manent stiffness—synostosis—of the joint is, of course, inevitable after an arthrectomy for advanced disease, and it is only with advanced cases that these remarks are meant to deal. I refrain from referring here to those cases of slight articular disease in which, after a limited operation, the movements of the joint may be little, if at all, affected; my remarks concern the three cases which are lying at present in the Louise ward.

Mr. Robert Jones has in the current number of the *Liverpool Medico-Chirurgical Journal* a valuable protest against the routine excision of joints, and I suppose that he would include in it also routine arthrectomy. He has the advantage of being closely associated in work with Mr. Thomas, a surgeon who, I believe, from what I have known of his work and have seen of his practice, could show a little army of cases of knee disease, to which, as triumphs of patient, conservative surgery, the erased and resected joints of the southern metropolis could offer but a lame resistance. I also would object to routine practice of any sort; I think that I would even make a case against routine conservatism in chronic joint disease. I refer to the Liverpool patients, not with any idea of the apotheosis of Mr. Thomas, the principles of whose splendid work, however, are not yet, perhaps, sufficiently recognised, but rather by way of a caution that if arthrectomy is to become for a while the "fashionable" operation, it should not be lavishly or recklessly resorted to.

LEICESTER INFIRMARY.

A CASE OF DOUBLE EMPYEMA, TREATED BY RESECTION OF RIB ON THE RIGHT SIDE, AND DRAINAGE AND INSERTION OF TUBE IN THE LEFT SIDE WITHOUT RESECTION; RECOVERY.

(Under the care of Dr. BLUNT.)

FOR the following notes we are indebted to Mr. J. B. Okell, house surgeon, who also performed the operations.

F. G. W.—, aged five years and nine months, was admitted on March 2nd, 1888, as a case of empyema. The following history was obtained from the friends: Father and mother both living, and very healthy. There are two children; the elder one has always been healthy, the younger being the patient. Had measles in January, 1887; has been more or less ailing since. Never had scarlet fever, but had been strong and healthy up to that date. The present illness began seven weeks before with cough and pain in the left side of the chest. This was soon succeeded by pain in the right side, and the patient became unable to lie on the left side. Fourteen days before admission a doctor inserted a hypodermic needle into the right chest, and drew off a few minims of pus.

State on admission.—There is great dyspnoea, and the patient complains of great pain in the right side, and lies only on this side. Chest: There is much bulging of the right side; both sides move badly, but on the right especially there is very little movement. Right lung: In front and behind there is dulness over the whole lung; breath sounds are absent, and the voice sounds very feebly. Left lung: In front there is slight dulness at the base; over the upper part the breath sounds are harsh and blowing, and the voice sounds somewhat egophonic. Behind there is dulness at the base as high as the angle of the scapula; over this area the breath and voice sounds are very feeble; over the upper part the breath sounds are harsh and accompanied by a few rhonchi. Urine alkaline; no albumen. Temperature 98.6°.

March 3rd.—Pus having been found in the right side by means of a hypodermic needle, chloroform was carefully administered, and, under the carbolic spray, an incision about two inches in length was made obliquely on the right side in the posterior axillary line, and about one inch of the eighth rib resected, care being taken to leave the periosteum. On opening the pleura, thirty ounces of pus were evacuated and a drainage tube half an inch in diameter was inserted, and the wound dressed with pads of wood-wool; the chloroform, which was given in very small quantities, was with difficulty inhaled. At 7.30 P.M., as the dressing was saturated through, a fresh pad was applied. Temperature 98.8°. Patient much easier.

4th.—Wound dressed. Slept all through the night on the right side. Breathing much better. Temperature 97.6°.

On the 5th, 6th, and 7th the dressings were changed. The temperature had varied between 96.2° and 98.2°.

8th.—As air was entering into the right lung freely, it

was determined to explore the left side, so the hypodermic needle was put into this side, and with difficulty a few minims of very thick pus withdrawn; then an aspirator was inserted, but only a few drachms of pus could be got out, as the flakes of lymph blocked it up. So under chloroform, the child inhaling much more freely, and with the carbolic spray, an incision was made about two inches in length, an inch below the angle of the scapula. This time no rib was resected. On opening the pleura, eight or ten ounces of very thick pus were evacuated. A tube, one-third of an inch in diameter, was then inserted, and both sides dressed with the wood-wool pads.

9th.—Breathing very much easier. Child slept on his left side chiefly during the night. The left side only was dressed. Temperature 98°. Is taking his food well.

10th.—Both sides dressed; left side discharging freely. Temperature 98°.

18th.—Temperature 101.4°. Both sides dressed. Nothing detected in the chest to account for the rise of temperature. After the administration of a purge the temperature fell.

20th.—Temperature 100.4°. Both sides dressed, and the cavities washed out with warm boracic lotion.

