right subsided, and perfect motion was obtained after a short period; but the abscess in the left joint led to complete ankylosis. The joint remained in a quiescent state up to five years ago, when an abscess formed in its neighbourhood; this, however, subsided, and she experienced no inconvenience until a month before admission, when another abscess formed on the inner side of the joint, which burst, and has continued to discharge ever since. The forearm is slightly flexed on the humerus; the elbow is perfectly locked, very tender, and slightly enlarged. Just over the internal condyle there is an ulcer about the size of a sixpence, through which a probe can be passed down to the bare bone. On the posterior surface of the joint, and on the outer side of the forearm, there are old cicatrices.

June 27th.—Dr. Snow having administered amylen, Mr. Fergusson proceeded to excise the joint. Having made a vertical incision about six inches long at the back of the joint, he dissected back the integuments on either side, until the joint was fully exposed. During this dissection no ulnar nerve could be discovered. He then applied the saw to the olecranon at its junction with the shaft of the ulna, and having sawn through the bone in that position, the saw was again applied to the humerus just above the condyles, and the piece of bone intervening between the two cuts removed. At this stage of the proceedings a large quantity of pus spirted out with great force from the neighbourhood of the joint. Some diseased tissues, implicated in the abscess, were then dissected off. No ligatures were required, and the edges of the wound were brought together by two stitches.

30th.—The patient having gone on very well during the intervening days, the arm was placed in Mr. Heath's splint (before described), and flexed once or twice upon the humerus. The bones were kept well apart from one another; but after a time the arm and hand became rather swollen, and

On July 3rd the splint was taken off, and the arm placed on a straight splint.

On the 7th, Heath's splint was again applied and the arm now and then flexed, the extension caused by the splint much lessening the pain of that operation. The wound assumed a healthy appearance, and the patient was in a very satisfactory state.

On the 20th, the wound was reported as "looking very healthy," and at each dressing the arm was flexed and extended, not much pain being inflicted.

At the beginning of August the side splints were taken off, and a straight splint in front of the joint was substituted. The wound now scarcely discharged at all. The arm was flexed, extended, and rotated at each dressing. By the middle of the month the patient had regained some power of motion in the fingers and wrist.

On the 25th August the splint was left off, and the arm was supported in a sling.

About the second week in September, when she left the hospital, the wound had almost closed. There was plenty of motion in the joint, and she could raise the hand to the head.

CASE 3.—Wm. R.—, aged twenty-six, a florid, robust-looking man, was admitted on August 19th, 1857, with disease of the right elbow-joint. The patient states that up to about six years ago he has always enjoyed good health. About that time he contracted syphilis, for which he was mercurialized. This was followed by an eruption, accompanied by pain in the limbs and joints, more especially the right elbow and knee. Shortly after he found that his right elbow was swollen and painful. This in about three months yielded to treatment, but he was never after able to place the limb in a perfectly straight position, nor could he flex it sufficiently to touch the shoulder without great pain. In May last he had a return of the pain and swelling in the joint. This continued unabated up to about five weeks ago, when an abscess formed in the joint.

On admission, the swelling was considerable about the elbow, and the contour of the joint entirely lost. The forearm was slightly flexed on the upper arm, and on pressing the forearm upwards a peculiar elastic feeling was given.

Aug. 20th.—An incision was made midway between the condyles of the humerus, and a considerable amount of offensive matter discharged itself. A probe introduced through the wound passes readily into the joint.

30th.—The patient being placed under the influence of chloroform, Mr. Fergusson proceeded to excise the joint. As in the other cases, this was accomplished by making the vertical incision at the back of the joint. The ulnar nerve being carefully hooked back and secured from injury, the humerus was sawn through just above the condyles, and the olecranon and

the head of the radius were also removed. Much bleeding occurred during the operation.

Sept. 1st.—Heath's splint was put on, and sufficient extension made with it to separate the ends of the bones. The wound looks healthy, and the patient suffers little pain.

7th.—The arm was bent for the first time, and caused very little pain.

10th.—The splint was removed to allow the swelling to decrease.

20th.—The splint was left off entirely, as it was thought that the effect it had had in keeping the bones asunder was sufficient to secure perfect motion in the joint. The patient can flex the arm a little himself, and with slight assistance can raise his hand to his mouth. The wound is looking very healthy, having closed up to a great extent in a surprisingly short period of time. The patient's health is much improved, and a most favourable result is expected.

ST. MARY'S HOSPITAL.

EXCISION OF THE ELBOW-JOINT IN A BOY, FOR GENERAL DISEASE OF THE ARTICULATION; SPEEDY RECOVERY WITH A GOOD ARM.

(Under the care of Mr. URE.)

