exact operation, and one which attains the desired end with the least amount of injury to other parts.

A groom, aged twenty-three, was admitted into Clayton ward, Middlesex Hospital, March 16th, 1866, with disease of the left wrist of eight months' duration, for which he had long been under treatment as an out-patient. The wrist was much swollen, its natural outlines being quite masked; and it was very painful, often starting at night, and greatly breaking his rest. He could slightly flex and extend it, but the attempt to do so gave him great suffering. There was a puffy, obscurely fluctuating swelling, covered by slightly reddened skin at the back of the joint. He had for some time been losing flesh, and had a slight cough; but the signs of pulmonary phthisis were absent, and his emaciation was probably mainly due to want of enough food, for he had been long out of work.

The hand and forearm were put in a glue bandage, which immovably fixed the wrist, and this was painted with iodine through an opening left for the purpose at the back of the joint. He was ordered tonics, full diet, and to keep as much out of doors as the weather allowed.

In the course of a few days the pain abated, but an abscess broke at the back of the wrist, and the state of the joint gradually became more hopeless. In May another abscess formed over the second metacarpal bone; and at the end of this month, as his health had begun to suffer seriously, I excised all the carpal bones, with the articular surfaces of the radius and ulna and those of the proximal ends of the metacarpal bones, following exactly Lister's method. It was necessarily a rather tedious proceeding, but the tourniquet made it a perfectly bloodless one; and by first breaking down (as Lister advises) all the inflammatory stiffness by free movement of the parts, the later steps were rendered much less difficult than I had anticipated.

The after-treatment was pursued exactly on Lister's plan. Passive movements of the fingers were daily made, and the patient was soon able to move them himself with a freedom and painlessness which surprised me. The swelling subsided, the discharge from the incisions lessened, he gained flesh, and in July I sent him to Seaford. His hand became stronger, but the wounds did not soundly close; and in November he returned, with fresh swelling, a sinus on the back of the wrist, and another at the ulnar side of the metacarpus. This I laid open, and found the surfaces of the radius and ulna covered by healthy soft tissues, but the ends of the four metacarpal bones were rough and bare. These were removed, and the wound was washed with a solution of chloride of zinc. In December the sinus and the incision discharged very little; his wrist was stronger, and he had a relatively free use of the fingers and thumb. He again went to Seaford for a month. After the last operation the wrist rapidly consolidated and gained strength, so that he became able to undertake light work; the sinuses did not, however, quite heal for another month. In June of last year (1867) he became a nobleman's coachman. A small leather splint, reaching from the palm a few inches up the forearm, gave his wrist all the support it needed. It was entirely concealed by a glove, and no one who did not critically compare the two wrists would have observed his defect. He had good flexion and extension of the fingers and thumb, could readily oppose the thumb and forefinger, and had pronation and supination through a slight range. He told me that he could do his work well; his wrist was quite painless; and I saw him several times afterwards driving a brougham.

Old Burlington-street, Oct. 1868.

ON A

CASE OF FIBRO-GRANULAR TUMOUR OF THE UTERUS.

By ALEX. E. McRAE, M.B., C.M.

H. R.—, aged forty-seven, residing about ten miles from Fettercairn, called at 6 P.M. on Sept. 15th, complaining that her "body had come down," which she the meanwhile was supporting with her left hand. She appeared very faint and weak, and her hands, legs, and petticoats were almost covered with blood. On examining her, I found a tumour, about the size of two fists, hard and vascular, protruding from the vagina, and connected by a pedicle of about an inch and a half in length and an inch in thickness, evidently attached to the

internal wall of the uterus. The os was dilated to about the size of a half-crown, was rounded and flabby, but distinctly circumventing the pedicle, and about an inch and a half within the vulva. The finger could easily be passed around the os and cervix, between them and the walls of the vagina, and also between them and the pedicle. The pedicle appeared to be attached either to the internal wall of the uterus or to another tumour farther up, equally hard and unyielding, and apparently an enlargement of the pedicle, or else its base of attachment to the uterine walls. She was passing a large quantity of blood; where it came from I could not discover, but it appeared to be coming through the os. When nipped or pressed, it gave no evidence of sensibility. It could not, therefore, be the inverted uterus. Neither could it be prolapsus, being too large, and wanting the os at the apex. It was too hard for a hernia; besides, its course precluded that idea.

She says that for some time—more than a year—she has been conscious of something filling up the vagina, and, when at work, often threatening to become external. Since then her courses, though regular, were painful, and latterly had become very irregular both in time and quantity, there being often discharges of watery matter between the periods, and the pain very severe until she was relieved. These things she attributed to the turn of life, hence sought no advice. Occasionally she has had some difficulty in passing her water. She had an illegitimate child about eighteen or nineteen years ago.

