which otherwise it could not do. In conversing on this subject with Sir J. M—, a well-known F.M.H., he assured me that he had frequently seen men apparently dead from falls on the hunting-field, who had been speedily restored to consciousness and saved from future ill-consequences when they had been made to drink a glass of vinegar. He had had recourse to the remedy himself on more than one occasion after severe falls, and always with the best results. The last time he took it was when he had been taken up for dead, but he had consciousness sufficient to whisper "Vinegar." This was fortunately near at hand, and on drinking a cupful he at once regained entire possession of his faculties.

When an injured person has partially recovered from the first shock of an accident attended with concussion—the period having passed when bloodletting would be admissible, and no decided steps having been taken to relieve the heart and to enable it to perform its functions properly,—it is most probable that the consequences of this omission will speedily become apparent. We shall find the cardiac action greatly enfeebled, the pulse and circulation languid, the patient restless and easily excited, his sleep will be broken, and he will be the subject more or less of those protean symptoms indicative of a severe shock to the nervous system. In such cases the indications are clear as to the treatment to be adopted to restore the lost energies of the system. The patient should at once abandon all occupation or employment, and, whenever it is possible, should have change of air and scene. He should be put on a decided course of tonic medicine, his sleep should be insured by the administration of chloral hydrate or other sedatives, his diet should be regulated, and due attention should be paid to his hepatic functions and to the state of his bowels. I have seen several instances in which this plan has been attended with the most satisfactory results, and have usually found that it has taken from six to eight weeks to restore the lost tone of the nervous system. Occasionally relapses have occurred, but they have been quickly combated by a return to the same medicine and hygienic treatment.

Lower Seymour-street.

ON HYDROCELE OF THE NECK.

A CLINICAL NOTE.

By SAMPSON GAMGEE, F.R.S.E.,

SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

IN March last year, Mrs. D—, from Wolverhampton, called on me with her youngest child, a healthy-looking boy two years old, who had a tumour on the left side of the neck. The growth was noticed very soon after birth, and had steadily increased to its present size. When the clothes were removed, I found a round smooth mass occupying the whole left side of the neck, and projecting over the clavicle on to the upper part of the pectoral region. Fluctuation and translucency being very distinct, I introduced a trocar at the most dependent part in front, and drew off nearly a pint of pale, straw-coloured, and richly albuminous liquid. After closing the aperture with styptic colloid, and applying a cotton-wool compress, I requested to be informed of the progress of the case. I heard nothing of it for eight months. When the child was again brought to me last December, the tumour was larger than when first seen, and the contents, though still liquid, had undergone a bloody change. The mass was no longer translucent, and the skin was uniformly bluish. I introduced two ordinary-sized drainage tubes from back to front, at a distance of a couple of inches, and applied a tenax compress. A considerable quantity of reddish fluid oozed through the tubes, but as days elapsed the mass did not perceptibly lessen, and it became evident that something more must be done to effect a radical cure. Dissection has proved that these congenital cystic growths in the neck are under the fascia; and in the particular case entire removal would only have been possible after a dissection attended with risk. With a view to effect a cure with the utmost safety, I removed the two small drainage-tubes, and while my friend and colleague, Dr. Mackey, administered chloroform, I made an incision on the anterior aspect, a little below the

middle line of the tumour, and pushed into its centre an india-rubber drainage-tube, two inches long and a quarter of an inch in diameter; the anterior extremity of the tube projected slightly from the wound, and was kept in position by a loop of thread on each side secured by adhesive plaster. At the end of a week a great deal of irritation had been set up; the mass was hot and semi-solid; the child was feverish, and the discharge semi-purulent. The tube was now removed, and a linseed poultice applied. Within a week three separate collections of matter were evacuated by the aid of the lancet; fever subsided, a dry pad was applied with daily increasing pressure and the rapid decrease of the enlargement. No trace of it is now perceptible, and the child is perfectly well.

Broad-street, Birmingham.

COMPLICATED CASE OF LABOUR.

By T. N. ORCHARD, M.B., M.C.

