sometimes becomes sick, or even dangerously ill, from eating shell-fish, or, more strange still, mutton.

The patient to whom I administered chloroform a few minutes before the unfortunate one whose sad end is the subject of this report has extensive disease of the heart; and since then I have administered it to another patient, who has likewise very advanced cardiac disease. This patient was also very nervous, and although he asked for chloroform, yet he was continually saying that it would "kill him," and asked me repeatedly to feel his pulse and put my hand on his heart. These patients bore it well.

Prof. Syme's remarks on chloroform in THE LANCET of 20th Jan. 1855, and Dr. Crisp's in the same journal of 4th June, 1853, are very practical: both gentlemen think that death is not so often due to disease of the heart as supposed. Dr. Crisp says that of forty-two deaths collected by him up to that date, "only five occurred to patients over forty years of age, and twenty deaths took place in patients under thirty," up to which age it is not likely that any degenerate changes would take place.

The coroner's jury brought in the following verdict in this case:—That the deceased had died from the effects of chloroform, properly administered, by duly qualified practitioners, for the purpose of rendering him insensible to pain while undergoing an operation.

September, 1869.

A Mirror

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

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

"DREADNOUGHT" HOSPITAL SHIP.

EXCISION OF HEAD OF FEMUR WITH GREAT TROCHANTER
FOR HIP-JOINT DISEASE; SUBSEQUENT PERFORATION
OF THE FLOOR OF THE ACETABULUM FROM
EXTENSIVE CARIES; DEATH.

(Under the care of Mr. ROOKE.)

THE chief interest of the following case consists in the information it affords concerning the influence of resection of the hip on the progress of carious disease in the acetabulum. It has been recently suggested that caries of the floor of this cavity need not be considered as a contra-indication of the operation, or even as a likely cause of its failure, since the removal of the diseased head of the femur from its socket and a large external wound favour the elimination of the carious bone by natural means, and ultimate cure. The clinical history of Mr. Rooke's patient, however, proves the necessity of hesitation and great caution in applying these views in practice. At the time of the operation, the chief seat of the disease was the upper end of the femur, including the neck and the two trochanters; this was detached by the saw and removed, exposing the floor of the acetabulum, which, though stripped of its articular cartilage, was composed of hard and apparently sound bone, and presented but slight traces of active disease. The case at first promised favourably, but at the end of the fourth week the progress towards recovery was arrested, and profuse suppuration, acute pain in the hip, and, finally, symptoms indicative of intra-pelvic effusion, resulted in the death of the patient fourteen weeks after the excision. At the autopsy, the upper extremity of the femur was found capped with organised lymph, and in a very satisfactory condition. The acetabulum, on the other hand, was extensively affected, its floor perforated in several places, and the surrounding bone converted into an uneven, soft, and carious mass—the result of disease, the activity and speed

of which had increased to a very great extent after the removal of the head of the femur.

Joseph F—, aged eighteen years, a thin and excitable lad, was admitted into the Seamen's Hospital on Oct. 21st, 1868.

Previous history.—Commenced a seafaring life as a cook on board a coasting vessel in the spring of 1864. Had very good health up to the month of November of the same year, when, after prolonged exposure to wet and cold, he complained of general uneasiness, and subsequently of stiffness and severe pain in the right hip. The local symptoms increased in severity, and, in spite of treatment and rest for nine months in the Swansea Infirmary, rendered the lad perfectly helpless. He was then sent to London, and resided with a relation up to the time of his admission into the "Dreadnought." When first seen by Mr. Rooke, the patient presented well-marked symptoms of morbus coxarius. There was no abscess. He was kept at perfect rest in bed, and treated by the administration of tonics and the occasional application of the actual cautery. At the end of the year he had recovered so far that he was allowed to get up. The joint at this time was free from pain. A heavy fall in the ward in February, 1869, was followed by acute pain in the hip, painful muscular spasms, and severe general reaction. Abscesses formed rapidly at the upper part of the thigh, from which there was a profuse discharge of thick, greenish pus, which could not be arrested. In consequence of the increasing debility and emaciation of the lad, and symptoms of hectic, excision was decided upon, and performed on May 21st.

