relaxed the muscles as to permit of reduction with comparative facility.

On the 27th of November, we found Mr. Stanley's patient progressing most favourably, without any bad symptoms since the operation. She has been allowed beef-tea, and several ounces of brandy daily. Her pulse is strong. She complains only of a little pain in the navel, and there is some offensive discharge from the wound. A good recovery is confidently anticipated.

RESULTS IN A CASE OF EPILEPSY FROM FRACTURE OF THE SKULL, AFTER THE USE OF THE TREPHINE.

(Under the care of Mr. LLOYD.)

In the month of April last, we placed upon record (THE LANCET, vol. i., p. 365) an instance of compound fracture of the skull, which gave rise to epileptic fits. These were treated, when recovery from the injury had taken place, by the use of the trephine, and we promised our readers an account of the progress of this important case, and the influence the measures adopted might have upon the recurrence of the fits.

The patient, aged thirty, a mariner, from Sudbury, Suffolk, of good constitution, was knocked down on the deck by a sail in November, 1856, and fell on an iron bolt, which was forced through the cranium, near the coronal suture, on the right side, making a hole the size of half-a-crown. Although insensible for twenty-four hours, he recovered, the wound nearly healed, and he returned to duty within a fortnight. Some pieces of bone were subsequently removed. In June, 1857, the wound being quite healed, he had a fit, which lasted twenty minutes. Shortly after this a piece of bone was removed by Dr. Jack at the Hong-Kong Hospital. In July another fit occurred, and two small pieces of bone were removed. In August the wound had healed; but a severe illness (fever) at Foo Chow-foo, of six weeks' duration, was followed by fits every fourteen or twenty days.

He was admitted into St. Bartholomew's Hospital on the 8th of March, 1858, in Pitcairn ward, and after being in three weeks (during which he had two fits) it was agreed that the trephine should be applied, and this was done by Mr. Lloyd, in the manner described on a previous occasion, on the 27th March. The following is a continuation of his case:—

On Sunday, the day following the operation, he went on quite well; but on Monday and Tuesday fits recurred every four hours. Ice, &c., were applied. Fifty-four days now passed without any fits—the longest interval in which he had been free from them. They recurred on the 23rd May, 10th, 22nd, and 29th June, and he left the hospital on the 3rd July. On the 18th July he had a fit in church, and again had one on the 19th August.

When last seen, on the 31st August, by Mr. M'Whinnie, a small wound was present, with no pain. A little red precipitate ointment was ordered. He could not perceive any pulsation in the wound, nor detect by gentle exploration any bone, and he recommended non-interference. The patient had worn a seton for eight months, during which period, however, he had no diminution of the fits. They have diminished in number since the operation, and the last fit, Mr. M'Whinnie informed us, seemed to have been brought on by over-exertion, about which the patient had been previously cautioned. He has returned to the country.

November 27th.—Mr. Lloyd mentioned to-day that he had very recently seen the patient, whose fits appeared at longer intervals, and were of short duration. An exfoliation of bone was about to come away from the old wound, and the man felt so well that he had gone to Liverpool to seek employment as a seaman. Mr. Lloyd believes that a cure may ultimately be anticipated, especially after the exfoliation is thrown off.

LONDON HOSPITAL.

SETON IN UNUNITED FRACTURE.

(Under the care of Mr. CURLING.)

A HEALTHY man fractured his left humerus twelve months ago in two situations, at the junction of the middle and lower thirds, and of the middle and upper thirds. The latter, or upper fracture, united by bone; but a false joint formed at the seat of the lower fracture. He was admitted a patient in the above hospital, and had the false joint treated (on the 4th of November) by the passage of a seton between the two ends of the broken bone. This was effected by Mr. Curling, who at

the same time found that the course of the fracture was oblique, and prevented the passage of the long needle with the ease that might have been anticipated. In some remarks which were made on this occasion, it was stated that non-union of fracture was more commonly met with in this situation than in any other part, and is especially liable to happen if the fracture is a double one, and also if the supply of blood is cut off by destruction of the nutritious artery of the bone. No fairer example can be shown to the surgical student of the necessity and importance of knowing the value and situation of the nutritious artery than a case of fracture of this kind; for the prognosis, to some extent, depends upon it. In such a case as the foregoing, the broken bone is unfavourably situated for union.

We recollect an almost precisely similar case to Mr. Curling's, in an elderly man, who was a patient of Mr. Thomas Wakley, in the Royal Free Hospital, and was admitted under the care of that gentleman with a false joint, the result of non-union of a fracture at the lower third of the left humerus. The ends of the broken bones were exposed and sawn off, and ossific union ensued. A record of it was given in a former "Mirror." We have heard Mr. Stanley, at St. Bartholomew's Hospital, give an explanation, in a clinical lecture, why false joints are so commonly met with in the arm as compared with other parts of the body, and one that deserves some consideration. It is to the effect that when the fracture occurs just below the insertion of the deltoid muscle, the action of that muscle is continually moving the end of the bone about, and so prevents its becoming united. When the fracture fails to unite, Mr. Stanley has observed that success is very rare indeed in subsequent efforts to obtain union.

The progress of Mr. Curling's patient up to the present time is so far satisfactory as to warrant the anticipation of a good result. Violent inflammation followed the introduction of the seton, which was removed at the end of a week, a great deal of swelling being present, with much discharge. These were allowed to subside, and the wound to heal, which occurred in about six days, when the arm was carefully bandaged in gum and starch, and placed in an angular splint, and will be so retained with the utmost quiet for three or four months, until perfect union is obtained. The general health of the man is good. He does not now complain of pain, but experiences a slight shooting sensation at the seat of the old fracture.

CLINICAL RECORDS.

DISEASE OF THE TROCHANTER MAJOR, SIMULATING MORBUS COXARIUS.

THERE is a class of diseases which occasionally simulates closely affections of the joints. These are various diseases of the parts in vicinity to the joints. The diagnosis is a matter of great importance, and often of some difficulty. This is well illustrated in a case at the present time in the female operation ward of St. Mary's Hospital. The patient was admitted under the care of Mr. Coulson, complaining of symptoms which resembled those of morbus coxarius. She limped painfully, and with the greatest difficulty. The parts around the hip-joint were swollen and tender; there were marked nocturnal exacerbations; there was a sinus midway on the outer aspect of the thigh, and rotation did not increase the pain felt. Mr. Coulson decided that it was a case of necrosis of the trochanter, and laid open the sinus freely in its whole extent. At the bottom was found a great portion of the trochanter, lying loose. Subsequently another portion of bone exfoliated, and she is now convalescent.

AMPUTATION OF THE THIGH BY RECTANGULAR FLAPS.

A LARGE, well-built man, a groom, had his leg amputated on the 11th November, at St. George's Hospital, for disease of the knee-joint. He had been a patient in the hospital for some months, and the history of his case was to the effect, that four years ago he was kicked by a horse on the head of the right tibia; chronic inflammation supervened, and destroyed the surfaces of the bones; an abscess formed at the outer side of the leg, passing through the head of the tibia, and communicating with the joint; the head of the bone was at the same time much expanded. Mr. Pollock stated there was only the choice between resection of the joint and amputation. In consultation with his colleagues, it was decided to have recourse