ON the 22nd of July, 1874, I was requested to visit Mary J—, aged nineteen, a primipara. Upon my arrival I found her under the care of a certified midwife, who said that she had been in labour for twelve hours, but that the pains were not very severe. I found the body of one child born to the neck, the midwife having been unable to extract the head. On making a vaginal examination I discovered the head of a second child presenting in the pelvis. The face of the child whose body was born looked towards the sacrum, the chin resting against the side of the presenting head. As it was impossible to extract the head that was retained, I endeavoured to push up the second head, but this I also found to be impracticable. With some difficulty I succeeded in applying the forceps to the presenting head, one blade being over the left eye, the other embracing the corresponding posterior surface of the head. After exerting a fair amount of traction the head began to descend, and in about a quarter of an hour it passed through the external outlet causing a slight laceration of the perineum. The body followed easily, and whilst I tied the umbilical cord the midwife extracted the retained head of the other child. After the birth of the children I administered a dose of ergot. The placenta, which was a single one, came away shortly after. No untoward symptom occurred, and the patient made a good recovery. Both children were mature, and of a fair average size; the one delivered by the forceps is alive and doing well.

As I did not attend this case from its commencement, I am unable to state with certainty what had been the presentation, and unhappily the midwife's diagnosis does not lessen the difficulty. She stated that at the commencement of labour she felt a foot, which she returned, converting the presentation into a breech. Without waiting to criticise such a proceeding, I think it may reasonably be inferred that a head and foot presented together, the midwife mistaking the head for the breech. It is also probable that, by pulling, she succeeded in extracting the body of the child, until one head became locked against the other, thereby rendering further extraction impossible. At first it would seem natural that, with the neck in the vagina, the head ought to be in the pelvis; and in the case of single births it is usually so, but in this instance the other head occupied the pelvis, so that the neck of the first child must have been pressed against its anterior surface, which is shallow, the head being above the brim with the occiput resting against the crest of the pubis.

In the twelfth volume of the *Medico-Chirurgical Transactions* a case is related by Mr. Allen, of Leicester-square, in which the heads of two children occupied the pelvis together (the body of one being born), and were both expelled simultaneously by uterine contractions. This case can scarcely be credited, unless the children were premature and the pelvis of extraordinary dimensions.

On referring to works on midwifery, I find that such cases are of rare occurrence. Churchill mentions a case by the late Dr. Fergusson, of Dublin, in which the head of one child and the foot of another presented together in the pelvis. The midwife drew down the leg, and jammed the head and breech together. However, the pains being

powerful expelled the natural presentation first, and the other afterwards. A similar case is recorded in the *Edin. Med. and Surg. Journal* for 1822, by Mr. Alexander.

I do not think that any advantage could have been gained by waiting to see what nature might accomplish in the case that I have related. Although the patient was a strong and well-developed young woman, yet the pains were weak and trifling, and there seemed no probability that the case would terminate as did that of Dr. Fergusson, of Dublin. By a prolongation of the labour she might have become exhausted, and it might also have proved fatal to the other child unborn, besides the great probability that, even after waiting for some time, instrumental assistance would be necessary to terminate it.

Pendleton, Manchester.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

KING'S COLLEGE HOSPITAL.

AMPUTATION THROUGH THE SHOULDER-JOINT FOR MALIGNANT DISEASE OF THE HUMERUS.—EXCISION OF THE SCAPULA FOR MALIGNANT DISEASE.

ON Saturday last two unusual operations were performed at the above-mentioned hospital: excision of the scapula, and amputation at the shoulder-joint. Excision of the scapula is an operation on the merits of which the opinion of the surgical authorities of this country is divided. Mr. Holmes, in the *System of Surgery*, advances the opinion that the mortality has hitherto been so great that the operation should not be undertaken; while Mr. Erichsen deems the results of the operation to be satisfactory. According to the former gentleman, the whole of the scapula has been removed twelve times, with five deaths; but, considering the serious nature of the disease for which it has been done, it may be questioned whether this mortality is sufficiently high to justify the abandonment of the operation. But Mr. Erichsen mentions a larger number of cases. The first surgeon who ventured on this operation was Cumming, in 1808. In 1819 Liston removed nearly the whole of the scapula without sacrificing the arm; and in 1828 Mr. Luke removed the greater part of the bone for malignant disease in a young girl. A similar operation was subsequently performed by several other surgeons. In 1837 Mussey (U.S.) successfully excised the whole of the scapula and clavicle for a large osteo-sarcoma; and in 1850 Gross removed all the scapula, except the glenoid cavity, for an osteo-sarcoma weighing seven pounds. In 1838 McClellan removed the whole of the scapula and clavicle for encephaloid disease; and Gilbert (U.S.) performed the operation, together with removal of the upper limb, in two cases. In 1855 Langenbeck removed the whole of the scapula with the acromial end of the clavicle for disease of the scapula, preserving the corresponding limb; but as early as the year 1847 Sir William Fergusson successfully removed the whole of the scapula for necrosis, in a case where the arm had previously been removed. In 1856 Syme performed the operation by disarticulating the bone instead of sawing through the neck, in a woman seventy years of age. Since then the operation has been done by the late Mr. Syme, Mr. Jones of Jersey, Mr. Cock, Sir William Fergusson, Mr. Pollock, and others. In 1868 Dr. Stephen Rogers, of New York, analysed 56 cases of total or partial excision of the scapula, including one by himself. In 25 cases at least three-fourths of the scapula were removed, with excellent use of the corresponding upper limb in 16 cases. Of 45 cases of partial excision, 10 died from the direct or induced effects of the operation. On the other hand, not a single patient perished from the effects of excision of the entire bone. The mortality, how-

