forced from its position and driven through the skin of the axilla so that it was fully exposed externally. The accident was caused by his sleeve being caught in revolving machinery (a turning lathe). There was no fracture of the shaft of the humerus, but the great tuberosity had been torn off and so had all the muscular attachments together with the capsular ligament. Ether having been administered, the wound was enlarged and the dislocation was reduced, gauze drainage being used. The radial pulse could not be felt at first but returned in 48 hours. Sensation was not interfered with. Some slight suppuration of the edges of the wound followed, owing to skin infection. The limb was kept at rest by a cradle of Gooch splint and passive movements were commenced as soon as the wound healed. I have never met with a case like this before, nor can I find any recorded in the English surgical treatises at my disposal, but the condition is mentioned in a German work on fractures and dislocations, and the treatment there indicated is the same that I adopted. There is a good prospect of the patient recovering a useful limb. From the rarity of the accident it deserves, I think, to be recorded.

The notes of the case were taken by the house surgeon, Mr. R. N. Butterworth.
Leeds.

AN UNUSUAL FRACTURE OF THE SUPERIOR MAXILLA.

By FRANKLIN COX, L.R.C.P. LOND., M.R.C.S. ENG.

THE following case is of sufficient rarity to be interesting. On July 16th, 1902, a man, aged 38 years, was watching a game of quoits. Unfortunately for him, he crossed the green between the two quoit beds just as a player was delivering his quoit weighing 9 lb. and it struck him in the face, knocking him down. On examination the left superior maxilla was found to be fractured—the line of cleavage running along the roof of the mouth in the line of the intermaxillary suture, the two middle incisor teeth being almost out and the mucous membrane torn for one and a quarter inches in the line of fracture. Upwards it ran obliquely to a point about a quarter of an inch above and external to the left ala of the nose and then descended in a downward and outward direction to a point between the second upper bicuspid and the left first upper molar. This could be made out by grasping the alveolar margin of the left superior maxilla with the forefinger and thumb when the V-shaped piece of bone could be distinctly felt to move and when pulled gently forwards the broken margins could be distinctly felt. The skin over the fracture was not lacerated so much as one would have thought probable, but there was a deep wound laying the bone bare and extending from the middle line of the upper lip about a quarter of an inch below the nose upwards and outwards to the left for about one and a half inches. This wound has healed and the patient is doing well. There was never any concussion of the brain.

Radstock, Somersetshire.

VACCINATION RETURNS.—At the meeting of the Exeter board of guardians held on August 12th it was reported that 431 births were registered during the last six months of 1901 and that of these children 304 had been successfully vaccinated, 11 were provided with exemption certificates, 48 died unvaccinated, 34 were provided with medical certificates of postponement, 17 had been removed from the district, and 17 were unaccounted for.—At the meeting of the Stonehouse (Devon) board of guardians held on August 14th it was reported that 238 births were registered during the year ended Dec. 31st, 1901, and that of these children 200 were successfully vaccinated, 18 died unvaccinated, five were provided with medical certificates of postponement, two were provided with exemption certificates, 10 had been removed from the district, and three remained unvaccinated.—At the meeting of the Thornbury (Gloucestershire) district council held on August 1st it was reported that 299 births were registered during the six months ended Dec. 31st last, and that of these children 171 were successfully vaccinated and 15 were provided with exemption certificates.

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., Proœmium.

BRISTOL ROYAL INFIRMARY.

A CASE OF PYLORECTOMY.

(Under the care of Mr. ARTHUR W. PRICHARD.)

PYLORECTOMY is an operation of somewhat limited applicability, for, as it is chiefly performed for malignant disease of the pylorus, it is only suitable for those cases in which the disease is not extensive. The mortality from the operation has much lessened of recent years. In Professor Mayo Robson's tables,¹ containing all the recorded cases (572 in number) to that date, the mortality was 30 per cent., but statistics limited to more recent cases give a much more favourable result. Kocher in 57 cases had only five deaths—i.e., less than 9 per cent.

A domestic servant, aged 27 years, was admitted into a medical ward at the Bristol Royal Infirmary on March 21st last complaining of indigestion. She had had symptoms for nine years of pain in the stomach after eating, and for the last three years there had been occasional vomiting with pain chiefly in the back. For three months before admission she had been much worse, vomiting two or three times a day and not always after food. The vomiting was copious and gave her great relief. She occasionally found a streak of blood but never in any quantity. She thought that she had lost flesh considerably in the three months. The abdomen had been very tender and her nights disturbed. On admission she was a somewhat thin intelligent young woman with a decidedly tuberculous appearance, but healthy in all respects except as regarded her digestive organs. The appetite was bad and the tongue was very red and not coated. Vomiting occurred frequently and often large quantities of fluid were brought up (once three and a half pints of clear brownish fluid). On examining the abdomen a hard tumour of about the size of a hen's egg was noticed in the middle line between the ensiform cartilage and the umbilicus which moved with respiration. A curved ridge could be traced on the surface of the abdomen passing up from the tumour to the costal margin. There was a distinct depression below the ensiform cartilage. 10 days after admission the patient was given to drink five half-pints of weak boric lotion. The tumour moved to the right nearly under the eleventh rib, the curved ridge descended to about half an inch above the umbilicus, and there was dulness on percussion down to about two inches above the pubis. She subsequently vomited seven half-pints and the tumour was again found in the middle line, the dulness below the umbilicus disappearing.

Pyloric obstruction was diagnosed and efficient relief by medical means not being thought possible the patient was transferred to the surgical floor, and as she was willing to submit to anything that would give her a chance of recovery Mr. Prichard proposed to open the abdomen, thinking that a gastro-jejunostomy would probably be the operation best for her. Accordingly on April 8th, under ether, he made an incision in the middle line above the umbilicus and at once came down upon the stomach, which was dilated. A hard tumour of the size of a duck's egg was felt occupying the pylorus and adjacent end of the stomach. It was moveable and it was possible to lift it up out of the abdominal wound without much stretching. There were large glands in the greater and lesser omentum. An opening was made in the stomach well free of the growth and it was felt that the pylorus was narrowed and very hard and would not

¹ THE LANCET, March 24th, 1900, p. 838.