which they presented. They were all accompanied by fever and rigors. The disease might be called "herpes impetiginiformis" from the appearance of the crusts. There was no restriction to the course of certain nerves as in an ordinary zoster. Finally, it was a most dangerous disease.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 12TH, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ACCOUNT OF A CASE OF RESECTION OF THE SHOULDER AND ELBOW JOINTS IN THE SAME ARM, FOR GUNSHOT INJURIES.

BY WM. MAC CORMAC, F.R.C.S.,
ASSISTANT-SURGEON TO ST. THOMAS'S HOSPITAL.

THIS paper detailed the history of a French soldier who had been wounded at the battle of Sedan. The right arm, in the region of the shoulder and elbow joints, was extensively injured, the soft parts being much lacerated and the bones extensively comminuted by a shell explosion. The question arose whether it was at all possible to save the limb. Rather, however, than perform disarticulation at the shoulder-joint, Mr. Mac Cormac determined to excise both the shoulder and elbow joints—an operation hitherto, he believed, unique. The patient narrowly escaped death from pyæmia, but he afterwards made a satisfactory recovery; and the interest of the case centres in the amount of usefulness subsequently enjoyed by the limb. Some portions of necrosed humerus have yet to come away, and in the deltoid region a sinus still remains. The elbow is soundly healed, and regeneration of the excised bones has taken place. The operation was performed subperiosteally; and in the after-treatment the limb was supported on carefully adjusted cushions—a method Mr. Mac Cormac prefers in most cases to the employment of splints. The shoulder can now, after an interval of eighteen months, be moved freely backwards and forwards, but not raised from the side, the deltoid muscle having been almost completely destroyed by the original injury. Flexion, extension, and rotation are very perfect in the elbow, and the usefulness of the hand is nearly as good as before. Four inches of the upper end of the humerus, very greatly comminuted, were removed; and a long piece of ulna, in addition to the head of the radius and the articulating condyloid surface of the humerus, was taken away. Mr. Mac Cormac considers that he may fairly classify this case as one of successful double resection of the two principal joints in the same upper extremity.

The PRESIDENT remarked that the case was probably unique, and as such very interesting.

Mr. CROFT thought that splints were worse than useless in cases of resection in the upper extremity; had always used sand-bags with very good effect; and asked the author what special means were adopted to keep the limb quiet.

Mr. TIMOTHY HOLMES thought that all excisions might be treated without splints; but he preferred in elbow cases to use a very light splint, which really did no harm, and was specially adapted for children. He quoted a case in which no splints were used, a result being that the ends of the bone eventually projected from the wound. He asked for Mr. Mac Cormac's experiences as to subperiosteal operations; believed that the amount of bone saved was often hurtful rather than beneficial; instanced a case in point; and remarked that in successful excisions of the head of the humerus the arm can always be moved some way from the trunk, though the want of power in this case may have been caused by the great amount of injury done to the deltoid muscle.

Mr. JOHN WOOD had discarded splints for some time; and, ten days after the operation, commenced and continued to alter the position of the limb once every twenty-four hours, believing that with careful and frequent manipulation a very fair olecranon may be produced. He presumed that the question of splints or no splints entirely depended upon whether a movable or an ankylosed joint was required.

Mr. SPENCER WELLS quoted a case that had occurred to a continental surgeon at Metz, in which a subperiosteal

section of the entire humerus was successfully made. He believed that in active service splints were necessary, and that plaster-of-Paris bandages answered exceedingly well.

Mr. THOMAS SMITH failed to comprehend how splints could be safely or properly dispensed with, and averred that with children they were absolutely necessary.

Mr. MAUNDER thought that the question of splints wholly depended upon the sort of joint desired. He rarely used splints at all for the elbow, except in cases of children, and then only during the first week, but always applied them in knee cases, though he considered it an open question in excisions of the hip.

Mr. CALLENDER was surprised that no reference had been made to the very capital anterior splint used in America, and asked Mr. Mac Cormac why no effort was made to save the limb in its entirety.

A VISITOR (an American surgeon) said that the bent wire splint was much used in the United States, and believed that, in subperiosteal operations, mischief was sometimes caused by the subsequent growth of awkward spiculæ, which might, and indeed sometimes did, endanger arteries.

Mr. SAVORY commented sarcastically on the varied experiences and the various facts that had been enunciated in the course of the discussion. Believing it to be an axiom in surgery that repose was necessary to repair, he was surprised to hear surgeons advocating a "perpetual motion" style of practice with reference to excised joints. He also took exception to the title of the paper, inasmuch as about four inches of the humerus and a large mass of the ulna were removed by the operation.

Mr. MAC CORMAC, in replying, answered this last objection by remarking that the fragments alluded to were detached, lying in the wound bathed in pus; so that there was no option as to their removal. And with respect to an observation by Mr. Callender, Mr. Mac Cormac pointed out that excision of the joint was the recognised method of treatment for gunshot injuries of the shoulder, and that it was attended by a far smaller proportionate rate of mortality than was conservative treatment—thirty-five per cent., as compared with fifty-two per cent. according to Billroth's tables.

ON THE SURGICAL TREATMENT OF SUPPURATING OVARIAN CYSTS, AND ON PELVIC ADHESIONS IN OVARIOTOMY.

BY T. HOLMES, F.R.C.S.,
SURGEON TO ST. GEORGE'S HOSPITAL.

A case was related in which chronic suppuration occurred in an ovarian tumour, after paracentesis had been performed for the first time. Ovariectomy was postponed for some months on account of the patient's condition. When it was performed the cyst was found extensively adherent in other directions, and so tightly wedged into the pelvis that it was impossible to reach its pedicle. It contained about a gallon and a half of fluid, of which about half was pure pus. The remains of the emptied cyst were dragged out of the abdomen, a clamp was applied to its neck (at a distance above the pedicle which could not be accurately ascertained), and the wound was closed. The patient recovered, and after her recovery no sinus was left, nor was any tumour to be felt. The symptoms of acute and chronic suppuration in ovarian cysts were discussed, and it was attempted to be shown that if the general condition admits of it the suspicion of suppuration is a reason for performing the operation instead of delaying it. The case was also used to show that, in some instances, the results of ovariectomy may be perfectly favourable, though pelvic adhesions have prevented the complete delivery of the tumour. If the neck of the cyst admits of being embraced in a clamp, the lower portion of it may be obliterated during the healing of the wound. The superiority of this method, when feasible, to the other courses which may be pursued in dealing with pelvic adhesions, was shown.

Mr. BRYANT remarked that the accurate diagnosis of a suppurating ovarian cyst was most important; that wasting, a hot skin, a permanently high temperature, bad appetite, local pain and tenderness on pressure, all indicated suppuration. If any doubt as to the diagnosis exists, he would be still more induced to interfere quickly, to remove the cyst if possible, or to take away as much as could be removed. He quoted a case to show the desirability of not leaving ligatures, and one also that showed the useful peculiarities of catgut.