dispensary there twelve years; but, desirous of obtaining further relief, she became an in-patient of the Brighton Hospital, and was there four weeks, when sea-bathing and occasional blisters were employed, but without much relief to the pain. Some time afterwards she was admitted into St. Thomas's Hospital, where she underwent a careful examination of the injured part by many of the staff of St. Thomas's and Guy's Hospitals. Here she continued four weeks, and had hoped they would have removed the limb. A model or cast was taken of the knee, and she was sent back to her home at Worthing, and was again on the dispensary. Setons and issues were now tried to relieve the constant wearing pain. During the whole of the time, when able to move, she used crutches.

In 1868 she came to Southampton, and was without treatment of any kind until the pain became so severe as to induce her to seek my advice in January, 1870. At this time the patella was lying on the external condyle of the left femur. It was very movable, but could not be pushed into its natural position, the trochlea being obliterated, or at least undistinguishable. I at once advised her to go to our infirmary, and a consultation was held upon her case. As might be expected, opinions varied with reference to the best means for affording relief. Amputation, resection of the knee, and the letting it alone were all canvassed. My own opinion was that, if the patella could be removed and the limb kept on a straight splint in perfect quietude, the *vis medicatrix nature* might effect such reparation as to afford hope of a useful limb. I could not induce my valued friends and colleagues to take the same view of this case, and therefore determined that, if my plan should fail, we would resort to one of the alternatives which had been proposed.

In accordance with the impression so strongly fixed in my mind, I proceeded to carry out my purpose; and on Feb. 9th liberated, by subcutaneous incision, as much of the attachments of the patella as could be effected by a tenotomy knife, from the shortness of which it was obviously impossible to complete its entire separation from the surrounding attachments. On Feb. 27th a renewed attempt was made, but as a longer knife with a broader blade (the only instrument I could get) was employed, the detachment, though nearly completed, had left too large a wound to permit further delay, and an incision over the whole length of the patella was immediately made, and the bone rapidly removed. The wound was brought together by hare-lip pins, and covered with carbolic acid dressings, and the limb was then placed upon a straight splint. Not the slightest swelling of the knee followed; the deeper part of the wound was firmly united when the pins were removed, but the external wound healed by granulation.

During the next two months the limb was kept at perfect rest. At length trial was made to raise the leg by the voluntary effort of the patient. This could be partially done at first, and within a short time the improvement became very apparent. On June 1st she left the infirmary with a starch bandage around the knee. She has since daily increased in health and in ability to walk, and has long been free from pain. On Nov. 13th, 1870, she walked, by the aid of crutches, five miles, and stated she could have dispensed with their use. She has already walked ten minutes without crutch or stick, and regrets exceedingly that the operation had not taken place many years before. It is now nine months since the patella was removed, and there is little reason to doubt that within a short time she will be fully able to attend to her ordinary employments.

Remarks.—I had looked long and in vain for some record of a similar case in our surgical works for authority to perform the operation in question; nor am I aware that any such case is published. I certainly should hardly have ventured upon such a proceeding as that which was adopted had it not been that in the year 1867 two cases of ruptured ligamentum patellæ fell under my notice, and both had been neglected during many months. In each of these perfect rest, with as good apposition as could be obtained by keeping the limb somewhat elevated, in time effected a cure. These cases were pleaded, in consultation, as a justification for removal of the bone; but they did not satisfy my friends, who naturally urged the difference between these cases and the one in question—viz., that in the latter there would be loss of structure, whilst in the former there was none. If I had again to perform the operation, I would certainly be

provided with a long and narrow blade, and divide subcutaneously the attachments of the patella, and replace it at a distance from the joint; and then, about two or three weeks subsequently, would remove it, pursuing in all other respects the treatment above mentioned.

It is now thirteen months since the operation was performed, and my patient has discontinued the use of both crutch and stick during the past three weeks. She walks two or three miles without pain or any inconvenience, and has resumed her ordinary occupations. A splint of undressed leather is still worn on the ham, as flexion of the knee cannot be borne beyond a certain degree; in time, I hope that this support will be unnecessary, when the new attachments shall have become more consolidated.

Southampton, March, 1871.

REPORT OF

CASES OF SMALL-POX ADMITTED INTO

ST. LUKE'S WORKHOUSE.

BY GEORGE E. YARROW, M.D.

In consequence of the great want of accommodation found to exist, the Board of Guardians of the Holborn Union deemed it advisable to appropriate temporarily the casual wards of St. Luke's Workhouse for the isolation of cases of small-pox occurring in the union. The first case was admitted on Jan. 21st, and the last on March 16th. During the intervening period 126 cases were received; and I now propose to give a summary of these cases, with especial reference to the various degrees of protection afforded by vaccination. In tabulating these cases, with the number of vaccine cicatrices and results, it will be as well to explain that I have classed all on whom I could find no marks as unvaccinated, although some stated they had been so protected.

No. of Cases.	No. of Marks of previous Vaccination.	Confluent.	Semi-confluent.	Distinct.	Died.	Average pr. Cent.
25	Unvaccinated	19	4	2†	12	·48
30	One mark	4	17	9	9	·3
45	Two marks	1	13	31	4§	·08
12	Three marks	2	1	9	1	·08
10	Four marks	0	0	10	0	
2*						
2†						
126		26	35	61	26	·206

* Sent to Hampstead without having been seen by me.
† When examined, found not to have small-pox.
‡ Both these cases were said to have been vaccinated.
§ Two of these cases were complicated with pneumonia.
|| This patient was a young man suffering severely from secondary syphilis.