G. W.—, aged thirteen, a boy with a fine, intelligent countenance, good complexion, fair hair, and grey irides, was admitted on the 1st of August, 1857. About fourteen months preceding, while playing with some lads, and jumping over one of their backs, he fell to the ground upon his left elbow; this was followed by swelling of the part. About a month afterwards, he again fell upon the same elbow, whereupon an abscess formed at the seat of injury, and was laid open by a surgeon. The inflammatory swelling did not subside, and a month or so before the date of his admission another abscess made its appearance, which was also laid open; a third developed itself the day after he entered the hospital. At this period, the elbow was swollen, measuring nine inches and a quarter in circumference, while that of the other arm measured seven inches and three-eighths; it was stiff and semi-flexed. Pain was experienced on pressing the olecranon. He also felt frequent darting pain in the course of the arm. The surrounding integument presented a reddish blush; there were three fistulous openings, evidently communicating with the joint, situate on the ulnar side of the elbow, each about an inch apart, and from which a little sero-purulent fluid issued.

Before resorting to excision, it was recommended, in consultation, that a trial should be given to perfect rest of the affected joint. The arm was accordingly placed in an interrupted angular splint, which was well padded, and adjusted so as to allow free egress to the secretion from the sinuous openings. The result of this plan of treatment, which was persevered in for a month, was some diminution of the swelling, but no decided improvement in other respects; and as the lad was solicitous to be relieved of his painful infirmity, Mr. Ure performed the operation on the 2nd of September, the patient having been previously rendered insensible by chloroform.

The edge of the knife was entered close to the outer margin of the olecranon, and the linear incision prolonged directly upwards and downwards, to an extent of about three inches and a half. The integuments were dissected back, the insertion of the triceps muscle was divided, and the olecranon removed with bone-nippers. The lateral ligaments were next severed, and the extremity of the humerus, being made to protrude from the wound, was cut off through the tuberosities with bone-nippers. The head of the radius was then taken away, and finally the remaining portion of the sigmoid cavity of the ulna. The operation was attended with very little bleeding, and no vessels required to be tied. The edges of the wound were kept in apposition by five points of suture; a pledget of moist lint, and a bandage applied round the arm, which was bent at a right angle, completed the dressing. As the patient complained considerably of pain on awakening from the effects of the chloroform, an opiate draught was exhibited.

It was ascertained on examination that the joint had contained pus, that there was pulpy degeneration of the synovial membrane, erosion of the cartilages, a softened condition of the ligamentous tissues, and what was most important, that the whole of the morbid cartilaginous surface had been removed in the operation.

Sept. 3rd.—Slept well; countenance cheerful; skin moist and cool; tongue clean; pulse 120; hand of the natural temperature; he makes no complaint except when the limb happens to

be moved, and is free from the darting pain formerly felt in the arm; there was some little oozing of bloody serum, which had soaked through the dressing.

4th.—The dressings were removed, as they had an unpleasant smell; the part looked well, but as the cavity of the wound evidently contained some grumous blood, a suture was withdrawn, in order to favour its escape; the countenance was good, tongue clean, skin natural; he was allowed beef-tea and an egg, both of which he had taken with relish. Water-dressing.

5th.—The patient was in excellent spirits; his pulse 96; the wound was syringed with tepid water, in order to evacuate some clots, which tend to impede the healing process and to engender erysipelas.

7th.—The wound was suppurating healthily; as the patient felt rather languid, he was allowed two ounces of port wine in the day.

12th.—The limb was supported by means of a rectangular sling-splint, well padded, and fixed at a right angle; the upper half of the wound had united; the lower half was granulating and suppurating healthily; he was able to walk about the ward.

On setting aside the splint, after cicatrization of the wound, in order to allow the employment of passive motion, it was found that two of the old fistulous openings had not entirely closed. Free cauterization of the orifices with nitrate of silver soon effected their closure. The lad was progressively gaining useful motion of the limb, could use a stick, and put his hand in his pocket. He left the hospital, in excellent health, on the 30th of October. He has called since, and stated, with manifest satisfaction, that he could use his knife and fork, a thing which he had been unable to do for about a year and a half.

CLINICAL RECORDS.

TUBERCULOUS TESTICLE.

A GREAT authority on this subject tells us that the diseases which may lead to the necessity of castration are the different forms of carcinoma, incurable struma, abscesses, and tedious sinuses consequent on inflammation and cystic disease. We have seen the testicle, or the growth representing it, removed in all these instances, and were invariably impressed with the idea that the patient was fortunate in getting rid of a diseased mass which had most clearly lost its proper functions. A reference to Fig. 28, p. 283 of Mr. Curling's last edition, will convince any one of this fact; for a coil of seminal tubes is there represented affected with tubercle. In truth, this form of disease is originally developed within the tubules or ducts. A large tumour formed by a tuberculous testicle, which has resisted all treatment, and has now ulcerated, is with propriety submitted to castration. Another instance of the kind in this condition was treated in this manner on the 31st ult., at St. Bartholomew's Hospital, by Mr. Lawrence, the patient being a young, stout, ruddy, but nevertheless strumous Irishman, whose right testicle only was affected. The cord was divided and the vessel secured before the diseased mass was removed. In a former "Mirror" (page 9 of this volume) we recorded two other instances of the same kind, under the care of the same surgeon, which turned out well. Of course, if a strumous testicle will yield to the treatment employed, (as in an instance recorded in THE LANCET of July 11th last, by Mr. W. S. Gill,) no one would, under such circumstances, venture to think of the operation of castration.

