of the sphincter in a lower situation. Whichever operation is performed, the result is very often a relaxed state of the sphincter for some time afterwards.

In a case on which I operated twelve months ago, the gentleman had considerable difficulty in retaining the bowel up, particularly after violent exercise or defecation. In this case I found that the fibres of the sphincter ani were much relaxed, so much so as to allow the rectum to protrude for several inches, so as very closely to resemble a prolapsed uterus. The constitution began to suffer from the constant discharge of muco-purulent matter, and he was quite incapacitated from following his employment. Having previously emptied the rectum by an aperient, I directed him to force down as much as possible, and then proceeded to touch the tumour with strong nitric acid; this was done with a piece of thin wood, four stripes extending from the upper part of the tumour to the sphincter being made on the surface; the part was then smeared well over with oil, and returned. The operation required to be repeated at the end of ten days, when only about two inches of the rectum could be forced down, and he has since then been able to go about his employment without the slightest inconvenience.

The profession are indebted to the late Dr. Houston, of Dublin, for the introduction of nitric acid in the treatment of vascular tumours of the rectum, many cases of its successful employment being given by him in the twenty-third volume of the *Dublin Journal of Medical Science*.

Since the above case was treated, I have had several of a similar nature, and the result has been the same. It would therefore be unpardonable on me to enlarge further on the subject, particularly as a similar treatment has been adopted very extensively by other surgeons, and is well known to the profession. It, however, struck me that if, instead of the great relaxation of the sphincter which so frequently follows its division, we could cause a constriction as great or nearly so as before the operation, we should be doing good service. Now this I think may be accomplished by a very simple method—employing the nitric acid before the relaxation takes place, or prior to any protrusion; and the plan I adopt, and which I have hitherto found very successful, is to apply the strong nitric acid around the margins of the sphincter ani which have been divided, and this I do on the fourth day after the operation; the pain of its application is quickly removed by smearing the parts over with oil, and it is only necessary to apply it twice.

Before concluding these remarks, I wish to state that I have found patients labouring under diseases of the rectum particularly difficult to get under the influence of chloroform, and have found the process much facilitated by employing it locally as well as by inspiration, as I have found the parts excessively sensitive even when the patient has apparently been fully under its influence, and when pricking or pinching was unheeded. This, however, I think may be easily explained by the fact of the patient's sufferings having been for some time directed to the part, and to the nerves being in a highly sensitive condition.

Liverpool, July, 1855.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

GUY'S HOSPITAL.

DISLOCATIONS OF THE HEAD OF THE THIGH-BONE REDUCED BY
MANUAL EXTENSION, FLEXION, AND ROTATION.

(Under the care of Mr. BIRKETT.)

AMONGST the unpublished notes of this institution, or inedited "Guy's Hospital Reports," we find the seven following cases of dislocated hip-joint treated by Mr. Birkett in the same manner as the two cases already given, ("Mirror," ante p. 5,) as treated by Mr. Cock with chloroform and simple manipula-

tion. Dr. Reid, of New York, also gives an American plan of reduction in cases of dislocation of the head of the thigh-bone; and Dr. Markoe, one of the attending surgeons of the chief New York Hospital, has recently furnished nine cases of his own, and three others treated by New York surgeons, twelve cases in all, of which three were dislocations into the foramen ovale, eight (five of his own and three others) on the dorsum ilii, and one into the ischiatic notch. We do not hear of the luxation on the horizontal branch of the os pubis, or the still more rare accident behind the tuberosity of the ischium. The method of the American surgeons is much more violent, and not more effective, than that adopted at Guy's and at some other London hospitals, the displacement being remedied, according to the former, "by flexing the leg on the thigh, carrying the thigh over the sound one, upwards over the pelvis, as high as the umbilicus, and then abducting and rotating it." A peculiar "rocking motion" is much dwelt on, however, by our Transatlantic brethren, as necessary to induce the head of the bone to regain or creep back to its normal position,—a plan spoken of by Colombat,—an old modification of the present methods by manipulation is also now highly prized by some surgeons; but we doubt if, under chloroform, the patient could be so well adapted to it as to the plan of Mr. Cock and Mr. Birkett at Guy's, which seems to answer all purposes. The principle, however, of flexion and extension is the same. The patient with dislocated hip stands at a table, according to Colombat, then leans forward with his chest upon the table, while the surgeon stands behind and bends the knee with one hand, manipulating at the same time and encouraging the various movements of the hip-joint, in accordance with the plan by chloroform already cited in Mr. Cock's cases, making gradual extension by pulling downwards. By this modification of the older plan, assisted by the gravity of the limb in place of chloroform, the head of the bone may be dislodged, and its reduction safely accomplished; perhaps this method is worthy of being recollected where the patient will not bear chloroform. One of the American cases just cited as reduced by Reid's plan, presented the curious characteristic of the head of the bone "seeming to move about freely in all directions," and dislocated in several ways at the will of the patient; in another of the cases the luxation occurred into the ischiatic notch, the limb shortened as usual; but the effect of the treatment was to throw the head of the bone on the obturator foramen, between which points the limb could be got to play backwards and forwards, not into the socket, but under the rim of the acetabulum.