26th.—The temperature has been subnormal since the previous date. The child was weighed, and scaled 2st. 5½lb. Lungs examined and found to be expanding, air entering freely.

28th.—Sat up to-day for tea in bed.

April 3rd.—Tube in the left side shortened; very little discharge from this side. Weight of child 2st. 6½lb.

8th.—Tube taken out of the left side, as there had been no discharge for several days.

10th.—Has been sleeping chiefly on the right side. Weighs 2st. 8lb.

11th.—Got up to-day for the first time.

14th.—Last night the temperature ran up to 102.4°, and gradually reached 104° on the evening of the 16th, when, on examining the lungs, the breathing at the right apex was harsh and somewhat tubular, suggestive of pneumonia.

17th.—Has been very sick after everything, but says he feels much better. Temperature 100.8°.

18th.—Temperature 98.6°. Seems very much better and brighter. Sickness stopped. The left side has healed up soundly.

19th.—Shorter tube put into the right side; very little discharge. Temperature subnormal, which continued so throughout from this date.

23rd.—Weighs 2st. 7lb. Has begun again to take his food well.

25th.—Got up and laid on the sofa.

27th.—Tube in the right side taken out, there having been no discharge for several days.

30th.—Wound on the right side nearly healed. Weighs 2st. 9lb. From this time he continued to improve with rapid strides, especially so when the weather permitted his getting out into the grounds. As his friends were emigrating to America, he was kept in the hospital until a few days before embarking.

May 12th.—Both lungs were finally examined, and nothing abnormal detected; there was the very slightest falling in of the right side. The patient runs about all day without any sense of fatigue. Weighs 3st.

On May 14th the patient was discharged, and a letter received from his father on July 3rd stated that the little fellow stood the sea voyage uncommonly well, and that he is in better health now than he has ever been before.

STATION HOSPITAL, PORTSMOUTH.

A CASE OF APEX PNEUMONIA; RECOVERY; REMARKS.

(Under the care of Mr. G. T. TREWMAN, Surg. M.S.)

PRIVATE R. B.—, South Lancashire Regiment, aged nineteen (service three months), was admitted on May 22nd, 1888. He stated that he had been ill for five days, suffering from cough and shortness of breath.

On admission the following was his condition: Face very much flushed, but not markedly cyanosed; respiration 30 to the minute; dyspnoea not a marked symptom; temperature in the axilla 103° F. Expectoration blood-stained and very offensive. On examining the chest, it was found to be fairly well formed, vocal fremitus much increased at the right apex and down as far as the nipple on that side in front, slightly increased in the corresponding part of the lung behind. Very marked dulness of the upper part of

the lung in front, but very slight behind. On auscultation, there was tubular breathing and pectoriloquy, both vocal and whispering, in the upper part of the right lung in front. There were a few rhonchi to be heard, but no other abnormal sounds, except a little puerile breathing on the left side, in any other part but the upper lobe of the right lung, and the signs were most marked at and near the apex down to about three fingers' breadth below the clavicle. He was ordered twenty grains of salicylate of soda in water three times a day, and an inhalation of carbolic acid. In the evening the temperature was 103.4°. Diet: milk, four ounces of brandy, eggs, and beef-tea.

May 23rd.—Temperature 103°. Expectoration more profuse, but not quite so offensive.

24th.—Temperature in the morning 103°; evening 102°. Tongue inclined to be dry and glazed.

26th.—Is delirious at night, and attempts to get out of bed.

28th.—Temperature fell last night to 98.6°, but rose this morning to 103°.

30th.—Temperature normal, and expectoration much less offensive. From this date he rapidly improved, and on June 10th the lung sounds were normal and he was convalescent.

Remarks by Mr. TREWMAN.—I venture to think this case may be of interest, as, although I have seen a large number of cases of pneumonia, I can only find a record of one case in my note-book in which the apex was affected primarily. Dr. T. Henry Green, in Quain's Dictionary of Medicine, says that the upper lobe is only affected in about 25 per cent. of cases of this disease. From my experience, I should have said that the percentage was much lower than this. The temperature followed an unusual course in this case, being on several days much higher in the morning than the evening.

Medical Societies.

CAMBRIDGE MEDICAL SOCIETY.

At a meeting of this Society on May 4th, Mr. Stear, President, in the chair, the following communications were made.