ADENOCELE RECURRING A SECOND TIME.

OUR readers will probably recollect the almost unique example of all the varieties of this form of tumour developed within a single breast of a young married woman, which we recorded in a former "Mirror," (*ante*, page 114,) which was successfully extirpated, the gland assuming its normal outline. She recovered, and left Guy's Hospital with the nipple almost as perfect as if no disease had ever deformed it. The removal of the tumour was effected by Mr. Birkett on the 24th of June. Since that period it has returned, and when we saw the patient on the 6th of October, she had a prominent, fungoid, crimson and red tumour, the size of an orange, occupying the situation of the nipple. It had a most malignant-looking aspect, but it was not really so, as it was not offensive, nor sloughing, nor ulcerated. Besides, her health was in every way perfect and robust; she was stouter than when last operated upon. There

were no indications of cancer about her, excepting the external appearance of this tumour, which, however, merely resembled it. The explanation given by Mr. Birkett of its reappearance was to the effect, that on the last occasion when he removed the diseased part of the breast, he was anxious to save the nipple, but since cicatrization ensued the nipple began to enlarge, and increased so much as to form a mass, in which the nipple could not be recognised. He had no doubt that in trying to save the nipple he had left some portion of the disease behind, which had formed the nidus for the new growth. This was removed under chloroform, when all the rest of the breast was found healthy, and allowed to remain. We may refer to this case again, but it shows the necessity of completely eradicating every portion of a local disease. In the first operation on this patient, Mr. Birkett had been induced to save the nipple from the success which attended this proceeding in a somewhat similar case.

ACUTE NECROSIS OF THE FIBULA.

NECROSIS of bones is a common disease, affecting some bones very rarely, but others frequently. This will apply especially to the tibia, which seems particularly liable to take on a diseased action and die. From contiguity of situation, it might be supposed that the fibula would participate in the disease of its fellow. Yet such is not the case, for the fibula is rarely to be met with in a state of disease *per se*. Meeting with an instance in the London Hospital, on the 29th October, under Mr. Curling's care, we think it right to give a record of it. A little boy, about eleven years old, on the 17th, fell down and hurt his left leg and ankle; this was immediately followed by pain and swelling, and suppuration at the lower and outer part of the leg, near the ankle. An abscess was opened, when it was found that a large part of the fibula was already in a state of acute necrosis, the periosteum being destroyed, and the bone white and glistening. It had a little redness about it when we saw it, but the appearance may have been fallacious. The boy was healthy-looking and robust. Mr. Curling was fearful the disease might extend to the ankle. There was not, however, any tenderness around that joint, and most likely the diseased action will cease at the epiphysis, an occurrence commonly noticed in the bones of the young. The most dangerous part of the disease is over, and the boy will make a good recovery.

HYPERTROPHY OF PENILE INTEGUMENT REMOVED BY THE ÉCRASEUR.

OCCASIONALLY we see the *écraseur* used at some one of the hospitals, to remove some redundant growth or condemned organ, just to let the student see the nature of the instrument. One of the objections to a modified form of this instrument, which is manipulated by turning a screw at the handle, is, that one end of the chain only is drawn through the canula, and thus compressing and pushing round one side of the mass undergoing the process of crushing. This we saw improved in an instrument manufactured by Mr. Ferguson, of Giltspur-street, which permits of the slow but continuous turning of the screw at the handle, and at the same time drawing both sides of the chain into the canula, thus equally compressing the diseased mass. This was the suggestion of Mr. Skey, jun. Its application we saw practically on November 14th upon a young man who had hypertrophy of the integument surrounding the body of the penis—a condition remaining after former disease many years ago; in fact, the glans penis was regularly scarred and pitted as if by small-pox, but of course resulting from a pock of greater potency. The instrument worked very well, and had nearly severed the tumour, when the chain near the handle broke. Its pedicle was therefore snipped off by Mr. Skey with a scalpel, and not a drop of blood was manifest. There can be no doubt that the instrument is useful and convenient enough in such cases as these; but we have seen the chain break so many times, or some disaster occur in its use, that we think we may safely assert that it will shortly be exhibited by the surgeon as a thing that received a fair trial in its day, and was found not to answer. The results of the operation, however, in the removal of the growth, were perfectly satisfactory.

AN UNWILLING OPERATOR.

OF course every patient is presumed to have a right to dispose of his own members, whether the surgeon is willing or not to save them for him. Generally speaking, we find patients unwilling to lose a limb if they can help it; but it is rare to see one object to a chance of saving it, and to insist upon its