With these few preliminary remarks, as the subject is one of an eminently practical nature, and as the plan seems to answer in old cases of even several weeks' standing, we give the following as various and well-marked dislocations of the head of the thigh-bone at Guy's, reduced, under the influence of chloroform, by manual extension, flexion, and rotation. It is often asked why dislocation of the thigh is so frequent on the dorsum ilii and ischiatic notch. This is caused by the strong ileo-femoral or accessory ligament we spoke of before in Mr. Cock's case, preventing dislocation in front, and all along the border of capsule attached to the inter-trochanteric line; the head of the bone unattached posteriorly. Some of the cases are recent; but it will be remarked we gave one before of five weeks standing readily cured.

CASE 1. — *Dislocation into the Foramen Ovale.* — In February, 1848, a rather slightly made young woman, whilst stepping from a cab in motion, fell to the ground. The accident happened about eighteen hours before Mr. Birkett saw her. She was at the time of the receipt of the injury slightly under the influence of wine or spirits. The axis of the limb, and other well-marked indications, were diagnostic of the site of the head of the femur, which was the foramen ovale. Chloroform having been administered, a round towel was adjusted in a clove-hitch knot around the thigh close above the knee, and extension was made by means of this towel by the dresser in a line parallel with the central axis of the body, his heel having been placed against the head of the femur in the region of the foramen ovale. Immediately that all muscular irritability ceased, the dresser made extension, Mr. Birkett slightly rotated the limb, and the head of the femur was replaced in the acetabulum. The reduction of the dislocation was accompanied with a slight jerk.

CASE 2. — *Dislocation on the Dorsum Ilii.* — A woman, aged forty-five, had been the subject of repeated dislocations of the head of the thigh-bone, this occasion being the twenty-second! The head of the femur could be readily felt upon the dorsum ilii, and the other indications of this dislocation were

all well marked, such as shortness of the limb, the inverted toe on opposite ankle, &c. Chloroform was administered, and the dresser, Mr. Madge, placing his heel and foot against the pubis, and grasping the limb just above the ankle, made direct extension and gentle rotation outwards. In less than a minute reduction of the dislocation was accomplished. This patient expressed herself highly delighted with the method adopted, for she had been subjected about once a year for the last twenty years to the old plans, with their attendant pains and draggings.

CASE 3.—*Dislocation on the Dorsum Ilii*.—A woman, aged twenty-nine, strong, and in good health, fell from a window to the ground. Mr. Birkett saw her about two hours after the accident, when every indication existed of the head of the left femur being situated upon the dorsum of the ilium. Chloroform was administered, a round towel was adjusted close above the knee, and the dresser, Mr. Newnham, made direct extension therewith, his foot being placed against the pubis. In this instance, immediately all muscular contraction ceased, the head of the thigh-bone was heard to enter the acetabulum with a loud noise, accompanied by a violent jerk.

CASE 4.—*Dislocation into the Ischiatic Notch*.—A very strong, muscular, healthy, and active "long-shore" man, was admitted into Guy's Hospital in the winter. He had fallen a few hours before, and Mr. Birkett immediately saw that the head of the right thigh-bone was in the ischiatic notch. The man was placed under the influence of chloroform, and the dresser placing his foot against the pubis, was assisted by a student in making extension therefrom. The limb was in this case directed slightly outwards. Within a minute after complete muscular inaction had been established, the head of the thigh-bone was placed in the acetabulum unknown to the bystanders and those effecting the reduction.

CASE 5.—*Dislocation into the Foramen Ovale*.—A muscular, healthy man, aged twenty-eight, whilst somewhat inebriated, fell, the ground being covered with snow at the time, and the wheel of a heavy cart crossed obliquely over the upper third of his thigh. He was brought into Guy's Hospital about an hour after the receipt of the injury. As the man was lying with his back on the bed, and a little upon the right side of the pelvis, the right femur formed a right angle with the vertical axis of his pelvis, the knee of the same side being flexed. The femur was directed outwards. A very distinct roundness and fulness was seen in the obturator region and amongst the origin of the adductor muscles. The trochanter major was with difficulty felt, and a deep fossa existed in its site. The head of the femur could not be felt distinctly, chiefly because the man could not bear pressure over the adductor muscles. Rotation of the limb, as well as flexion, could be easily effected, but adduction was impracticable. He could not perform any voluntary movements of the joint. The pain was not great when the limb was allowed to remain at rest in this very remarkable position, but the slightest attempt to move it caused intense agony. The length of the entire right femoral region exceeded that of the left considerably. The femoral artery did not appear to have lost its support from the head of the femur to the extent which generally occurs, and this seemed to arise from the tension of the psoas and iliacus muscles. The eversion of the entire limb was greatly exaggerated.