During the day on which she applied to me she had been working at hay-harvest, in a field about two miles from here; took ill about 5 P.M., with bearing-down labour pains, and walked all the way in the above condition, passing a large quantity of blood as she came along. She, thinking it was her womb, wanted the tumour returned; but this was impossible. From the history and appearance I considered it to be a fibrous tumour. Accordingly (not choosing to cut it away, in the absence of a consultation,) I tied a ligature tightly round the pedicle, not for the purpose of arresting hæmorrhage, but that the tumour might slough away. I got her removed to lodgings, ordered her to keep quiet in bed, and cold cloths to be applied to the parts and abdomen.—9 P.M.: Patient has been very sick and vomited a little, but now feels slightly better; has had two stools; tried to pass urine, but only a small quantity came away. There seems to be no water in the bladder. Very little, if any, blood coming away, except when she rises to stool. Pulse 80, steady, but weak and sharp. Complaints of some occasional pains in the belly and back, resembling labour pains. The os has contracted firmly on the pedicle, and, instead of being thick and flabby, feels sharp and tight. The finger, however, can be passed within it, and feels the hard and rounded thickening of the root of the pedicle; but the pedicle being so short, rendering digital examination almost impossible, and fearing to rupture the os, I could not make out its attachment to the uterine walls. Ordered her still to continue the cold applications, and to keep the horizontal position, as she had fainted both times at stool.

Sept. 16th.—9 A.M.: Passed water copiously during the night. Pulse 70, steady but sharp. Bowels opened once; fainted. Skin hot and dry; tongue brown. Tumour dark-livid and cold. The external parts are considerably dilated, and the second tumour is presenting and filling up the external orifice. It looks quite healthy, however, and is sensitive to the touch; supposed to be the inverting uterus. Bleeding entirely stopped. Had sickened and fainted on sitting up. Some tenderness over abdomen. Ordered a dose of castor oil, and warm cloths assiduously applied to the belly.—11.30 P.M.: Drew off about a pint of urine. Pulse 75, slightly irregular and intermittent; skin somewhat moist; no tenderness about the abdomen; no bleeding. Cannot make out the os now, the orifice being so blocked up. Has eaten nothing all day; no appetite; tongue white. Tightened the ligature.

17th.—9 A.M.: Has passed a fair night; feels little or no pain, but faints if she attempts to rise.—11.30 A.M.: In consultation with Dr. Fettes of Laurencekirk, we decided to remove the tumour, which was now becoming very offensive. Accordingly I cut across the pedicle at the ligature, and on being let go, the inverted uterus, with the pedicle, rebounded suddenly with a "chuck." Little bleeding occurred. In a short time the os closed to the size of a half-crown, and the stump of the pedicle could be felt as a hard eminence on the internal and anterior surface of the cervix. A jet of cold water was applied to the bleeding surface, and the uterus and vagina were carefully washed out. On sitting up to get her bed arranged, she fainted.

For the next three days she continued in a fainting state,

with a weak, irregular, and intermittent pulse, and a very fetid discharge from the vagina. She was kept up with liberal supplies of beef-tea and brandy.

21st.—9 A.M.: Has had a rigor; pulse 90, weak; slightly feverish; severe cough. Complaints of intense pain in left lumbar region, which interferes with her breathing; tender on pressure. Bowels not opened for three days. Ordered a dose of castor oil, sedative cough mixture, and hot applications to the side.—11 P.M.: Pulse 80; pain much less; breathing and cough easier; bowels opened once.

22nd.—Passed a better night; cough less troublesome; little or no pain in side; still feels faint; discharge almost stopped. To continue the beef-tea and brandy, and to have liberal supplies of milk.

30th.—To-day patient wishes to go home. Feels greatly improved; has slight vertigo, but no faintness. On examination I find that the anterior edge of the os is thickened and hard, and a hard eminence can be felt within and also without on the cervix; the posterior is thin and sharp. The finger can pass about an inch or more into the uterus, but must be directed well backwards, so as to pass over the eminence, which seems to be the remains of the pedicle.

The tumour is about the size of an ox's heart, and weighs 24 oz.; it is very hard, and somewhat gritty to the cut. Under the microscope it is seen to be composed of a fibrous matrix, the fibres being arranged in concentric layers, forming nests, as it were, the fibres of one nest passing into those of the adjacent, and enclosing innumerable amorphous granules, about $\frac{1}{7000}$ in. in diameter.

The woman has continued well, and able to work as before. The os is natural, and she has been regular for the last three months.

Fettercairn, N.B., September, 1868.

REPORT OF A

CASE OF FOREIGN BODY EMBEDDED IN THE LIVER, PROVING FATAL.

BY WASDALE WATSON, M.R.C.S. ENG.,
SURGEON TO ST. MARYLEBONE PROVIDENT DISPENSARY.

SOPHIE M. J.—, aged eleven years and a half, had complained for a year and a half of pain in the epigastric region. She had been an in-patient of the French Hospital for seven weeks up to April 30th, and for some months before an out-patient at the Children's Hospital, Great Ormond-street. For about a year she had been subject to severe epileptiform convulsions, but previous to the appearance of the fits a doubtful diagnosis was made by several medical men, the cause of the pain complained of remaining persistently obscure. Two separate notes were made of her having passed blood by the bowels in November and December, 1867. She menstruated for the first time in April last.

