to be delayed, it was hastened by the application of ointments. In all the others simple repose sufficed, the medium time required for the cure being much less than that required by other modes of treatment. The rest has, however, been absolute, the patient not even getting out of bed to pass his evacuations, but remaining in the supine position, having the testis supported by a small cushion placed between the scarcely separated thighs. Under this procedure the patient feels some amelioration even by the next day; the pain and any febrile action that may accompany it soon subsiding, and the organ gradually recovering its normal size.—*Med. Times and Gaz.*, Nov. 7, 1874, from *Gazetta Medica Italiana*, Oct. 24.

37. *Dislocation of both Clavicles.*—Dr. A. H. CORLEY relates (*Dublin Journ. of Med. Sci.*, Oct. 1874) the following example of this rare accident. "Patrick B., æt. 13, was admitted into Jervis Street Hospital on the 30th January, 1874. He was a worker in a neighbouring printing establishment, and, a short time before his admission, his left hand was accidentally caught between the two cylinders of a printing press. His arm was rapidly drawn in nearly as far as the shoulder, and just as his side and head struck against the most projecting part of the cylinders, the machine was stopped. Another moment of motion, and the consequences can be imagined. On examination, the left arm was powerless, cold, dark, and contused from the wrist upwards; and towards the axilla, on the inner aspect of the arm, the subcutaneous tissues seemed to have been 'rolled up' into a projecting transverse ridge, but there was no breach of surface, whilst the bones of the arm, forearm, and hand were, strange to say, perfectly uninjured. He complained most of pain at the root of the acromion process of the scapula, posteriorly, and at that point there was considerable contusion and ecchymosis. By running the finger along the spine of the scapula a gap could be distinctly felt at the contused part, and by grasping and elevating the shoulders crepitus was elicited. There was much difficulty at first in ascertaining the exact position of the broken part of the acromion process, as, towards its clavicular end, nothing could be felt but a well-marked bony prominence, apparently continuous with the clavicle. On making a very care-

ful examination, a dislocation at the acromio-clavicular articulation was detected, the end of the clavicle being dislocated upwards, or, to use the most orthodox surgical phraseology, the acromion was displaced *downwards*, and the bony projection was really the end of the clavicle. The condition of the limb gave me much uneasiness, as no pulse could be felt at the wrist, and no throbbing of any kind existed below the axillary artery. The most remarkable part of the accident remains to be described. On the other, the *right* side, there was a want of freedom of motion in the whole extremity, and the boy complained of pain about the sterno-clavicular joint. On examination, the sternal end of the clavicle was discovered to have been dislocated *behind* the first bone of the sternum. It could be readily drawn out and replaced in its normal position, but would immediately slip back when left to itself. The bone had been driven *horizontally* backwards and inwards, but did not exercise any inconvenient pressure on the trachea or other important parts. It was at once evident that there would be a difficulty, if not an impossibility, in keeping the bone in its place, for the injured shoulder would not bear the pressure of a figure of 8 bandage—the only means of keeping the deformity reduced, and, besides, after a day or two, the pain and tenderness wore off, and the boy seemed to think he had quite sufficient power in using the extremity. In about an hour after the accident, the injured arm, having been wrapped in cotton, became warm again, and, although pulsation did not return, and was not felt in the radial artery till the fifth day, still the increase of temperature proved that, at least, collateral circulation was restored, and the danger of gangrene diminished. On the third day it was possible to apply a sling to keep the left elbow up, and a pad, placed over the end of the clavicle, tended, as much as possible under the circumstances, to restore the articulation to its normal condition. I am constrained to say that, when he left the hospital, after twenty-eight days' treatment, the *appearance*, both of that shoulder and the right sterno-clavicular articulation, would not bear, creditably, the survey of a critical eye; but as to their functions, I can only say that about a fortnight after the boy's discharge from hospital, I saw him in the street sliding down the *wrong* side of a ladder, from the third story window, in a manner that impressed me forcibly with the completeness of his recovery."

---

38. *Dislocation forwards of the Styloid End of the Ulna.*—Dr. T. E. PERNIX records (*Edinburgh Med. Journal*, Oct. 1874) the following case of this rare displacement. A man got his hand pushed in between the rollers of a planing machine, his forearm being drawn in likewise in a slanting direction. The rollers, placed one above the other, gave a little, so far saving the arm. The hand and wrist were much twisted. On examination, the limb had a curious appearance, there being a hollow on the ulnar side posteriorly, while in front, just above the wrist, a hard swelling was felt and diagnosed to be the styloid end of the ulna, displaced forwards.

The elbow being fixed, extension being applied to the hand, and pressure to the projecting bone, reduction was easily accomplished, the bone giving an audible click as it returned to its place. The forearm and carpus were then placed in two well-padded Gooch splints.

---

39. *Treatment of Chronic Strumous Synovitis, more especially of the Knee.*—Mr. RICHARD BARWELL, in an interesting article on this disease (*Brit. Med. Journ.*, Oct. 17, 1874), states "that the obstinacy, the reputed incurability of these cases depends not on too high, too violent an action, but on want of action—on insufficient power to continue onward the processes which have begun. Therefore joints in this condition are white and bloodless-looking, and their temperature, instead of being from two to three degrees higher than that of the other side, is frequently the same, and frequently lower. Therefore, I conceive that, to continue to keep such a joint at perfect rest, poulticed, or with lotions, is a mode of treatment much adapted to prolong such injurious inactivity; and I have for some long time past adopted frictions, pressure, passive and then active movement, with considerable success, as several cases I could report .