and deep, so that the alae were almost wholly composed of cicatricial tissue, and this in contracting had converted the anterior nasal apertures into mere narrow slits, the sides being in contact with the septum, and not dilating during respiration. The patient being under ether, I slit up the nostrils posteriorly, so as to make two very large anterior nasal apertures; but knowing that in healing constriction would again take place, unless I took measures to prevent it, I transplanted into these gaps two portions of skin which I had just previously dissected from the arm, fixing the grafted portions in position by means of fine silk sutures.

All the details were carried out as far as possible in the manner recommended by Dr. Wolfe in the *British Medical Journal* for March of last year, where he reports a case of ectropion for which he transplanted a piece of skin from the arm into the cheek. I was careful in having all

Fig. 1. The straight lines represent the original apertures; the dots show the incisions. Fig. 2. The dots represent the new flaps, and the oval spaces the anterior nasal apertures. Fig. 3. The shape and size of the flap taken from the arm; the dotted line shows where it was divided to make one for each side.

bleeding stopped before applying the new portions, and in avoiding handling the skin after removal. I also took care to dissect off all the subcutaneous tissue from the new flaps, and to retain them between layers of lint wrung out of warm water until the moment of application. The after-treatment consisted of warm-water dressing simply. The sutures were removed on the seventh day. The cuticle separated, but no other portion of the new skin suffered.

Two months afterwards my patient called to see me, expressing herself much pleased with the result, for she could now breathe with the mouth closed, and speak without a nasal twang. The two flaps had become so far blended with the contiguous skin as to be distinguishable only on close inspection.

The above diagrams will, I hope, serve to render more clear the above remarks.

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.

GUYS HOSPITAL.

DISEASE OF KNEE; NECROSIS OF NEARLY THE WHOLE OF THE SHAFT OF FEMUR; EXCISION, WITH REMOVAL OF SEQUESTER.

(Under the care of Mr. BRYANT.)

FOR the following notes we are indebted to Mr. Duckworth.

Wm. B—, aged two years and a quarter, was admitted into Lydia ward on March 26th, 1879. On admission, the patient had phlyctenular ophthalmia of both eyes, the lids of which were red. The upper lip was in an eczematous condition. The right knee was swollen and disorganised, and its outlines were lost. There were several sinuses, and one open abscess at the back of the knee, from which there

was a good deal of discharge. The sinuses were dressed with terebinte lint, and cod-liver oil and steel were given internally.

On April 18th, under chloroform, a length of india-rubber tube being bound round the thigh as a tourniquet, an incision was made in a transverse direction, beginning at the inner side of the knee, across the joint below the patella. The ligaments were cut through; the knee was flexed and a piece of bone was sawn off from the upper end of the tibia, removing with it the semilunar cartilages, which were found healthy. Two-thirds of the condyles of the femur were sawn off. Then a sequestrum was removed from the lower end of the medullary cavity. On removal of this the cavity was found for quite three inches to be filled with a caseous purulent material. At the other end of the cavity there was found another sequestrum, which was removed, and upon further examination three or four more sequestra at the back of the cavity were found. The lower end was enlarged by notching backwards to remove these sequestra, and to allow of a very free drainage. The cavity was washed with iodine and water. No arteries had to be tied; the wound was closed with silk sutures, and a free communication having been proved to exist through the old opening at the back of the knee, a drainage-tube was inserted that way. The wounds were dressed with terebinte lint, a back splint was put on, and later in the afternoon the thigh was bound with waxed bandages.

The case continued to progress favourably, but on the 22nd May the temperature rose to 102° 8'. The patient was flushed and peevish, and the knee was a good deal inflamed.—23rd: Temperature 101°.—24th: Temperature 104°.—29th: The temperature was normal; going on well again.

On July 4th a gum-and-chalk splint was applied to the knee and leg.

On Aug. 2nd the temperature was normal; the wound looked healthy. A back splint was put on, and the wound was dressed with carbolic oil.—12th: Seemed doing well, but the patient would take the splint off.

Everything went on well subsequently, and the child left the hospital in September with a perfectly good limb.

Mr. Bryant said that he had never removed so much dead bone from the femur in a case of excision as in the one reported. The sequestrum indeed involved nearly the whole shaft of the bone, and yet a good result was obtained. The case was, he added, an encouraging one.

LONDON LOCK HOSPITAL.

CASE OF SYPHILITIC ENDO-ARTERITIS WITH THROMBUS OF LEFT MIDDLE CEREBRAL ARTERY; DEATH; NECROPSY.

(Under the care of Mr. ALFRED COOPER.)