On May 17th, at half-past twelve P.M., I was called to her, with a message that she had been better than usual during the day, had gone to bed tired from a walk, and had just then been found lying on the floor breathing heavily, having fallen out of bed. On my arrival, in about ten minutes, I found her replaced in bed, but quite dead, with evidence of an epileptic seizure having taken place—mucus about the mouth, and the tongue firmly grasped between the teeth. There not being the slightest indication of animation, respiration as well as the heart's action having ceased, I did not attempt resuscitation.

From the fact of her having fallen out of bed the coroner decided on holding an inquiry in case of any neglect, and owing to that decision I am enabled to report a very interesting circumstance brought to light at the post-mortem examination. On account of such clear evidence of epilepsy, a question arose as to whether an inquest should be held, and but for the fall one would not have taken place, as no less than three surgeons, including myself, were ready to certify that death had arisen from epilepsy. Therefore the autopsy was not made until forty-three hours after death.

The body was well nourished; no external mark of violence nor indication of fall; rigor mortis persistent more than ordinarily.—Head: Brain and membranes slightly changed by commencing decomposition; generally congested, and a small quantity of effused serum.—Chest: Fluid in both pleuræ, but I think

chiefly post mortem; an old adhesion of left lung to pericardium; lungs healthy. Heart normal; right side empty, left full.—Abdomen: Spleen slightly enlarged. Liver natural and healthy, but on raising it I found it adherent to the stomach, towards the right side; with even careful manipulation it gave way, and something pricked the index-finger of my left hand. On further search I discovered a pin, an inch and a half long, perforating the stomach; and it was imbedded for at least half an inch in the substance of the liver, but in the accidental separation of the adhesion it had been withdrawn. A discoloured patch, the size of a shilling, showed where the pin had pricked the coat of the stomach several times before the perforation had occurred, the aperture in which, after separation from the liver, would have just admitted a crowquill. Fortunately no particles of food were able to escape into the peritoneal cavity.

Remarks.—This case is interesting in one or two points. First, if no inquest had been held we should have lost the account altogether. Then again, when under treatment at the Children's Hospital in November, December, and January last, it was remarked that the pain the child complained of "possibly arose from tying her petticoat strings too tightly," and a note to that effect is appended to her hospital paper; but loosening the strings did not remove the pain. My own theory is, that the pin was swallowed about two years ago, and some time after it set up irritation, by pricking and afterwards perforating the stomach and liver, the bloody stools indicating about the time. Then (being very near the sympathetic centre), by reflex action occurring, the fits were produced, which, as I have stated, terminated fatally.

FRACTURE OF THE FOREARM.

By J. T. GABRIEL, Esq.,
SURGEON ROYAL NAVY.

THE following case is, I think, rather an exceptional one in its very favourable progress and result:—

In March, 1867, a seaman, aged twenty-three, powerfully made, and weighing about 12 st., serving in her Majesty's ship *Pearl*, at Hong-Kong, fell from an awning that was spread over the deck at a height of eight feet. His weight carried away the fastenings of the awning, and he fell in a sprawling position upon the deck, his right arm being extended, and receiving the brunt of the fall through the hand. On inspection, I found a large swelling upon the posterior aspect of the wrist, which, on manipulation, proved to consist of fragments of the radius and ulna. Seven pieces of the radius could be distinctly felt, occupying the position of its lower extremity, and involving its articular surface. Two fragments of the ulna were detected within the space occupied by the pronator quadratus muscle. The patient was in extreme agony. I immediately made cautious and gentle extension, grasping the hand, and steadying the arm; and, to my astonishment, all the fragments appeared to fall *in situ*, restoring the natural outline of the limb. Splints were then lightly applied; but sufficiently firm to prevent displacement. The patient experienced instant cessation of pain. I had great apprehension of inflammation occurring to a grave degree; but the patient expressed himself so relieved after the reduction of the fracture, that I determined to wait and watch. Happily the state of ease continued, so that I did not interfere with the splints till the tenth day, when, on removing them, I found everything in position. *The several fragments were very clearly made out*, and there was only a very moderate amount of swelling at the seat of the injury. The splints, anterior and posterior, were reapplied, this time quite firmly, with the intention of their not being disturbed for some weeks. The hand was kept bent in the semi-prone and supine position, and the entire limb secured to the chest. The patient's health continued good, and he was allowed extra diet, with wine and eggs.

At the expiration of six weeks the limb was again examined, and a great deal of union had taken place; one or two points of motion only could be detected. But my attention was called at this time to the position of the os magnum, where the patient complained of much tenderness; and upon pressing with the point of my thumb, I distinctly felt crepitus, and diagnosed a fracture of the os magnum, extending transversely across its centre. The solution of continuity in the bone was unmistakable. The limb was now carefully bandaged; and afterwards a second bandage, saturated with a paste made of a