During the epidemic I have been repeatedly asked by medical men and others if I do not consider the production of one vaccine vesicle as protective as half a dozen. My answer has been "Undoubtedly not"—with what degree of truth the above table illustrates. It will be seen that not one case was admitted with five vaccine cicatrices. A young woman aged twenty, who had four marks, had only six small-pox pustules on her whole body. Another female, aged twenty-one, with three cicatrices, had not more than twelve pustules. Three pregnant women were admitted. The first, in the eighth month of gestation, was suffering from the semi-confluent form of the disease. She had two good vaccine cicatrices, and was discharged undelivered at the end of three weeks, the child being still vigorous. The second was in the ninth month of pregnancy. She had two cicatrices, and had confluent small-pox. She was delivered of a healthy child on the eighth day of the rash. The infant was at once removed from the wards, and I vaccinated it on the third day. The mother left the workhouse at the expiration of four weeks. The third case was that of a woman in the eighth month, and who was unvaccinated. She was delivered of a dead child three days after admission; the disease assumed the hæmorrhagic form, and she

died three hours after delivery. Two persons suffering from second attacks of small-pox were noted: one had been vaccinated since the first attack, and now had the disease in the discrete form; the other was unvaccinated, and had it in the confluent form. Seven cases of variola hæmorrhagica were under my observation, of whom only one survived. Not a single revaccinated person has been admitted suffering from small-pox; neither has any nurse, helper, or workman about the premises contracted the disease, I having taken the precaution to vaccinate them.

Treatment.—I found in the few cases in which I tried stimulants that they were badly borne; and I relied on salines, with chlorate of potash, during the febrile stages of the disease, giving beef-tea, broth, milk, and eggs as the diet. If, however, symptoms of depression manifested themselves, I gave four or five ounces of port wine daily. During the period of convalescence I prescribed nitromuriatic acid and bark, with a mutton dinner and a pint of porter, continuing the beef-tea or milk with bread for supper. As a local application I simply used olive oil.

Old-street, April 10th, 1871.

A CASE OF RHINOPLASTY.

By A. B. TELFORD, M.D., L.R.C.S.E.

I HAVE great pleasure in submitting the following case of rhinoplasty to the profession.

J. R—, a cotton-weaver, aged seventy, first applied to me in the condition shown in the first engraving, which is a very correct representation. The history of the case,

FIG. 1.

as far as can be gathered, is as follows:—Fifteen years ago he was attacked with erysipelas of the face. The attack was a very severe one. Shortly afterwards he observed a small spot on the left ala of the nose, which mostly attracted his attention by its itching. A dry scab formed on the surface, which he continued to pull off, only to be followed by another larger one. Occasionally at night he experienced pain in the part. He dressed the sore with only a little simple ointment. For a number of years the disease alternately advanced and stood still. It is within the last seven or eight years that the columna nasi and the other ala were attacked; and since then it had made gradual and steady progress till it had completely destroyed those structures, was devastating the tissues of the left cheek, had advanced to the inner angle of the left eye, and doubtless would soon

have implicated the lids and eyeball. With this exception he has always enjoyed good health. There is no history of syphilis or struma. Two years ago the disease began to spread rapidly in the left cheek, the exacerbations of pain became worse, he complained of frontal headache, and he desired to submit to surgical interference.

In the various steps of the operation I was guided by Mr. Erichsen's excellent and minute description, introducing one or two modifications according to the circumstances of the case.

On the 21st of December, 1869, the patient was put under the influence of chloroform in the sitting posture, so as to avoid the inconvenience of the blood running back into the pharynx through the nostrils. I proceeded first to clear away all the disease with a scalpel, taking care to cut pretty wide of it. This necessitated my bringing the incision quite up to the inner angle of the left eye, and also caused me, on the other hand, to take away a good portion of the tissues of the left cheek. Then, with a piece of softened gutta serena, I fashioned out the new nose, laid it on the forehead, and marked it off with tincture of iodine. Then, beginning at the (patient's) right side, I raised the flap from the brow, but did not take the periosteum, as some have recommended. The right side of the flap was necessarily larger than the left on account of the corresponding deficiency in the left cheek. The flap was four inches broad and three inches and a half in length. I was very careful here of two points—first, to make the flap larger than what appeared to be required; secondly, to make its base broad, to have as great a supply of blood as possible, as, from the age of the patient, the circulation was not very strong. Having effectually checked all bleeding with torsion and

FIG. 2.

cold, leaving the opposed surfaces glazed, and all oozing having ceased, the flap was turned over from right to left. I then adjusted its raw edges to the raw surfaces of the face—the parts at the angle of the left eye and cheek requiring very careful adaptation,—applied six sutures to the left and four to the right side, and plugged the cavity of the nose lightly.

On the seventh day I withdrew the sutures and put a larger support under the nostril. He continued wearing the plug for six weeks, gradually making it larger to afford a better support as the new connexions got stronger, and to overcome the tendency to depression.

Six weeks later the patient was again put under chloroform, when I first divided the root of the flap, to form the bridge; then, making two perpendicular incisions through