FOR the following notes we are indebted to Mr. J. Nield Cook, house-surgeon.

Robert T—, aged twenty-nine, married, but separated from his wife, was admitted into the Lock Hospital in a semi-comatose condition on Nov. 8th. He was aphasic and partially hemiplegic, the right being the side affected. He walked with assistance, dragging the right foot; he grasped when asked first with his right hand feebly, then with his left firmly; he could not protrude his tongue. There was no facial paralysis, no strabismus, and the pupils were natural. He was put upon a milk and beef-tea diet, as he could not swallow anything solid, and was ordered fifteen grains of iodide of potassium three times a day, and half an ounce of cod-liver oil twice a day.

The previous history of the case was as follows:—He came to this hospital in November, 1880, with a primary sore on the penis, which he said he had contracted six months before, amygdaloid glands in both groins, a papular syphilide of the trunk and extremities, and an ulcerated throat. He had evidently been treated with mercury, for his gums were spongy, and there was a shallow ulcer on the inside of the lower lip, probably mercurial. He was admitted to the hospital, but was discharged six days later at his own request. He then attended in the out-patient department, under Mr. Edward Milner, for six months. He showed a peculiar susceptibility to the action of mercury, such small doses as a grain and a half of mercury with chalk powder given twice producing considerable ptyalism; was always melancholy. For four months Mr. Milner treated him with small doses of perchloride of mercury; for the remaining two

months with two grains of iodide of potassium three times a day. At this time his melancholia had increased; there was a vacant look about him; and he complained of pains in his head. There were, however, no definite symptoms of cerebral disease.

On May 31st Dr. Harold Powell, of Wimbledon, was called in to see him, and has supplied the following account of the case whilst under his care: "When I first saw him he was suffering from almost complete hemiplegia, with a good deal of aphasia, and covered with secondary eruption. Thinking he had been treated for specific trouble, I put him on ten grains of iodide of potassium, with quinine. In about a fortnight the patient had entirely recovered from his hemiplegia and aphasia, and returned to his work as a carpenter. He came to see me about twice a week till Sept. 22nd, during which time he seemed fairly well. He complained of no cerebral pains, and the eruption had almost entirely disappeared. He then said he thought he should discontinue his treatment, and only came three times till Oct. 20th, on which date he came to my house complaining of very severe cerebral pains, staggering walk, and partial blindness. From that date he rapidly got worse, and passed urine and faeces under him. The treatment has been principally iodide of potassium, sometimes combined with a solution of perchloride of mercury and quinine."

On Nov. 6th the patient seemed brighter, took his food and medicine. Bowels not opened. He was, however, very restless all night; kept kicking off the clothes; tumbled out of bed once. Next morning there were constant convulsive movements of left arm and leg. Six grains of calomel were placed on the back of the tongue and swallowed; a soap-and-water enema was administered, but no action of bowels took place. He was put on thirty grains of iodide and twenty-five grains of bromide of potassium three times a day. He took the medicine, but was no quieter. Took a little milk, but no other nourishment. Temperature 102.2° , pulse 120, bounding. Hypodermic injection of morphia, gr. $\frac{1}{4}$, was administered. Passed all his water under him. On the 8th he had slept fairly; temperature 101.2° ; pulse 105. No action of bowels since admission. Two ounces of castor oil were injected in some thin gruel, but no action followed. Passed his water under him. Convulsions worse; great excitement; could not swallow food or medicine. At 2 P.M. one drop and a half of croton oil was administered on a crumb of bread. At 3 P.M. he was seen by Dr. Buzzard in consultation with Mr. Cooper. An attempt was made to examine his optic discs with the ophthalmoscope, but unsuccessfully. It was thought that some of the symptoms—e. g., the excitement and the convulsions—pointed to meningitis in addition to the endo-arteritis previously diagnosed. Sixty grains of iodide of potassium three times a day, per rectum, with four ounces of warm water, were ordered; also hypodermic injections of albuminate of mercury. At 7 P.M. excitement was greater than ever; temperature 104.2° ; pulse weak, rapid, and intermittent; could not be counted; Stokes's breathing. Hypodermic injection of morphia, gr. $\frac{1}{4}$. At 12 P.M. still awake and restless; convulsions constant. Hypodermic injection of morphia, gr. $\frac{1}{4}$, after which he dozed off for about ten or fifteen minutes out of every half hour. On the 9th there had been no action of the bowels; the patient was quieter. Temperature in axilla 102.4° ; extremities cold; face drawn; picking at bedclothes. Respiration 45 to the minute. At 4 P.M. he died.

