Extension of the Leg and Stiffness of the Knee-joint, the consequence of long-continued inflammation of the joint; Forcible Flexion; Result three years after.—Mary P—, aged twenty-three, was admitted into the hospital three years and eight months ago. All trace of acute disease had by that time passed away. The leg was straight and rigid. The ligamentum patellæ was so much contracted that the lower edge of the patella was drawn nearly to the tubercle of the tibia. That this was the chief source of the stiffness of the joint there was little doubt, but it was also certain that there were other changes about and without the joint which contributed to its rigidity. The muscles of the leg and of the thigh were much wasted from disuse. The patient walked with crutches, but very imperfectly. As there was no bony ankylosis, Mr. Walton thought the case to be a proper one for forcible flexion, by which adventitious adhesions about the joint might be broken through, and the extensor muscles stretched or more or less torn, and the joint made available. He thought, too, that if the joint were used the wasted muscles would regain much of their bulk and the limb its power. The patient was placed under chloroform, and, with the exercise of a great deal of force, the leg was flexed on the thigh to the full extent. The operation was followed by constitutional irritation and local inflammation. The limb was kept in a straight splint for two months; an iron apparatus was then applied, and the patient began to move about the ward on crutches; at the same time, slight flexion was made daily and gradually increased. She left the hospital at the end of five months. She was then unable to stand without the iron apparatus, but could walk without crutches. She could flex the leg to nearly the full extent when she was sitting or lying down. On leaving the wards she became an out-patient.

Eight months after her discharge from the wards the patient left off the apparatus and began to walk with a stick, bending the knee moderately well. A few days ago she was brought to the hospital by Mr. Walton, in order to show her present state. She has complete use of her joint, and can flex and extend the leg perfectly. She goes up and down stairs with ease and without halting. The muscles of the leg and thigh have nearly recovered their volume. The patella is still in its abnormal position; and when the leg is semi-flexed, the condyles of the femur, the trochlear surface between them, and the attenuated tendon of the conjoined muscles, can be distinctly felt.

Extraction of Artificial Teeth and Metallic Plate from the Oesophagus after eighteen days' impaction.—Emma N—, aged twenty-five, whilst in bed on Christmas-eve, dreamed that she was swallowing something hard, and on waking discovered that three artificial teeth fixed to a plate of silver and platinum had disappeared from her mouth. She experienced no difficulty at all in breathing. She could not swallow any solid food, the attempt to do so producing a feeling of sickness; but beef-tea, milk, and broth she found no difficulty in swallowing.

The patient was brought into the operating theatre on the 11th inst. Mr. Walton passed a pair of long forceps without meeting with any obstruction. He then passed an oesophagus bougie for the purpose of exploring. The instrument entered the stomach, but grated against something in its passage down the tube. The bougie on being withdrawn showed scratches caused by some foreign body. Judging from the upper—i. e., the last—part of the scratch, the object must have been in the oesophagus, at a point opposite the insertion into the sternum of the third costal cartilages. The scratch itself measured 9 in. in length, and there was about the same distance from the upper part of the scratch to the point of the bougie which touched the patient's lips during the exploration. Mr. Walton then passed a hooked probang, and caught hold of something that appeared to have a sharp edge. He then withdrew the object slowly and carefully to avoid lacerating the oesophagus. When, however, it had been brought to the upper part of the pharynx, the patient made a sudden gulp, and swallowed it again. Mr. Walton then seized a pair of long, curved forceps, and, introducing them into the oesophagus, grasped the artificial teeth, and recovered both them and the plate. No loss of blood ensued, and there was only a slight reddish tint in the mucus which the patient spat out.

Although the metallic plate had been out of order for a long time previous to the accident, the patient had never taken the precaution of removing it at night. It held

three teeth on one half of its irregular convex edge. Its entire length was 1½ in., and the greatest breadth 1 in.

As the operation produced pain, and there must have been more or less tearing of the oesophageal surface, Mr. Walton deemed it advisable that the patient should, for a time, take no food by the mouth. For the first four days she therefore received enemata of six ounces of beef-tea; for three days more these were increased to eight ounces, and administered every five hours. They were all retained. She then began to take liquid food, and shortly afterwards was placed upon full diet. She left the hospital quite well, and without having shown any appreciable loss of strength or flesh.

ROYAL OPHTHALMIC HOSPITAL, MOORFIELDS.

NÆVUS OF THE ORBIT, PROTRUSION OF THE EYE, AND
SUPPURATION OF THE CORNEA; EXCISION OF THE
GLOBE AND REMOVAL OF THE NÆVOID
TUMOUR; RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

THE following very interesting and exceptional case occurred in the practice of Mr. Lawson at the Ophthalmic Hospital, Moorfields.

On Nov. 8th, 1870, a little child, aged three years and two months, was brought to the hospital with a great protrusion of the left eye, and evidently suffering considerable pain. The eye was bulged fully half an inch beyond the boundary of the orbit, but the child was still able to close the lids over it. The globe was projected directly forwards, and no tumour could be felt with the finger around any portion of the circumference of the orbit. The cornea was perfectly clear, and the eye otherwise healthy. The mother stated that the eye had begun to protrude about six months previously, but that the bulging had remained almost stationary until ten or twelve days before her application to the hospital, when, without any apparent cause, the protrusion of the eye became rapidly greater, and had since increased daily.

As it was difficult to decide on the nature of the tumour, the child was kept under observation, and ordered to attend regularly as an out-patient.

On November 18th the child was admitted with the mother into the hospital, as the severity of the symptoms had greatly increased. The eye was much more bulged from the orbit, it had lost the protection of the lids, which could no longer be closed over it, and, from the consequent exposure, the cornea was beginning to suppurate, the lower half of it was semi-opaque, and the conjunctiva of the globe was chemosed. The child was evidently in great pain, constantly moaning, and unable to sleep except in short snatches. To relieve the sufferings of the child, and also to obtain a correct knowledge of the growth behind the globe, Mr. Lawson decided to remove the eye. On dividing the optic nerve with the scissors, a copious stream of blood followed, and the tumour within the orbit at once collapsed to nearly one-half its former size.

On examination, a vascular growth, composed of large veins, with a cellular matrix, was found to occupy the orbit. Drawing the nœvoid tissue out of the orbit with a pair of forceps, so as to keep it on the stretch, Mr. Lawson excised the greater portion of it, leaving only a small part of the tumour at the apex of the orbit. The cavity was then plugged with a small piece of sponge soaked in the liquor ferri perchloridi, and a compress to arrest further hæmorrhage was applied over the closed lids with a flannel bandage.

The sudden diminution in the size of the tumour on the division of the optic nerve was due to the tumour having been cut into with the scissors, and the immediate escape of a large quantity of blood which had accumulated in a cavity in the centre of the growth. One of the large veins of which the nœvoid tissue was composed had evidently given way, and blood had been effused into the substance of the tumour. This also explains the sudden increase in the size of the growth, which was one of the remarkable symptoms in the history of the case.

The child recovered without a bad symptom, and has since continued well.