When placed under the influence of chloroform, the head of the femur could be distinctly felt resting on the foramen ovale. An unsuccessful attempt was made to reduce the dislocation by direct extension, with the heel against the pelvis. Mr. Birkett then grasped the limb close above the ankle with his right hand, and, with the left hand, the knee which was flexed. He then flexed and adducted the thigh upon the pelvis, rotating the limb at the same time. Whilst in this position, a peculiar sound was heard, and a grating felt, which sensation, although not exactly like the "crepitus" of fractured bone, led him to fear that there might be a complication of this nature. Holding the limb in the position above described, and acting with it as with a lever, Mr. Birkett pressed the thigh inwards and towards the abdomen, and, after feeling a slight jerk, found that the head of the thigh was placed in the acetabulum. Considerable ecchymosis followed the injury; but the man quickly recovered without a single untoward symptom, and could walk well after the expiration of ten days.

CASE 6.—*Dislocation into the Foramen Ovale*.—A rather delicate-looking lad, aged thirteen years, was brought into Guy's Hospital in March, 1855. He said that three days before, whilst violently stretching his legs apart, he felt a sudden pain in his right hip, and that he had been unable to

walk well since then. The evidences of dislocation of the head of the right thigh-bone on to the foramen ovale were well marked. When under the influence of chloroform, the head and neck of the femur could be grasped with facility, and easily recognised in their abnormal situation. Mr. Birkett's dresser, Mr. Wilke, grasped the limb, and placed it in the position described in the last case; and after slight rotation for less than a minute, the head of the femur was replaced in its normal situation. A very slight jerk accompanied the reduction in this case.

CASE 7.—*Dislocation into the Ischiatic Notch*.—A healthy labouring woman, aged thirty-six years, was knocked down in the streets, and the wheels of a cart passed over her right lower extremity, leaving traces of their course in several places. She was admitted under Mr. Birkett's care in April, 1855, who saw her about an hour after the accident, when it was very clear that the head of the right femur was resting in the ischiatic notch. Chloroform was administered, and when all muscular irritability had ceased, he grasped the limb as described in Case 5, flexed the knee and thigh, adducted, rotated it outwards, and extended it, when the head of the femur returned with a slight jerk into the acetabulum. Whilst performing the movements above described, he slightly drew downwards and outwards the head of the femur, for he found that it was lodged a little above and behind the acetabulum, after flexion and extension had been made.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 1ST, 1855.

MR. ARNOTT, PRESIDENT, IN THE CHAIR.

MR. HENRY THOMPSON exhibited a specimen of

STRICTURE OF THE URETHRA,

with the following history:—T. R.—, aged seventy-eight, came under his care, two years ago, with narrow stricture. In a few visits, catheters 1, 2, and 3 passed, but no larger. As his symptoms were then greatly relieved, nothing more was done, on account of his age and infirmities. In April of this year, he was again under the care of Mr. Thompson, in St. Marylebone Infirmary, with distended bladder, swelling in the perinæum, and erysipelas of the anus. The bladder was freely relieved by a No. 2 catheter, and an abscess in the perinæum opened. For a time, he rallied, and promised to recover, but ultimately exhibited symptoms of exhaustion, and died on the 28th of April. On post-mortem examination, there was found a very narrow, unyielding stricture of the urethra, one inch anterior to the junction of this bulb with the membranous portion, and immediately behind is a bulging-like recess; the prostatic portion is unnaturally dilated, and the prostate gland about twice the usual size. The bladder was very much thickened, the kidneys nearly normal, and an abscess involving the spongy portion of the urethra appeared in the perinæum.

MR. HENRY THOMPSON next exhibited a drawing of a case of

EXTROVERSION OF THE BLADDER,

in a child two years of age, under his care. The child is small for his age, but very intelligent. The father, mother, brothers, and sisters are all exempt from any deformity. The bladder is extroverted, the upper border corresponding with the umbilicus, the lower with a short penis, cleft longitudinally, and exhibiting the urethra as a trough in the median line. Below is a large scrotal projection, containing intestine and two testicles. A portion of the bowel may be reduced, but the greater part, as well as the testicles, cannot be removed from their position in the sac. The orifices of the ureters are very small, the left being more distinct than the other.

MR. HENRY THOMPSON also exhibited

AN ENLARGED TESTICLE,

which he had removed that morning from a patient in the St. Marylebone Infirmary, aged twenty-five years. Seven months previous he had been sitting across the corner of an iron bedstead, and on stooping received a blow on the right testicle. After the cessation of pain, he felt nothing for two or three weeks, when it became tender and began to swell. Since that time it gradually increased in size, until it became as large as