

RUPTURE OF THE TENDON OF THE BICEPS. ANOTHER CURE OF HYDROCELE BY A STAB.

By ROBERT STORKS, Esq., Surgeon, London.

THE following case of rare injury may be thought worthy of publication:—

July 19, 1843, I was requested to see Master Y., who had fallen from the arm of an easy chair half an hour before my arrival. In his attempt to save himself he had alighted with the whole weight of his body upon his left hand. On examining his arm he complained of great pain in the bend of the elbow, much increased by the slightest motion; I could detect no fracture or dislocation, but the mobility of the head of the radius was evidently abnormal; he was unable to flex his forearm upon the upper arm, nor could he supinate the hand; in addition a hard swelling, corresponding in position to the tendon of the biceps, could be distinctly felt in front of the joint.

I cannot but think this to be an example of a rupture of the tendon of the biceps, near or at its insertion into the tubercle of the radius,—an injury, to the best of my knowledge, very rare; for although the attention of the profession has been recently directed to the rupture and dislocation of the long tendon of the biceps, I am not aware of any surgical author who has described this particular injury.

I directed the arm to be kept in the bent position, with leeches and fomentations; considerable swelling supervened the next day, but as my patient was obliged to leave town I am unable to give any further account of this interesting case.

Gower-street, Bedford-square,

July 24, 1843.

A PATIENT WITH A LONG MEMORY.

At the battle of Ocana (Spain), a native surgeon was left in charge of a Polish officer in the French army who had been dangerously wounded. The surgeon dressed his wounds, and then, having been called to Madrid on duty, left his patient in the house of a lady, by whom the greatest care was taken of her guest. The officer recovered, and left to rejoin the army, assuring those who had aided him to regain his health of his perpetual gratitude. Thirty years had passed away, when, a short time ago, Dr. Hurtado, now one of the principal physicians in the Spanish capital, and who had been the surgeon performing the above duty after the battle of Ocana, received from Poland a remittance of fifty thousand francs (2000*l.*), bequeathed to him by Prince Brunowski, lately deceased, in Warsaw, and a similar sum was left to the lady above alluded to. It need scarcely be stated that the prince was no other than the officer who had been wounded, but whose “deadly wound was healed.”

*To the Editor.*—Sir: The account of a cure of hydrocele by a stab, in THE LANCET of last week (p. 579), reminded me of a similar occurrence which took place when I was in Calcutta, in 1835. A Sepoy, in a state of intoxication, repaired to the Soba Bazaar to purchase a pumulo, a species of fruit, similar to an orange, but generally about six times larger. The Hindoo who kept the shop very quietly informed the Sepoy that he had sold all his fruit of that description, and, of course, could not at that time supply him with one. The Sepoy became quarrelsome, and the Hindoo, in his turn, quarrelled with the Sepoy, stoutly denying that he had any pumulos in his possession. The enraged Sepoy then made a thrust with his bayonet at the Hindoo's langooty (a handkerchief, used for the purpose of concealing and supporting the scrotum, similar to a suspensory bandage), swearing that he had one concealed there; when, to the surprise of all present, the shop of the Hindoo was immediately inundated with water. The bayonet had perforated a very large hydrocele. The Sepoy was immediately taken into custody, and after he became sober expected nothing less than hanging for murder, but he was only slightly punished, and the Hindoo had the happiness, some time afterwards, of thanking the Sepoy for removing his “pumulo,” *alias* curing his hydrocele. I have the honour to be, Sir, your very obedient servant,

P. INGRAM, Surgeon.

Manningtree, July 25, 1843.

BALANCE OF PREVALENCE BETWEEN PHTHISIS AND INTERMITTENT FEVER.

FRANCE has three *bagnes*, or prisons for convicts, at Brest, Rochefort, and Toulon. Brest has a cold and damp climate, Toulon one warm and damp, and Rochefort a climate intermediate between the others, but this town is subject to marshy miasmata. Diseases of the respiratory organs are, among the convicts at Brest, one-half of the whole diseases occurring; at Rochefort they amount to 42 per cent.; and at Toulon to 39 per cent. The relative prevalence of phthisis does not follow in precisely the same order; at Brest consumptive cases are as 1 in 20, and at Toulon as 1 in 22, but at Rochefort they are not more than 1 in 35. This last town, in return, suffers most from intermittent fevers, which, as compared with the total cases of disease, occur among the convicts in the proportion of 1 in 3½ cases. This result corresponds with what has been observed as a general rule on some of the shores of the Mediterranean, viz., that the prevalence of phthisis and of intermittent fevers are in inverse ratio to each other.—*Gazette des Hopitaux.*