

united and caused marked bending of the thigh and eversion of the leg. With but few exceptions all the cases were treated and operated on at the patients' homes, some of them in dingy courts and alleys. Where the patients have been operated on in hospital, they have only remained for a few days, and have then been carefully transferred home on stretchers by trained bearers. When I first commenced this series of cases, the Hull Orthopaedic Hospital possessed no beds; it was merely an out-patient hospital. Consequently the patient's home was the only available place for operating, and it is only the later cases that have been done in hospital since beds have been established. In spite of the apparent unhealthy surroundings of the patients' homes, not a single case of septicaemia occurred, and not a single fatal result from any cause has to be recorded. Bony union was in every case obtained without any difficulty. Two accidents happened—viz., the breaking of the chisel on two different occasions. In one case—that of a man aged twenty years—one-eighth of an inch of the end of the chisel was left behind, after cutting through the femur; this was never found, but it gave rise to a troublesome abscess afterwards, the case ultimately doing well. In another case—that of a girl aged seventeen years—whilst removing a wedge from the tibia for extreme anterior curvature, a similar piece snapped off; this caused no inconvenience, as the wound healed well and quickly; but the piece of chisel was never found. Chloroform was the anæsthetic used for children, ether that for the cases exceeding twelve years. The limbs were rendered bloodless by Esmarch's bandage, and Macewen's chisels were used. An ordinary joiner's mallet was used in preference to the small boxwood ones generally sold, less blows being required to nearly sever the bone, the fracture being afterwards completed by manual force. In the genu valgum cases Reeves' diaphysial operation was adopted throughout. In one case of extreme genu valgum occurring in a man aged forty-one years, I adopted the suggestion kindly offered me by Mr. Reeves, and removed a wedge-shaped piece from the outer side of the femur, as these cases in adults invariably, with the simple linear osteotomy, present great bulging on the outer side of the thigh. In all cases where simple division of the bone was done an opening just sufficient to admit the chisel only was made. A simple pad of McGill's salicylic silk was used as the dressing throughout, iodoform being dusted over the wound, the wound being closed by chromic gut. The sponges and the wound were invariably washed out with a weak solution of "Kingzett's Bactericide," which is an acid 5 per cent. solution of corrosive sublimate. This I have found a very satisfactory and convenient antiseptic, as it mixes without precipitation the hardest of waters. As a rule, the first dressing has been sufficient, but where a wedge-shaped piece of bone has been removed I have sometimes found three or four dressings were required. If the dressing be smeared with a little glycerine and carbolic acid on the surface next the wound it will be found to prevent the material caking, as it sometimes does when there has been oozing of blood. This hardened condition of the dressing frequently sets up some irritation of the skin. The 100 cases were made up of thirty-two bow legs, treated by simple transverse incision; ten cases of extreme anterior curvature of tibia treated by removing a wedge-shaped piece; forty-five cases of double genu valgum; and nine of single genu valgum, treated by Reeves' diaphysial incision; two cases of badly united fracture of the thigh in infancy; another case where both thighs and both legs were fractured, wedge-shaped pieces being removed from the tibiae; and, lastly, a case where no less than six compound fractures were made. This last case was the worst deformity I ever saw, the boy, aged eleven years, being an object of pity to everybody who saw him. I first commenced this case by fracturing both thighs, removing small wedges, and at the same sitting doing simple osteotomy at the upper third of the tibiae. Two months afterwards I again divided the tibiae, removing wedge-shaped pieces at the junction of the middle and lower third. The case did remarkably well, and the boy is now walking about earning his living, to outward appearance showing no signs that he had ever been deformed. I am sorry I cannot publish with this paper a photograph of his condition before operation. I had a photograph taken, but the friend who took it died before he had printed any, and I was never able to obtain the negative after his death. After operation and when the bones were firmly united my cases have generally worn a cheap

and light steel support on the outer side of the limb; this is necessary in many cases, as there is sometimes a tendency, where the child is living in unhealthy surroundings and gets insufficient food, for the deformity to reappear. Leg irons suitable for the after treatment of osteotomy can be obtained for very little money, and at prices within reach of the poorest. In supplying leg irons, either after osteotomy or for rickety legs without operation, I insist on the patient coming up for examination at least once in three weeks. There are always small details that require attention, such as loose rivets, straps require tightening. The machine wants lengthening as the child grows, and some mothers are just as careless in putting on leg irons as they are in dressing their children. All these little details, if neglected, militate against a good cure being effected.