On some Lessons supplied by a Fatal Case of Puerperal Mania within ten days of inducing Premature Labour.—Dr. INGLE related this case. A woman aged twenty-six had a difficult confinement from protracted pelvis. More than a year ago he attended her in a protracted labour; forceps were tried by himself and Mr. Wherry without avail, and finally craniotomy had to be performed. On becoming again pregnant she consulted Dr. Gervis, who recommended the induction of premature labour at the seventh month, the conjugate being under three inches and a quarter. On Nov. 20th, 1887, being the seventh month, the catheter was introduced into the uterus on the Friday morning, and labour commenced on the following Tuesday. The first stage was very protracted, the presentation doubtful. With the assistance of Mr. Wherry, a stillborn child was delivered with the forceps. On the third morning there were rigors, with high temperature and frequent pulse and some delirium. On Friday evening she seemed better, but on Saturday morning she became violent and maniacal, continuing all Sunday in this condition, to such a degree that chloroform had to be administered for four hours. On Monday afternoon she was removed to an asylum and died the same night. Dr. Ingle said that the surroundings in this case were very unfavourable. The room in which the patient was confined was extremely small, and the nurse not competent. The patient's strength was much worn out by the protracted first stage.—A discussion followed, in which Messrs. Lucas, Cribb, Street, and others took part. The probability of the existence of puerperal peritonitis or some septicæmic infection causing the violent delirium was suggested.

Case of Multiple Sarcoma.—Mr. CARVER related the case of a man aged sixty-eight, who consulted him in August, 1887, for a painful tumour on the front of the right leg, midway between the knee and ankle. There was not any hereditary tendency, and no history of syphilis. While still a youth he suffered from a "white swelling" of the left knee, for which the leg was amputated at the age of twenty. Since

this time his occupation enabled him to pass a good deal of his time in the open air, and he enjoyed fairly good health up to within twelve months of his death. Three years before his decease he exchanged an active out-door life for one which confined him a good deal to the house. In the spring of 1887 his health began to fail and he grew thinner, and in April of that year he first complained of a painful lump in the skin of his right leg, over the outer edge of the tibialis anticus muscle, and about half way between the knee and the ankle. He was first seen professionally in the August following, and on the above-mentioned spot a fungating tumour the size of a Tangerine orange was met with, the whole surface discharging fetid pus. There was no infiltration of the tissues around. In the right groin there was an enlarged lymphatic gland of the size of a pigeon's egg, movable on the tissues beneath; the superincumbent skin was neither adherent nor in any way altered in appearance; no other glandular enlargement was observed. The weak state of his health did not allow of any treatment beyond the application of something to counteract the fetor. For this purpose a deodorising wash and an ointment of iodoform and eucalyptus oil were prescribed, and for his general health a tonic containing dilute hydrochloric acid with tincture of nux vomica. By the end of August he had improved. He was not seen again until the end of September; the tumour was then somewhat larger, and at times very painful, especially at night, depriving him of sleep. A few small subcutaneous tumours above the knee, a large one below the umbilicus, and another near the left nipple were now discovered; these were all very hard to the touch, freely movable on the deeper structures, and the skin over them was unaltered in appearance and not adherent. These were very painful at times. The tumour of the leg became so exceedingly painful, especially at night, that it was determined to remove it by an elastic ligature, as being a less severe operation than excision. The tumour sloughed off in due course, the resulting ulcer granulated and cicatrised as rapidly as an ordinary ulcer of the same size would have done, and no induration was noticed in the cicatrix. He suffered no pain in the leg after the tumour was strangulated. Very shortly after the healing of the ulcer many more tumours were observed beneath the skin of the abdomen, chest, forehead, and scalp, presenting the same characters as those previously noticed. The skin over the latter had now become adherent, depressed, and presented a purplish mottling, giving the surface a melanotic appearance; and shortly before death the skin over one of the tumours broke down, leaving a foul, sloughy surface. The patient gradually got thinner and weaker, and sank ten months after he first complained of the "lump" in his leg. During his illness he suffered occasionally from indigestion and vomiting, which were relieved by bismuth and pepsine. There was never any great difficulty with his bowels; now and then it was found necessary to give an aperient. There was at no time any urinary trouble. Throughout his illness there was no evidence of any internal organ being affected. The tumours were all subcutaneous, they assumed the same rounded form, and none were larger than a medium-sized horse-chestnut. There seemed to be three stages during their course: in the first the tumours were movable on the subjacent structures, and the superincumbent skin was non-adherent and unaltered in appearance; in the second stage the skin became adherent, diffused with purple mottling; in the third there was necrosis of the skin with a sloughy condition of the tumour. Each of these stages occupied different periods of time: the first may be represented by months, the second by weeks, and the third by days. A post-mortem examination made by Mr. Griffiths revealed widely distributed sarcomatous deposits in the thorax and abdomen.

FIRST AID.—At a meeting of the Liverpool Centre of the St. John Ambulance Association, held in that city on the 5th inst., certificates were presented to the successful candidates of the Exchange Ambulance class by Dr. Hamilton, F.R.C.S., in the presence of many members of the profession. In the course of the proceedings allusion was made to the great loss the class had sustained by the death of Dr. Rich, who had devoted much of his time to this work. On the same day similar certificates were distributed to thirty-seven out of forty members of the Widnes Police Force by Mr. F. H. Gossage. The members of the force availed themselves of the occasion to present Dr. MacLennan with a set of gold studs for his lectures and instruction on "first aid."