tenth day the right side of the chest was tapped, and forty ounces of purulent fluid withdrawn from the pleura. After this operation the breathing was much quieter, and the general condition of the patient improved. About the middle of June, two weeks after the paracentesis, the old symptoms returned, with all the physical signs of fresh accumulation of fluid on the right side of the chest. On July 1st a blister three inches square was applied over the seat of dulness. Under the repetition of this local treatment, and the administration of digitalis, bicarbonate of potash, iodine, and steel, and subsequently of cod-liver oil, the patient gradually improved; the effusion disappeared, and the respiratory sounds returned on the right side of the chest. On December 2nd the boy was discharged as cured.

UNIVERSITY COLLEGE HOSPITAL.

OPERATIONS BY MR. MARSHALL.

Syphilitic Stricture of the Rectum.—On Thursday, the 23rd of December, Mr. Marshall operated on a middle-aged woman for a tight stricture of the rectum very near to the anal orifice. There was a clear history of general infection, which had taken place some years before. Mr. Marshall stated, in some remarks made before the operation, that syphilitic ulceration frequently extends backwards from the genitals to the margins of the anus, and, in some instances, passes into the rectum. Syphilitic disease within the rectum manifests itself in the form of a round ulcer at the posterior surface of the bowel. This round ulcer often spreads laterally, and occasionally to such an extent as to form a narrow annular band of ulceration around the whole of the rectum, near its lower end. The condition of parts which results from the cauterisation of an ulcer of this last kind was well exemplified in the present case. The finger, when introduced into the bowel, came first upon a thin and fibrous constriction, above which was a narrow and annular groove, and then another tight constriction, thin and fibrous like the first. Mr. Marshall made several minute incisions into the edges of the strictured portions, and then dilated the narrow portion of the rectum by the finger, the expanding blades of a large pair of dressing forceps, and, finally, by the introduction of a fair-sized rectum bougie. Very little hæmorrhage was produced through this operation. Whilst this patient was on the table, Mr. Marshall removed from her right breast a tumour of the size of a small apple. This growth was hard, freely movable, and not infiltrated in the tissues of the breast, and connected with the outer margin of the breast by means of a tough and narrow pedicle. The absence of pain and other symptoms indicated pretty clearly a glandular tumour of the breast; but, after removal, its cut surface resembled very much that of a scirrhus and malignant tumour. Mr. Marshall proposed to submit a section of the growth to microscopical examination, as this was the unfailing test of the true nature of doubtful tumours.

Operative Treatment of Varicose Veins.—On the same day Mr. Marshall operated in the following manner on varicose veins of the right leg in a young woman. A bandage was first applied round the limb just above the knee-joint, in order to produce distension of the affected veins. Under the thickest masses of varix were passed large broad needles, resembling very much those formerly used for inserting setons. The sharp extremity of each of these needles was then detached; over the vein at the seats of puncture were placed small pieces of a thick gum-elastic tube, and the inner surfaces of the vein at these points were kept in contact between the broad needle below and the elastic tube above by means of a ligature applied in the figure-of-8 form. Small branches of the distended and varicose veins were then treated by the ordinary thin pin and suture. Mr. Marshall stated that it was his practice to remove the pins at the end of forty-eight hours, or at the end of the third day at the longest, leaving the pieces of elastic tube and the ligature *in situ*; and to apply a bandage to the limb. The cases treated in this manner have generally had a very good termination, the veins becoming ob-

structed by adhesive inflammation, and, in most instances, without the appearance of even a few drops of pus.

MIDDLESEX HOSPITAL.

MISCELLANEOUS CASES.

(Under the care of Dr. MURCHISON.)

Tapping of the Chest in Acute Pleurisy.—The patient in this case was a boy, aged seven years, whose chest was tapped on the twelfth day of an attack of acute pleurisy of the left side. There was a large effusion of serous fluid, which had forced the heart over to the right side, where its apex could be made out between the fourth and fifth ribs. The indications for the operation were a frequent, feeble, and irregular pulse, and great dyspnoea. Dr. Murchison stated that in cases of extensive pleuritic effusion, tapping is performed for several reasons. By an early removal of the serous fluid, the formation of pus in the chest and empyema may be prevented; the lung also has a better chance of recovering itself and of expanding if the surrounding fluid be removed before the solid exudation has formed firm adhesions. The main object of the operation, however, is the restoration of the position of the heart, as there is far greater danger in cases of pleuritic effusion, especially when the left side of the chest is affected, of the patient dying from sudden syncope than from asphyxia. The boy did very well after the operation; the left lung speedily expanded, and healthy sounds could be heard over nearly the whole of the chest. There was no tendency to a reaccumulation of fluid; and on December 19th the dulness, on percussion, was limited to an extent of two inches over the base of the left lung. The progress of this case to complete recovery has, however, been retarded by the manifestation of two unfavourable symptoms—a high evening temperature, reaching to 102.6° F., and occasionally to 103° F., and frequent profuse sweating. These symptoms, according to Dr. Murchison, may be attributed to one of two causes: either the fluid left in the chest has become purulent, or there may be a deposition of tubercle in the lung. The latter view, however, seems to be negatived by the healthy character of the lung-sounds over the left as well as the right side of the chest.

On Cardiac complications of Renal Disease.—The two following cases were recently under treatment at this hospital. A boy, eight years of age, after a very slight attack of scarlet fever, was admitted with general dropsy and albuminuria; and a middle-aged woman with long-standing fatty degeneration of the kidneys, and a recent attack of acute nephritis. In both these patients manifest symptoms of aortic valvular disease were presented. Dr. Murchison directed especial attention to the cardiac affection in these cases, for the purpose of showing that in valvular disease following morbid changes in the kidneys, the first lesion in all cases, and very frequently the only one, affects the aortic semilunar valves; whilst with acute rheumatism, on the other hand, the mitral valve is always the first to become implicated.

ST. THOMAS'S HOSPITAL.

CASES OF FRACTURE.

(Under the care of Messrs. SOLLY, LE GROS CLARK, and SIMON.)

DURING the past few months some interesting cases of fracture and dislocation have been treated in this hospital. Some presented unusual symptoms; in others some departure from the ordinary mode of treatment was rendered necessary. Mr. Churchill, the surgical registrar, has been good enough to give us a report of them, the first portion of which we publish herewith, reserving the remainder for future occasions. The order adopted is that followed in the standard nomenclature.

CASE 1. *Compound depressed fracture of skull, without head symptoms.*—J. M—, aged eight, was struck on the right