Necropsy, ten hours after death, in presence of Mr. ALFRED COOPER and Dr. BUZZARD.—Rigor mortis well marked; heart normal; slight chronic pleurisy of right lung, left healthy; liver and kidneys healthy. Intestines intensely congested, covered with creamy exudation of recent peritonitis. Brain: Membranes healthy; endo-arteritis and thickening of arteries at base, more especially middle cerebral, anterior cerebral and anterior communicating. Thrombus three-quarters of an inch long at commencement of left middle cerebral. Left corpus striatum softened, almost diffuent, also optic thalamus to a slight extent; rest of brain-substance firm and healthy.

Remarks.—The short duration of the syphilis is worthy of note, for the patient died eighteen months after contracting the disease; he had no other tertiary manifestations. The condition of the arteries at the base of the brain was similar to atheroma, but the age of the patient and the absence of any such condition in other parts of the body put atheroma out of the question. This raises the question whether a similar condition in older men, which is now put down to atheroma in post-mortem examinations, may not be due, as

in this case, to endo-arteritis caused by the irritation of the syphilitic poison. No cause could be found to account for the peritonitis. Dr. Buzzard was of opinion that it was intercurrent and had no connexion with his other disease; he ascribed it to bad drainage in the house in which he had been living previous to his admission; he did not think that it could have been caused by the severe purgatives which had been administered, but that the peritonitis caused the obstinate constipation from which he suffered.

CONGLETON COTTAGE HOSPITAL.

CASES OF NERVE-STRETCHING.

(Under the care of Mr. DAVIDSON.)

CASE 1. *Sciatica; cure.*—Joseph D—, aged sixty-two, was admitted in September, 1881, suffering from severe sciatica, which had disabled him from working for five years. During all that time the pains in the course of the sciatic nerve, knee, ankle, abdomen, and lumbar region were severe and never absent for many hours together, being especially acute at night, and rendering continuous sleep impossible. The right limb was shortened to the extent of two inches, and the patient walked on the ball of the foot, having been unable for more than three years to get the heel within two inches of the ground. The power of flexing the hip- and knee-joints was almost gone, but there was only slight atrophy. He had been subjected to all the usual modes of treatment, including counter-irritation, galvanism, and hypodermic injections of morphia, without receiving more than a few hours' alleviation of his sufferings.

On September 18th Mr. Davidson exposed the sciatic nerve immediately below the gluteus maximus, and stretched it from above and below with considerable force. The exact force employed is not known, but is supposed to have been at least sufficient to have raised the weight of the limb. Next day the man expressed himself as being quite free from pain everywhere, and in about eight days he was walking about, able to get the heel to the ground and to flex both joints freely, complaining only of the leg being rather weak. The improvement in this patient up to the present time (about three months after the operation) has been maintained.

CASE 2. *Sciatica; cure.*—P. B—, aged thirty-five, was admitted on October 27th and operated on the following day. He suffered from pain in the course of the sciatic nerve, knee, and ankle so as to unfit him for work for eighteen months, but the pains were not so acute as in the other case. There was only slight atrophy and not much shortening.

The sciatic nerve was exposed and stretched as in the other case, but with less force, as it was thought the contraction and the other symptoms were not so well marked, and that it would be unnecessary to employ the same force. Immediate relief was afforded, and the patient was discharged in a fortnight without any trace of lameness, but at the end of a week he returned complaining of slight pain in the knee, which, however, soon disappeared, and he was able to resume his employment.

CASE 3. *Sciatica; cure.*—Thomas C—, aged sixty-five, was admitted on November 17th with sciatica on the right side, and was operated on on the following morning. This was a much more severe case than either of the others. He had been unable to walk for four years, during which the pains in the situations previously described were almost constant and very acute. The leg was atrophied to about half the size of the other, shortened two inches and a half, with very little power of movement at the hip- or knee-joints. The man stooped very much, having found that the more he did so the more relief he had from pain, until on admission he was bent nearly at a right angle. The day after the nerve was stretched he was free from pain, could move both joints pretty freely, and in a week he was able to walk about the ward almost erect. The shortening, which was two inches and a half before the operation, was then about an inch, to compensate for which he had the sole of his boot raised to that extent, but has since found this to be unnecessary.

CASE 4. *Sciatica; relief.*—Joseph H—, aged thirty-one, was admitted on Dec. 9th, and operated upon on the same day. He had suffered from acute pains in the hip, ankle, and knee, whether at rest or walking, for seven years up to a year ago, when they left him, except when walking. On admission