the limb put up as recommended by Sir William Fergusson in his work on Operative Surgery.

On January 21st, 1865, eighty-three days after the operation, the bones at the knee being firmly ankylosed, he left the hospital, requiring no other assistance in walking than that of a stick. There has been no great constitutional

From a photograph taken six years after the operation.

disturbance, and the result of the operation has proved most satisfactory. I have an opportunity of seeing him daily, and he now leads a very active life. He has perfect use of the limb, and can walk and run with freedom.

Excision of the Knee-joint.—S. A. S.—, twelve years of age, was admitted into the Bradford Infirmary on Jan. 7th, 1868, labouring under strumous disease of the left knee-joint. At the time of his admission the leg was bent at nearly a right angle with the thigh; there was a great deal of swelling round the joint, and several sinuses, extending considerable distances, discharging purulent matter. Pressure or slight movements occasioned acute pain.

As the boy's health suffered in consequence of the irritation of the joint, I recommended its excision. Accordingly that operation was performed on the 24th January. The horseshoe-shaped incision was made; the joint opened into, and found largely disorganised. I removed about an inch of the femur, half an inch of the tibia, also the patella, and carefully got away from around the joint all the tissues that appeared to be in a disorganised condition. Several of the articular vessels required ligaturing. The limb was put up as in the previous case.

Recovery in this case went on uninterruptedly, and unattended with any marked febrile disturbance. Fourteen weeks after the operation he was able to walk about the wards, having perfect use of the limb, without the aid of either crutch or stick; and a week later he was sent to the

From a photograph taken two years after the operation.

Convalescent Hospital. This boy lives near me, and his gait is so slightly altered that it is difficult to detect any imperfection in his walking. He has perfect use of the limb, and can walk and run with freedom.

Removal of the Os Calcis.—W. D.—, aged nineteen, was admitted into the Bradford Infirmary for caries of the os calcis, which had been going on for several years. He was quite unable to walk except by the aid of a stick and crutch,

and his general health was so much impaired that I recommended his removal for a short period to the Convalescent Hospital.

On his readmission I advised him to have the diseased bone taken away, as he was then in a more favourable condition for undergoing the operation. This was done on the 20th of September, 1863. An incision was begun at the inner edge of the tendo Achillis, dividing it, and drawn forwards, along the outer side of the foot, to a point somewhat in front of the calcaneo-cuboid articulation. A second incision was made across the sole of the foot, commencing at the anterior extremity of the former incision, and continued as far as the inner border of the os calcis. The knife and Fergusson's lion forceps were used freely in the separation of the bone; and I took care to have as much as possible of the periosteum separated with the soft parts. There was a little general oozing of blood, which was arrested by exposing the flaps and keeping ice applied for nearly twenty-four hours.

The patient made a rapid recovery, and he now follows

From a photograph taken six years after the operation.

the occupation of traveller to a grocery business. There is nearly entire regeneration of the os calcis. He walks with ease, except that he puts his foot down as if flat-footed.

Bradford, Nov. 1871.

CASE OF SPASMODIC STRICTURE OF THE ŒSOPHAGUS.

By JOHN EATON, M.D., C.M.

On the evening of December 11th, 1871, Mrs. A. F—, aged thirty-four years, called to consult me regarding her throat. She presented a careworn, enfeebled aspect, and her complexion was anæmic, waxy, almost cachectic; her pulse was 96 and weak; tongue flabby and slightly coated; skin cool. She complained of a burning pain, constant, but not always of the same severity, situated in the region of the submaxillary gland; and, whenever she attempted deglutition, a pain also at the left side of the gullet, behind the cricoid cartilage. Patient has for nine years experienced symptoms of atonic dyspepsia attended with much flatulence, and it is seven years since she began to be affected with a sensation of choking in the throat; the latter got gradually worse till three years ago, when she became totally unable to swallow anything except liquids, or very soft, well-masticated food. Patient is much alarmed about her case, and very despondent; the slightest noise startles and excites her; in short, she is hysterical. She has, however, no uterine disorder, has borne seven children at full period, all healthy, the youngest being four months old, and with the above exceptions her health is normal.

On examining the fauces and pharynx I could detect nothing abnormal, but, on passing a probang into the gullet, found an obstruction when the end of the instrument had passed six inches and a quarter beyond the incisor teeth. I prescribed a chalybeate tonic, and on the evening of the 14th ult., after using a No. 8 gum-elastic catheter, passed

a softened and well-oiled No. 1 œsophagus bougie. The latter, after being obstructed for a second or so, went suddenly through the stricture. The patient then complained of pain at the part, but there no longer existed any such sensation in the region of the left submaxillary gland. Next night I passed No. 2, with slight irritation, and now all pain was referred to the right side of the œsophagus. A larger bougie was used every night up to No. 4, each successive one with less irritation. On first attempting to pass No. 5, the tube was apparently contracted, for the bougie, even with gentle force applied, would not penetrate. I waited two nights ere I tried it again, and then it passed easily, showing that in the interval the stricture had spontaneously dilated, and hence that it was a spasmodic one. From this time the patient was able to swallow nearly as well as ever she did, and there was slight soreness only for a short time after passing a bougie. Next night Nos. 6 and 7 passed; two nights thereafter, inadvertently, No. 9 was used instead of No. 8, and with a little difficulty it also passed; three nights thereafter, on December 25th, I passed easily Nos. 10, 11, and 12.