Operation.—A long straight incision was made from above downwards over the great trochanter. After a considerable thickness of soft and infiltrated tissue had been cut through the upper portion of the femur was exposed. The head of the bone was found to be firmly fixed in the cotyloid cavity. By forcibly adducting and flexing the limb the end of the femur was thrust through the wound. The head was denuded of cartilage, flattened, and irregular in shape; the neck and great trochanter were also much diseased. The saw was applied at first just below the great trochanter; but as the cancellated tissue was found diseased at the level of this section, another slice of the femur was removed. The acetabulum was quite bare of cartilage, but the form and depth of the cavity were but slightly altered. A gouge was applied to the exposed bone forming the floor and margins of the cavity, but, as this was firm and vascular, only a small portion was removed. The edges of the incision were brought together by sutures, and the limb fixed by the usual long splint.

For the first three weeks after the operation the patient did well. The emaciation persisted, but the hectic ceased; the appetite returned, and the general condition was much improved. The wound, though extensive, became rapidly filled up by granulations. A great tendency to shortening and adduction was counteracted by abducting the limb and keeping it extended by weights.

At the end of June there was an unfavourable change. The upper part of the right thigh began to swell and to become cedematous, and there was an increase in the amount of discharge. His rest and mental condition were much disturbed by severe pains, which radiated from the seat of operation along the front of the thigh and leg to the foot. These were relieved only by repeated injections of morphia under the skin. From the 24th June the patient became gradually worse. Extreme general emaciation was masked in the lower limbs, especially in the left leg and foot, by extensive anasarca. The purulent discharge from the right thigh persisted, and the cedema and severe pain over the iliac region indicated deep-seated suppuration in the pelvis. At the end of August the patient passed suddenly into a state of unconsciousness, from which he but partially recovered; and, after occasional delirium, he died on the evening of September 5th.

Post-mortem examination.—Lower limbs and scrotum very anasarcaous. In front of right femur two large abscesses leading up to the seat of operation; back part of thigh traversed from gluteal region to popliteal space by a third purulent sac. Upper extremity of right femur closely embraced by fibrous and muscular tissues; the surface left by the saw covered by a thick layer of tough organised lymph. Acetabulum occupied by upper part of femur; osseous tissue around the cavity much diseased; and the floor perforated

by three orifices, two of which communicated with intrapelvic abscesses, the third with a large collection of pus in the right iliac fossa. The portions of innominate bone beyond the carious and blackened tissue surrounding the cotyloid cavity were quite sound. Both lungs occupied by very numerous nodules of miliary tubercle. Right kidney lardaceous; the left affected with extensive scrofulous disease. Liver pale; weight $2\frac{3}{4}$ lb.

MISCELLANEOUS CASES.

KING'S COLLEGE HOSPITAL.

Herpes occurring during an arsenical course of treatment.—The following case seems to favour the views of Mr. Hutchinson regarding the production of shingles after the internal administration of arsenic. A woman affected with chronic psoriasis, who some time previously had been treated by large doses of arsenic, but had been compelled to discontinue the remedy in consequence of suspicious symptoms, came under the care of Dr. Duffin on Sept. 3rd. Smaller doses of the liquor arsenicalis (three minims to be taken thrice daily) were ordered; and this treatment was continued up to the 19th, when itching of the conjunctivæ and a whitish tongue indicated the full action of the remedy upon the system. At the same time the patient complained of an aching pain in the right shoulder and elbow, which on the following day was associated with a copious and well-marked eruption of herpetic vesicles over the integument of the arm and forearm. No other part of the body was similarly affected.

Spina bifida in an adult cured by puncture.—Mr. Henry Smith has recently had under his notice in the out-patient department of the same hospital a man whose history, from a surgical point of view, is of great interest. The patient, who is thirty-two years of age, and the father of four children, had previously been affected with a large congenital swelling over the sacrum. The tumour was soft and fluctuating, extensively attached and without any constricted base, and covered by thin and tense integument, which frequently became inflamed in consequence of pressure or of slight blows. The tumour, which was undoubtedly due to spina bifida, had been punctured on several occasions, but without any permanent results. Some months since Mr. Smith again made a small puncture, and drew off 22 oz. of transparent serous fluid. This operation was followed by acute inflammation of the walls of the cyst, and severe general reaction, which placed the life of the patient in great danger. He made, however, a very good recovery, and now presents no trace of his former lesion, with the exception of a slight fulness of the integument and a distinct depression in the centre of the sacrum.

