There the clot was black, and below this point, at its junction with the subclavian, the external jugular vein was tied and divided. The walls of the vein, with the immediately adjacent tissues, were inflamed and thickened. The external jugular vein was then followed upwards into the parotid and forwards to its junction with the facial vein. The latter was dissected out and was found to be filled with a firm pale clot. The branches of the facial vein, with the exception of the distal portion of the submental, were filled with clot of the same character. The common facial vein was also thrombosed, the clot extending for a slight distance into the lumen of the internal jugular vein, which was exposed for a distance of half an inch above and below the point of entry of the common facial vein, and after it had been ligatured at these two points the intermediate portion was excised. Having removed all the thrombosed veins thoroughly on their proximal side their distal distribution was treated in as effectual a manner as possible, though it was obvious that this portion of the operation was not as perfect as the rest. The abscess cavity and bone were then cleaned thoroughly and plugged with iodoform. During the course of the operation many inflamed lymphatic glands were removed. The patient seemed better on the day following the operation. The jaundice disappeared almost if not entirely by Aug. 25th. The next day

This diagram illustrates the extent of the thrombosis and the several veins which were removed at the operation. The transverse striation represents the thrombosed area of vessel.

it was found that the wound in the neck, whose edges had apparently healed and were devoid of any redness, contained a quantity of yellowish pultaceous material. This was all carefully removed and the wound was thoroughly washed out and packed with iodoform and gauze. He had a gradual rise of temperature to 105.4° on the 23rd, but after that it remained at between 101° and 103° till his death. He had no rigor. The child gradually got worse and died at twelve o'clock on the night of the 26th. At the post-mortem examination it was found that the thrombosed veins had been removed very effectually as far as their proximal distribution was concerned, there being no evidence whatever of thrombosis. There were, however, a number of abscesses in the lungs and liver. These had without doubt been produced by septic emboli at a period antecedent to the operation, which was obviously performed too late. Though the result in this case was unsatisfactory as far as the life of the patient was concerned, it was, on the other hand, most satisfactory and instructive as showing that the method of excising septic thrombosed veins is as effectual in staying a pyæmic process originating in the lower jaw while it is as yet local and uncomplicated by secondary abscesses as it is a more definite and localised thrombosis of the lateral sinus due to disease of the middle ear.

St. Thomas's-street S.E

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 compare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

SUPRA-PUBIC CYSTOTOMY FOR CALCULUS.

(Under the care of Mr. R. DAVY.)

THE following account of a method of performing the supra-pubic operation for the removal of a stone from the bladder of the male has one or two points worthy of attention. The performance of the operation without the use of the rectal bag, and without previous distension of the bladder by injection, appears to have been rendered easy and safe by means of the sound described by Mr. Davy. There is no doubt that with the use of this sound the operation was done in less time than is usually required, and therefore was of less severity—a fact of great importance, especially in men of advanced age, for the introduction and filling of the rectal bag and the injection of fluid into the bladder cannot be hurriedly performed without considerable risk. In this case the condition of the urinary passage was such as to have rendered the manipulation of a lithotrite or its introduction difficult, and the danger of bruising the parts, with subsequent swelling and possibly retention, of serious moment. For the notes we are indebted to Mr. H. De Renzi, house surgeon, and Mr. Forsayeth, dresser.

J. R—, aged sixty-three, by occupation a carpenter, was admitted into the Westminster Hospital on Aug. 2nd, 1892, and discharged on Aug. 30th. Twenty years ago he spent six months in Derbyshire, but usually has lived in London. In March last he was knocked down by a tram-horse; the same evening he experienced pain in passing his urine, and a week afterwards he had hæmaturia, sometimes in clots, at other times intimately mixed with the urine. Forty years ago he had gonorrhœa, and since his fall he had suffered from a difficulty in micturition, necessitating the constant use of a catheter. Pain at the bladder and scalding around the anus have been increasing of late. On Aug. 6th, on sounding, a stone of medium size was detected. The abdominal wall was normal and the patient fairly nourished, there being no excess of fat in the subcutaneous tissue. The urine was strongly alkaline, sp. gr. 1015; half albumen was found, and blood, pus and mucus were present. On the 9th supra-pubic cystotomy was performed by Mr. R. Davy. Neither the bladder nor rectum was distended. A conical probe-pointed sound was used, with a groove on its concavity and a hole at its tip. A medium-sized stone was extracted, measuring two inches by an inch and a quarter, weighing seventy-five grains, and composed throughout of soft phosphatic material. The mucous membrane of the bladder was inflamed and sacculated, the No. 4 sound being sufficient to bring the bladder wall well forward after the incision of the abdominal parietes. A silver drainage-tube was passed into the bladder and left in. It appeared that the obstruction to the outflow of urine was due to thickening and hypertrophy of the prostate and spasm of the muscles of the urethra. On the 11th the patient passed urine naturally and the drainage-tube came away. On the 19th he was well, and on the 30th he was discharged cured.