ever, is greatly influenced according as the operation is done for disease of the scapula or for caries or necrosis. In the latter the results have been very satisfactory.

Mr. Wood's patient was a tall, thin man, aged twenty-five, who was admitted on the 3rd inst. He first noticed pain and swelling in the left shoulder on the 11th of December last. The swelling rapidly increased in size, and was aspirated on several occasions, but nothing but blood escaped.

On admission there was a large tumour occupying the left infra-spinatus fossa, and jutting into the axilla as a rounded mass. As the tumour continued to grow rapidly, it was determined to make an exploratory incision, and, if necessary, to remove the scapula with or without the upper limb. Accordingly, on Saturday last, the patient was put under the influence of ether, and a long incision was made along the spine of the scapula from the tip of the acromion to the vertebral border. The scapular attachment of the deltoid muscle was then divided, and the finger passed through the opening thus made down to the neck of the bone, to ascertain the condition of the neck of the bone, which was found softened and broken up. A second incision was therefore made, at right angles to the first, along the vertebral border of the scapula, and the flaps of skin and subjacent tissue were dissected up and turned aside. The attachments of the muscle to the inner border of the bone were next cut through; then those at the upper border. The bone was then forcibly elevated and dissected up towards the shoulder-joint, which was disarticulated, and the acromion process sawn through. Unfortunately, after the bone was removed, the growth was found to extend deeply up into the posterior triangle of the neck, involving the brachial plexus. As much of the diseased tissue as could be seen was cut away with the scissors. A strong solution of chloride of zinc was therefore applied. After the arteries had been secured, a large drainage-tube was placed in the wound, which was closed with sutures, and covered with strips of lint soaked in a solution of carbolic acid, over which a sheet of oiled silk and a pad of wadding were fixed, with a flannel bandage.

After the operation Mr. Wood remarked that he made the exploratory incision through the deltoid in order to ascertain the condition of the neck of the scapula and the coracoid process. If these had been healthy he would have removed the tumour without removing the neck of the bone; but, as this part was implicated in the disease, he determined to excise the whole of the scapula by disarticulating it at the shoulder-joint. He had proceeded on the plan recommended by Sir William Fergusson, of dividing the attachments at the inner border of the bone first, as by that means the larger arteries near the axilla were left till the last, so that the hæmorrhage, which was necessarily great, was lessened as much as possible. The disease involved the whole thickness of the bone, and extended deeply on the inner side into the subscapular muscle and up into the neck. This condition could not be recognised beforehand, so that the operation appeared to be the only resource for the unfortunate patient. Mr. Wood further observed that when he found the disease extended into the tissue beyond the scapula he considered the propriety of removing the upper limb. He decided against this, however, as it would not have been possible by that means to cut any wider of the diseased part. So far the patient has progressed satisfactorily.

In Mr. Smith's case the patient was a thin, spare man, aged forty-seven. He first observed a swelling about the middle of the right arm in August, 1872. This swelling gradually increased in size until it extended from the elbow up to within four inches of the tip of the acromion; in front it measured nine inches in length, behind ten inches; the circumference at the top of the swelling was seventeen inches, at the middle nineteen inches, and three inches below this eighteen inches. The bone was broken at the upper part, and the skin over the swelling was dusky and coursed with large veins. The brachial artery was situated down the inner side.

Last Saturday the patient was put under the influence of chloroform, and the arm was amputated by antero-posterior flaps at the shoulder-joint, the subclavian artery being compressed by Mr. Royes Bell. After the axillary artery had been tied with a hemp ligature, the wound was brought together with sutures and covered with dry lint, over which a large pad of wadding was fixed with a bandage. On