GUY'S HOSPITAL.

Repeated lithotomy.—By a singular coincidence there have been recently in the surgical wards of this hospital two patients who have each undergone on more than one occasion the lateral operation for stone. One case, under the care of Mr. Cooper Forster, was that of a man, sixty years of age, on whom lithotomy was performed in December, 1850, again in April, 1851, and, for the third time, on the 31st of August last. In each of the two early operations the calculus was of a brown colour, and crumbled under the forceps. The one recently removed was phosphatic, and of the size of a large kidney bean. This man had for some years been affected with a tight urethral stricture, complicated with a perineal fistula, through which most of the urine was passed. Mr. Forster cut into the bladder with a probe-pointed bistoury, which was passed along the groove of a staff introduced through the perineal opening. This patient has since done well. The subject of the second case is a middle-aged man, who has been twice cut for stone, by Mr. Durham, since the commencement of the year 1868. The calculi in this case were also soft and phosphatic. The old symptoms have returned, and the patient is about to undergo a third operation. In consequence of the extremely sensitive state of this man's urethra, and of the intolerance of foreign bodies in this canal, lithotomy has been decided upon as a preferable proceeding to crushing.

LONDON HOSPITAL.

Malignant disease of the testicle.—Mr. Maunder has at the present time under his care a case which illustrates very well the rapid and disastrous progress of malignant disease of the testicle, and also indicates the great importance of a close examination of the inguinal and abdominal glands in the diagnosis and treatment of scrotal tumours. The patient is a pale, cachectic-looking man, twenty-seven years of age, whose right testicle was removed some three months since at another hospital. The corresponding side of the scrotum is now occupied by a large and foul ulcer, with exuberant granulations; the stump of the spermatic cord is much swollen; the inguinal glands on the same side are enlarged and indurated; and the hypogastric and right inguinal regions are distended by a large tumour, which is evidently formed by diseased glands. This case, moreover, shows the necessity of an examination of the scrotum in instances of obscure abdominal tumour; as an enlarged testicle, or an absence of the organ through surgical interference, will at once indicate pretty clearly the nature of the disease.

Provincial Hospital Reports.

ROYAL SURREY COUNTY HOSPITAL.

COMPOUND COMMINUTED FRACTURE OF THE FEMUR.

(Under the care of Dr. STEDMAN.)

For the notes of this case we are indebted to Mr. Hopgood, house-surgeon.

J. P.—, aged forty-five, was admitted March 6th, 1869, suffering from the above fracture. The patient was knocked down by a horse, and the wheel of the waggon passed over his thigh.

Upon admission he was found much exhausted. He was placed in bed, and hot brandy-and-water given to him. Upon removing his trowsers, which were covered with blood, a severe fracture of the femur was discovered, the fragments moving about like a number of stones in a bag; there was also a large wound on the outer and under side of the thigh, and another on the anterior surface. The leg was placed on a long splint, the wound dressed with carbolic-acid lotion, and a bandage applied over it. In three hours' time the foot was very cold and feeling was almost entirely gone, but he did not complain of pain. The bandage round the upper part of the thigh was then loosened, hot water bottles applied to the feet, and twenty-five minims of tincture of opium administered.

March 7th.—Passed a comfortable night; foot warm; makes no complaint of pain.

8th.—Removed bandage and lint from wound; no suppuration; looks healthy. Bandage and lint to be reapplied.

12th.—Removed carbolic-acid lint; there is a little sup-puration, but the wound is now superficial. Small wound healed. To have it dressed daily.

29th.—Has continued to improve up to this time, and has felt no pain in leg from the first. Bandage and splint removed. Wound nearly healed. Splint reapplied.

May 20th.—Bandage and splint removed; wound healed; starch bandage applied. To get up.

June 1st.—Allowed to use crutches.

6th.—Starch bandage removed.

10th.—He left the hospital this day, being able to get about with a stick and crutch. Leg a quarter of an inch shortened.

THE INTERNATIONAL MEDICAL CONGRESS AT FLORENCE.

We have been favoured with the following letter from Dr. W. Tindal Robertson, of Nottingham:—

Florence, Sept. 22nd, 1869.

I came on here from Venice, on Saturday, 18th, in order to attend the first meeting of the Congress, which, according to the programme which I received from the secretary last week, was to commence on Monday. On arriving, how-