Remarks by Mr. DAVY.—The supra-pubic operation, in my opinion, was the best suited for this man, and for these reasons: (1) Crushing was out of the question on account of the difficulty in manipulating or even passing instruments in the urethra of the patient; (2) the high operation, on anatomical grounds, wounds less important structures than those injured in median or lateral operations. In this case neither bladder nor rectum was artificially distended. I wished to operate on the bladder as I found it; as a rule, I have operated with the bladder partly full of water. There is neither difficulty nor danger in operating without distension if the surgeon bears in mind that the bladder is situated for this intent post-symphysially. I can recall more than

one case where the peritoneum has been injured, although fluid distension had been practised, and students not infrequently puncture the peritoneum on the dead body in performing supra-pubic cystotomy, unless the teacher points out this danger and its remedy with emphasis. Mr. George Pollock, who was present at the operation, has introduced a very pronounced curve at the end of the sound, which allows the tip to hook round the symphysis and elevate the bladder wall at the same time. I can testify to the facility given by his instrument in the performance of the operation, and it seems to be preferable to the sonde à dard advocated by Frère Jacques of Orleans. It is satisfactory to note that the urethral obstruction has benefited by the removal of spasm caused by the stone in the bladder. The patient passes his urine now in a normal stream.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

COCCYDYNIA; EXCISION OF COCCYX.

(Under the care of Mr. LUCY.)

THERE are many conditions for which it may be necessary to excise the coccyx, but we rarely meet with any of them in practice. The patients usually give a history of injury to the part, which on examination is found to have sustained fracture or displacement, or the injury may have led to a chronic inflammation of the bone or joint or to necrosis of the bone. The formation of a tumour or a congenital elongation of the bone may necessitate excision. There is also a group—of which the following is an example—in which after removal no abnormal change in the bone is found. It is difficult to diagnose these cases of coccydynia from hysterical or reflex cases. The condition is somewhat rare in men. Descriptions of the operation have been published in THE LANCET from time to time. We may instance cases under the care of Mr. Whitehead¹ and Mr. Odell,² and an interesting letter by Dr. Nott.³

J. M—, aged sixty-three, single, cook, was admitted on Feb. 4th, 1892, complaining of great pain in the lower part of the back when sitting down, which had been present for over a year. A few years ago she slid off a table and hurt “the bottom of her spine” on a tiled floor. She had no pain on walking or on defecation. There was a small swelling the size of a marble to the right of the tip of the coccyx and presenting a small dimple on the surface. The coccyx was freely movable forwards at the sacro-coccygeal joint, the movement causing the patient intense pain. She also had a slight anal fissure and an intero-external hæmorrhoid. So, thinking that the neuralgic symptoms might be due to the latter, she was given chloroform on Feb. 12th, and the sphincter was stretched and the hæmorrhoid removed by crushing. She quickly got well from this operation, but the severe pain on sitting persisted; therefore, on Feb. 26th she was again anæsthetised. A longitudinal incision was made over the coccyx down to the bone, the periosteum was divided and separated by a rasp and the coccyx removed. At its tip there was a small dermoid cyst containing sebaceous material, which was dissected out. Hæmorrhage was pretty brisk from several small arteries in front of the coccyx. The wound healed by granulation. She got up on March 30th, the wound being quite sound, walked on April 9th, and left the hospital on April 26th, being able to sit comfortably without any pain at all. She was last seen on May 26th, three months after the operation, the wound was soundly healed, and she was back at her work, was quite free from pain on sitting down, and was putting on flesh.