During the period occupied in the treatment of this series of cases a still larger number of a lesser degree of deformity have been cured by splints, bandaging, surgical appliances, and other means of a milder character than osteotomy. Amongst the milder means I may mention the great assistance and the shortened duration of treatment to be obtained from forcible attempts at straightening under chloroform. I have been in the habit of giving chloroform once a week to these cases, and then carefully applying well-padded splints. It is astonishing what a change can be effected in the contour of a deformed limb by a few weeks of this treatment.

Hull.

A CASE OF FACIAL PRESENTATION, COMPLICATED BY THE PROLAPSE OF BOTH FEET, BOTH HANDS, AND THE CORD.

BY R. BROOM, M.B., C.M., B.Sc.,
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MRS. T—, aged thirty-five, was admitted to the Glasgow Maternity Hospital on Jan. 21st, 1890, at 10.30 P.M., to be delivered of her seventh child. She considered she was rather more than eight months pregnant, and stated that the pains had commenced about 5.30 A.M., but had never been very strong. On vaginal examination, the os was found to be the size of half a crown, and the right foot presenting with the toes towards the sacrum and to the right. The pains continued feeble, and the progress of the labour was slow. At 1 A.M. the os was the size of a five-shilling piece, and, besides the right foot, the heel of the other foot could be felt to the left, and some small parts to the right, which could not be diagnosed owing to their being above the brim. During the night the pains continued feeble, and the patient slept a good deal. Though examined from time to time, nothing further could be made out. At 10 A.M. the os was the size of the top of a small teacup, and on careful examination, besides the two feet which were still little more than through the brim, the left hand could be distinctly made out lying to the right of the right foot, with the back towards the vagina, and the fingers to the front. Some small parts were felt between the hand and the right foot, but it was impossible on digital examination to reach them sufficiently to make out their exact nature. Though the os was fairly well dilated, the pains, which were never very strong, seemed to be producing no effect. The abdominal tumour was smaller than is usual for a pregnancy of over eight months. Palpation showed that the head was neither at the fundus nor at the sides. The foetal heart was heard to the right of the umbilicus, and about an inch below it.

At 2.15 P.M., as very little further progress had been made, the patient was placed under chloroform, and I introduced my hand to make out exactly the nature of the puzzling presentation, and was prepared to do whatever was necessary. I immediately found that the small parts previously felt between the hand and the right foot, but whose nature could not be made out, were the nose and lips of the child's face. The face was lying with the chin posterior and to the left (second facial position). The left hand was lying over the right cheek and eye, and the right hand was against the neck of the same side. The right heel lay a little to the right side of the chin, and at least an inch lower down. The left heel lay to the left side of the chin, and a little higher

than the right heel. Between the two heels lay the cord, prevented from coming down by a piece of the membranes, which likewise covered the left heel. On further examining, the cord came down into the vagina. As it was still pulsating, though feebly, I resolved to turn. Taking hold of the right foot, I pulled it down to the mouth of the vagina and put on a noose, which I held by the left hand. I again introduced my right, and completed the turning by pushing up the face. Delivery was accomplished without much difficulty, and the child cried in a few minutes after birth. Both feet and the left hand were very much swollen and congested, and the face to a less degree. The child was a male, weighing 3 lb. 10 oz., and measuring 16 $\frac{3}{4}$ in. The placenta weighed 11 oz., and the cord was 16 in. in length. Though the child was considerably under the average weight of an eight months' child, yet from the length it may have been a badly nourished eight months' child. The mother and child both made excellent recoveries and were dismissed well on the tenth day.

With regard to the complication of head and face cases by prolapse of limbs, Spiegelberg¹ says: "Spontaneous prolapse is very rarely seen when the foetus is mature and living; generally speaking, in such cases the foetus is immature and dead, as a result of which its body is flaccid and non-resisting. Under the latter circumstances, moreover, several extremities—indeed all four—are sometimes found presenting, and are usually accompanied by the umbilical cord." He adds that it is generally in multiparæ that the complication is met with.

As only a very limited number of complicated face cases are on record, and as I believe the present case to be unique, I think it worthy of a permanent place.

North Hanover-street, Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE GENERAL APPRECIATION OF VIBRATION AS A SENSE EXTRAORDINARY.

BY W. BOLTON TOMSON, M.D.

MRS. S—, aged sixty-one. Abundant evidence of syphilis. Has been deaf over thirty years; never any discharge from ears. Getting much worse the last twelve years. Can only hear on the left side when shouted at very loudly and close to the ear; on the right side not at all. Right ear: membrana tympani white, not in-drawn. Tuning-fork: bone conduction (as well as air conduction) *nil*, but says she can feel the fork vibrating. Left ear: condition the same. Her attention can instantly be arrested by a slight blow on the table. A step on the floor, or the coming down some neighbouring stairs, not, as she herself says, "that she can hear it," but *that she can feel it*. This patient obtains no help from sight as, besides being myopic, she has advanced cataract in both eyes, and can only distinguish objects close to her.