Dec. 27th.—Passed No. 12 again. The œsophagus is now of nearly the same calibre throughout, and it requires a little care to detect the position of the stricture; there is no pain after passing an instrument; the function of deglutition is performed with ease, and patient is taking plenty of nourishment.

At date of writing (9th inst.) the gullet remains freely pervious to No. 12 bougie, and painless. Latterly patient has been taking quinine, iron, &c.; the flatulence is nearly gone; her pulse is stronger and less frequent, and she is much improved in appearance.

This case clearly shows the importance, in certain cases of dysphagia, of using an œsophagus bougie to ascertain whether stricture exists. Such a process done earlier would have saved this patient years of discomfort.

Airdrie, Jan. 1872.

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.

ST. MARY'S HOSPITAL.

ANEURISM AT THE ROOT OF THE NECK; LIGATURE OF RIGHT CAROTID AND SUBCLAVIAN ARTERIES; RECOVERY FROM THE OPERATION, BUT WITHOUT PERMANENT ARREST OF THE PROGRESS OF THE ANEURISM.

(Under the care of Mr. JAMES LANE.)

THE number of cases on record of the simultaneous ligature of the carotid and subclavian arteries is so small that we feel that we are justified in exceeding the usual limits allotted to a single case, in order to lay before our readers at length the following details with which Mr. Lane has kindly furnished us.

Jane W—, aged forty, married, was admitted under Dr. Broadbent on the 31st of July, 1871, with a pulsating swelling, about the size of a hen's egg, at the lower part of the neck on the right side. She was a slight, spare woman, otherwise apparently in good health. She said she had first noticed the swelling about three months previously, when it was not larger than a small walnut, and that it had gradually increased to its present size. For some time before its appearance she had suffered from severe cough, with which she was still troubled, though in a slighter degree. She had also had some dyspnoea and difficulty in deglutition; but these symptoms had almost entirely disappeared. She complained of pain in the back of the neck, in the right shoulder, and down the right arm. The tumour was situated over the lower part of the right common carotid artery; it was oblong in shape, with its

lower end extending slightly downwards into the chest, behind the sterno-clavicular joint, but as yet there was no alteration in the appearance of the bones, and no indication of erosion having commenced. The pulsation in the tumour was very distinct and *expansive*; but there was only a slightly-marked bruit. No difference could be detected in the pulse in the radial and temporal arteries on the right and left sides. Pressure on the right carotid and subclavian arteries caused no perceptible alteration in the tumour. She was kept in bed, on beef-tea and milk diet, and was ordered iodide of potassium, in five-grain doses, thrice daily. This medicine was continued in gradually-increasing doses for six weeks; at first with some apparent benefit, but towards the end of that time a perceptible enlargement in the tumour had taken place, especially in its transverse dimension. It was nearly circular instead of oval in shape, reaching internally across the trachea to the inner edge of the left sterno-mastoid muscle, and externally beneath the right sterno-mastoid nearly to its outer border.

Under these circumstances she was transferred to Mr. James Lane, who determined, after consultation, to ligature the right carotid and subclavian arteries, which operations he performed on Sept. 20th. In some remarks previous to the operation he dwelt on the great difficulty of forming a correct judgment as to the exact point of origin of aneurisms at the root of the neck, and alluded to the recorded cases which had been subjected to operative treatment by ligature of one or both arteries on the distal side, especially those of Mr. C. Heath (who was present) and Mr. Maunder, in which the double ligature had been simultaneously applied. In both of these the aneurism was believed to be of the innominate artery, but in both the arch of the aorta was subsequently found to be involved. In the present case, he thought the fact that only a very small portion of the tumour was situated within the chest, together with the absence of bruit and of any abnormal dullness on percussion over the upper part of the sternum, rendered it probable that the aneurism was connected with the innominate artery, rather than with the aorta; but the point was one on which it was impossible to arrive at a positive conclusion.

The patient having been placed under chloroform, the operation on the carotid was undertaken first. The artery was exposed in the usual manner, and a silk ligature applied to it just above the omo-hyoid muscle. No unusual difficulty was met with, but the vessel was somewhat deeply seated in consequence of the projection of the tumour below, while it was not thought advisable to place the head and neck in a position of forced extension, which would have brought the artery nearer to the surface, as any attempt to do this seemed to cause a strain upon the aneurism, and had previously been found to cause great pain and distress to the patient. During the operation the artery was observed to have no connexion with the upper part of the aneurism, but to pass down deeply behind it. Pulsation in the temporal artery ceased when the ligature was tied. The subclavian artery was then exposed, external to the scalenus muscle, by the usual incisions. A vein crossing the neck from the acromial side to enter the external jugular was divided, and required a ligature; but the jugular itself was easily pushed inwards out of the way, and gave no trouble. Some difficulty was experienced in bringing the artery into view and in passing the ligature beneath it, from its being overlapped and concealed more than usual by the lower nerves of the brachial plexus. The pulsation in the radial artery was completely arrested by the ligature. The wounds were closed by silver-wire sutures, and covered with lint dipped in carbolic-acid lotion.

On the following days some febrile excitement was observed; the pulse was 120, the face was flushed, and the patient was restless and excited. These symptoms, however, soon subsided, and nothing worthy of record of an unfavourable nature was further noticed as a result of the operation. No alteration in the pupil, or other symptom indicating disturbance in the cerebral circulation, was at any time observed. Pulsation in the right temporal artery could be felt on the day after the operation, though less distinctly than on the opposite side. In a few days, however, there was hardly any perceptible difference in this respect between the two sides. After a time, also, pulsation could be distinguished in the carotids above the ligature, showing