¹ THE LANCET, vol. ii. 1886. p. 112. ² THE LANCET, vol. i. 1887, p. 1088.

³ THE LANCET, Nov. 5th, 1870, p. 654.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The next quarterly meeting will be held at the Royal College of Physicians, Edinburgh, on Thursday, the 10th inst., when a paper will be read by Dr. G. M. Robertson on the “Treatment of Acute Mania,” and Dr. Turnbull will open a discussion on “Asylum Dietaries.” The next examination for the Certificate in Psychological Medicine will be held in December and for the Nursing Examination in May.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Macrocheilia treated by Electrolysis.—*Subcutaneous Suture of Patella.*—*Transverse Fracture of Patella.*—*Raynaud's Disease.*—*Amputation of Arm for Lymphatic Edema in cases of Breast Cancer.*—*Congenital Deficiency of a portion of Chest-wall.*—*Sinus in Loin connected with Posterior Mediastinal Abscess.*—*Sarcoma of Skin.*—*Complete Erasion of Ankle-joint.*

A “CLINICAL” meeting of this Society took place on Oct. 28th: the President, Sir Dyce Duckworth, in the chair.

Mr. ARBUTHNOT LANE showed a man, aged twenty-eight, who was employed at the General Post Office and who three years and a half ago struck his upper lip; this was followed by very great swelling, and two months later the lower lip also became swollen. The swelling was hard and brawny, and after a short time the cheeks became hypertrophied in the same way. Having refused to yield to other treatment, electrolysis was employed on several occasions, and the lips had returned to their normal state, except that the lower lip was still a little larger than it should be.

Mr. BARKER showed a man, aged twenty-five, a porter, on whom he had performed subcutaneous suture of the patella. The wire still remained round the bone, which was united by a strong fibrous band. He was on a splint for three weeks after the operation and left the hospital at the end of a month. It was done in March, 1891, the fracture being transverse and the wire for the suture being one-sixteenth of an inch thick. The patient had been doing very hard work since, and the movements were very free. Since then he had operated on a second case, and he had allowed him up without a splint at the end of a week, and he was able to walk freely in six weeks.

Mr. PAGE also showed a case of transverse fracture of the patella in a patient aged thirty-three, in which subcutaneous suture, according to Mr. Barker's method, was done on May 18th, 1892. The man was a coalheaver by trade, and the result was good, as he thought that the union was bony. He had since treated in a similar manner a case of compound fracture of the patella, which had also done well; but in both cases he had used silk and not wire.

Dr. F. LITTLE showed a girl employed at a florist's, who was the subject of Raynaud's disease. When aged nineteen both the hands and feet began to feel cold, but this was unaccompanied by pain. Ulceration then commenced around the nails of all the fingers except the little fingers, and since then shortening and clubbing of the terminal phalanges had occurred. The nails of the toes had not been affected. There was nothing in the family history to throw light on the case. The body temperature was normal but the surface temperature of the hands was 65° F. There had been no hæmaturia or hæmoglobinuria. The treatment consisted in the exhibition of nux vomica and steel, together with the local employment of galvanism.

Mr. BLAND SUTTON showed two cases of amputation of the arm for lymphatic edema in cases of cancer of the breast. The first was a woman aged forty-three, who, two years and a half ago, had the right breast removed for cancer. Six months later some knots began to form in the skin of the scar, and later the whole of the neighbouring parts were invaded *en cuirasse*. The arm then became much swollen and cedematous, being three times its normal size, extremely heavy, and it had already induced a moderate degree of lateral curvature. The limb was removed at the shoulder-joint and the patient made a good recovery, being able to get about without pain. The second case was that of a patient aged sixty-four, who, four years ago, underwent the operation of removal of the right breast for scirrhus. Eighteen months ago recurrence occurred, and a large mass formed in the axilla. The arm presented a more marked degree of lymphatic edema than did that of the last patient; she was obliged to carry the limb in a sling, and it was exceedingly painful. In this case he followed Mr. Treves's plan, dividing the clavicle and amputating the humerus and scapula. The limb, after removal and after much of the fluid had drained away, still weighed fourteen pounds. The wound healed in three weeks and the patient left the hospital much relieved.

Dr. ABERCROMBIE showed a child with a congenital defi-