Miss R—, a dressmaker, aged twenty-eight, says she has been deaf for quite ten years. Cannot hear speech at all with either ear. Has two sisters quite deaf. Tuning-fork: bone conduction *nil*. In a similar manner to the last this patient's attention can be instantly arrested by a slight blow on the floor or table, or by any cause producing a concussion so insignificant that by the bystanders it would be unnoticed.

Doubtless, many can recall cases similar to the above; but I am not aware that any previous explanation of the phenomenon has been offered. A substance producing a sound communicates its vibration through the medium of the air to all surrounding objects, organic and inorganic. Although the ear conveys the intelligence as to the nature of this vibration, the fact that it is taking place is felt by the body generally. In the lowest known vertebrate, the amphioxus, no ear has as yet been detected, so that it can only receive intimation of a sound by feeling this general vibration. A person perfectly deaf is, as far as sound is concerned, reduced to the same condition. Compensation is a principle of nature, and if any sense is lost an effort at

compensation is attempted by an increased development of some other; hence, in persons who have been practically quite deaf for some considerable time, as in the cases quoted, this general appreciation of vibration becomes so highly developed as to almost assume the dignity of a special sense.

Luton.

A NEW SUSPENSORY BANDAGE FOR THE TREATMENT OF EPIDIDYMITIS AND ORCHITIS.

BY R. J. CARTER, M.B. LOND., M.R.C.S.

I AM indebted to the kindness of the staff at the Male Lock Hospital for permission to publish the following results. This bandage has been introduced into France by Dr. Jullien of Paris, who kindly brought it to the Lock Hospital, and asked that it might be tried. It consists of an elastic band, which fastens round the hips with a buckle; a bag to hold the testicles, of large size, with a hole through which the penis protrudes, made of mackintosh material; two straps pass from the posterior margin of the bag around the gluteal folds, and hook in front to the elastic band. On each side of the bag are two tapes, which when tied are able to produce a considerable pressure upon the testicles. To apply the bandage, it is necessary to line the bag with a layer of cotton wool half an inch thick, place the testicles in it, and adjust the straps. More cotton wool is inserted until the whole is well and firmly packed, and the lateral tapes are securely tied. The essential principle of this bandage is to exert a uniform elastic pressure upon the testicles by means of the cotton wool and non-distensible bag, and this it accomplishes most effectually. Its advantages in the acute stages of these diseases are most marked, but it is also of great service in the more chronic forms, hastening resolution and the absorption of the plastic exudation. By its use we have been able to dispense entirely with any other means of treatment, and in the severest cases of epididymitis the patients have been able to walk about and do their work, in many cases of a laborious character, with perfect comfort and freedom from pain. In one case the patient was groaning and retching constantly, unable to move, but upon the application of the bandage immediately got dressed, and could walk about the ward comfortably. In only one instance after its application was pain complained of, and then it was situated high up above the external abdominal ring in the cord. The duration of the inflammatory process is also checked, the plastic material thrown out is much less in amount than in cases treated by ordinary antiphlogistic remedies. The freedom from pain and the obviation of the necessity of keeping in bed are recommendations for this bandage, which I am certain will lead to its general use in the treatment of acute inflammatory affections of the testicle, and although not so marked in the more chronic forms, its utility in them is unquestionable. The bandage can now be obtained in London from Messrs. Matthews Bros., 10, New Oxford-street.

Dean-street, Soho, W.

COLLAPSE FOLLOWING THE INTERNAL ADMINISTRATION OF SALICYLATE OF SODIUM.

BY A. G. AULD, M.D.

BUT few drugs, old or new, have escaped trial in the special treatment of chronic and subacute articular rheumatism. The effect of the salicylate of sodium (as sometimes prepared) in the following two cases is interesting in view of certain recent experiments.

J. M— had been under treatment for subacute rheumatism for six months in another part of the country without deriving any benefit. On May 1st, 1889, I prescribed for her 100 grains daily of salicylate of sodium. On the 4th she complained of giddiness, confusion of ideas, and weakness. On the 5th the giddiness was excessive and the patient was unable to get out of bed. The next day, having now taken 600 grains, there were delirium and prostration. The drug was now stopped, and when the patient regained her faculties the joint symptoms had disappeared, and did not return.

H. C— had for years suffered from articular rheumatism, chiefly in the lower extremities. On May 24th, 1889, I prescribed 100 grains daily of the salicylate of sodium, which was supplied by the same chemists as in the previous

¹ Text-book of Midwifery, vol. ii., p. 197.