stone in the perineum, the half of a freshly killed chicken being the only dressing applied. At the time I attempted to close the opening by a plastic flap operation but without success. The patient was then treated with temporary benefit by an Arabian doctor who applied a hot iron wire to the fistula. Despairing of any good result the boy then went home. In the summer of 1897, however, he turned up again, having become a great nuisance to his friends by his foul condition. Having passed a catheter I fully excised the fistula (the patient being under chloroform) in its whole depth and freely opened the ureter, bringing the edges together deeply with silkworm-gut sutures. No catheter was tied in and healing by first intention took place, and in a few days the patient left us, apparently soundly healed. After the lapse of a year, however, the fistula opened up again, owing, as was afterwards discovered, to a small urethral calculus of the size of a grain of wheat which had lodged in the internal opening of the fistula and to pressure on the perineum from riding a donkey. I again cut down as before, finding the calculus in the fistula, and closed the wound with deep sutures. Unfortunately, however, healing did not take place. Later I opened the bladder suprapubically and attempted to drain it with a curved silver tube. This, however, caused so much irritation (not draining well) that it had to be removed. Owing to a severe attack of malaria nothing further was done. On May 18th, 1899, finding that no stricture existed I again opened the bladder, cutting down on a catheter introduced into the bladder and drained it by a straight rubber tube (No. 12) perforated at the sides, packing the wound with iodoform gauze, and at the same time freshening the fistula. The boy was kept lying half over on his face and the bladder drained very well. There was at no time any rise of temperature and on June 14th the fistula was soundly healed and all the urine was passed normally.

Acre, Palestine.

A CASE OF COMPLETE ANTERO-POSTERIOR DISLOCATION OF BOTH KNEES.

BY H. E. HAYCOCK, M.R.C.S. ENG., L.R.C.P. EDIN.

I VENTURE to send a short account of the above as I think few can have seen the injury which must be extremely rare.

On March 4th, 1899, a strong and muscular man, aged 31 years, employed to drive the engine connected with some brickworks near here, was oiling some bearings when his arm for some unexplained reason became entangled in the band which passes from the axle of the flywheel to the governors. His account shows that he was dragged to the axle and there performed many revolutions in a space about two feet from the ground. The noise occasioned by his feet striking the wooden floor attracted a fellow-workman who promptly stopped the engine. The band was found tightly bound around the patient's arm and had to be divided to release him. His boots were much shattered and one had lost its sole. On examination he complained of pain in both legs, more especially beneath the knees, and the condition of both was much the same and as follows. Anteriorly the tibiae were prominent with a large depression above. There was not much effusion. The patellae were freely moveable. Posteriorly the condyles of the femur were prominent and already (within an hour of the accident) there was considerable bruising. Both joints could be readily flexed. Both legs were congested and swollen. Reduction required a fair amount of force but was readily effected, and both joints resumed their natural shape. The after-treatment consisted of the application of back splints with icebags to the knees. The patient now has (four months after the injury) complete power of flexion and no pain in the joints, though he still suffers from a wound in one foot. He wears knee-caps and uses crutches.

Alfreton.

DEVON AND EXETER HOSPITAL.—At the quarterly meeting of the governors and friends of the Devon and Exeter Hospital held on July 25th it was decided on the motion of Mr. Bell that no patient or his friends should pay the whole or any part of the cost of a recommendation for admittance to the institution and in the case of any such payment the recommendation would be forfeited.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

ST. MARY'S HOSPITAL.

A CASE OF SARCOMA OF THE CAROTID SHEATH; REMOVAL OF THE GROWTH TOGETHER WITH PORTIONS OF THE CAROTID ARTERIES, INTERNAL JUGULAR VEIN, AND PNEUMOGASTRIC NERVE; RECOVERY.

(Under the care of Dr. SCANES SPICER and Mr. H. STANSFIELD COLLIER.)

FOR the notes of the case we are indebted to Mr. R. E. Hodgson.

A man, aged 59 years, was admitted into St. Mary's Hospital on Jan. 13th, 1898. He complained of "loss of voice" and of a swelling in the neck. The patient had never suffered from venereal disease. He had enjoyed good health until 19 weeks before admission, when he suffered from a severe cold and cough and his voice became hoarse. The hoarseness gradually became worse and he suffered from attacks of difficulty of breathing which came on nearly every night and lasted for some hours. The attacks were attended by noisy stridor and some of them were severe and accompanied by epigastric recession. The patient was under the care of Mr. Clarke of Horley who discovered a swelling in the left side of the neck and attributed the attacks of dyspnoea to irritation of the recurrent fibres of the vagus nerve. Iodide of potassium was given and the patient was sent to London to be seen by Dr. Spicer. The patient was shown at the meeting of the Laryngological Society on Dec. 8th, 1897, when the lump in the neck resembled a mass of enlarged matted glands. For a few days before admission the patient had been free from attacks of dyspnoea, but he said that the cough was as bad as ever. While the patient had been under observation the swelling had markedly increased in size.

Upon admission the patient was very thin. He had a sallow complexion and well-marked arcus corneae. There was a hard mass of about the size of a hen's egg situated beneath the left sterno-mastoid muscle. It was ovoid in shape. Its long axis was in the line of the common carotid; its lower limit was at the level of the lower border of the cricoid and its upper limit corresponded with the upper border of the thyroid cartilage. The mass was not lifted up with the larynx in the act of swallowing; the sterno-mastoid muscle could be moved over it and it appeared to be quite separable from the transverse processes of the vertebrae. The carotid pulse could be felt upon palpation of the fore part of the lump, but there was no expansile pulsation of the mass. Manipulation caused instant cough. The patient preferred to speak in a whisper, but upon request he phonated in a very husky manner. Laryngoscopic examination showed that the left cord lay motionless in the cadaveric position. The right cord was natural. No anaesthesia of the larynx was observed. The left pupil was smaller than the right one. It re-acted to accommodation and to light. The left palpebral fissure was smaller than its fellow and there was marked drooping of the left upper eyelid, though upon effort the patient could raise the lid well. No other evidences of disease were found and repeated observations failed to discover any changes in the cardiac and respiratory rhythm.

An operation was performed on Jan. 21st, 1899. Mr. Henry Davis administered ether, followed by chloroform. Mr. Collier exposed the tumour by an incision along the posterior border of the sterno-mastoid and by transverse division of its fibres. The tumour appeared to be limited by the carotid sheath and it surrounded the contained structures. Ligatures were placed upon the internal jugular vein and the common carotid close to the clavicle, and the vessels together with the vagus nerve were divided on the thoracic side of the tumour. The growth was readily separated from