disease than the passive hydrocephalus above referred to. Hydrocephalus does not produce a round head after the fontanelles are closed and the sutures well united. Acute ventricular effusion, occurring in tubercular or purulent meningitis, does not produce a round head, even when the fontanelles and sutures are not closed; the pressure, we may suppose, does not last long enough. The peculiar change in the position of the eyeballs with respect to the eyelids, a condition due to excessive obliquity and drawing upwards of the orbital plates, a well-known effect of the active distention of the skull from within by fluid, is never met with in dolichocephalus. Optic neuritis going on to atrophy of the disks is sometimes caused by hydrocephalus, especially when it sets in after the fontanelle has closed. When the head admits of distention and becomes cyclocephalic the optic neuritis is often absent. In extreme hydrocephalus the head is sometimes seen to be translucent in a strong light, such as that of the sun.

(To be continued.)

Hospital Practice and Clinical Memoranda.

FRACTURES OF BOTH FEMURS, OF THE LEFT TIBIA AND FIBULA, OF THE RIGHT HUMERUS AND RIGHT RADIUS, WITH RIGHT RADIO-CARPAL DISLOCATION, IN THE SAME SUBJECT; RECOVERY.

BY F. N. GIBSON, M. D., NEW IPSWICH, N. H.

BESSIE S. H., of T., aged eight years, nervous temperament, spare build, active habits, while at play, October 18, 1880, near a perpendicular shaft in motion, was caught thereon by her clothing, and carried around at the rate of from one hundred and fifty to two hundred times per minute, till the machinery could be stopped.

I saw her about three hours after the accident; found the pulse feeble, eyes bloodshot, and the patient, although suffering greatly from shock and injuries, perfectly conscious. Stimulants were given, and as hospital advantages were inaccessible preparations were at once entered into for home treatment.

A hard husk mattress was placed upon an unyielding bedstead, and pulleys fastened to the foot of the bed. Upon this mattress, suitably covered with linen and rubber cloth, the patient was placed, and ether (Squibbs) administered by Dr. G. F. Munsey, of Greenville, who kindly assisted in caring for her during the first four days.

Anæsthesia was readily produced, and I found she had sustained the following injuries, namely: (1.) Oblique fracture of right femur, middle third. (2.) Transverse fracture of left femur, middle third. (3.) Transverse fracture of left tibia and fibula, middle third, (slightly comminuted). (4.) Transverse fracture of lower third of right humerus. (5.) Fracture of lower third of right radius. (6.) Partial right radio-carpal dislocation. There was manifestly much injury sustained by the soft parts at seat of fractures, particularly upon the thighs and arm, and there were several contusions and abrasions of the skin over other parts of the body.

Splints were prepared from leather board, adapted to each fracture, and covered with a few layers of soft linen; strips of rubber adhesive plaster, extending along both sides of the legs and well up on the thighs,

were connected with the weights by cords passing over pulleys, with which extension was made, the foot of the bed being elevated four inches. The fractures and dislocation were all adjusted without great difficulty. Dry compresses, splints, and roller bandages, with sand-bags for lower extremities, completed the dressings.

As might be expected, the general system suffered greatly from shock and the extensive injuries sustained. Stimulants were administered freely during the first twenty-four hours; almost complete syncope occurring several times.

Second day. Reaction and strengthening of pulse. Frequently awakes from sleep with a scream and look of terror and fright, and general muscular contraction. Tincture of camphorated opium combined with atropia, alternated with chloral hydrate and bromide of potash, were given and continued as required for five days. Third day. One convulsion, lasting three minutes; surgical fever not unexpectedly high. Fourth day. Much complaint from effects of involuntary passing of urine, which had completely saturated bandages of thighs. Fresh bandages and clean linen were consequently applied. To obviate this annoyance in future, pieces of rubber cloth, extending above the bandages and below the knees, were fastened together separately at the upper ends. Some excoriation upon the nates, to which vaseline and subnitrate of bismuth were applied. Sixth day. Fresh dressings to leg and arm; not an undue amount of surgical fever. Eighth day. Passing of urine not entirely involuntary. Failed in the use of various urinals, till we tried a piece of lead pipe, beveled at one end and closed at the other, of which we made use till patient left the bed, with good success. Ninth day. Swelling abating, so that bandages upon thighs are loosened; clean dressings applied. Probably owing to some injury to the nerve trunk, there has been daily considerable spasmodic muscular contraction of the right thigh, shortening the limb an inch or more, and allowing no union, which seems to be taking place in all other fractures. Twelfth day. Only two spasmodic displacements of right thigh; these were the last. Fourteenth day. Fore-arm, leg, and both thighs dressed; swelling much abated; excoriations and abrasions, to which soap-suds, vaseline, and subnitrate of bismuth have been applied, are mostly healed. Sixteenth day. Right thigh does not shorten on removal of extension, and shows first indication of union. Twenty-eighth day. Splints (lateral) removed from fore-arm. Forty-second day. All splints and dressings have been removed from arm and leg. Weights and pulleys removed, and plaster-of-Paris bandages applied to the thighs, firm union having taken place. There is neither ulcer nor excoriation anywhere upon patient, who now commences to sit up in bed and in a chair.

Careful measurements have been made almost daily from the first, and great attention given to retention of lower limbs *in situ*. Owing to the active habits and great restlessness of patient, I early found it necessary, in order to retain the parallelism of thighs with the pelvis, to somewhat confine the body, which was accomplished by placing a block of wood upon either side under the mattress, making a trough, out of which she could neither roll, wriggle, nor twist.

Fifty-sixth day. Plaster-of-Paris bandages loose, and are removed, and starch bandages substituted. Simple but nutritious diet has been allowed; the bowels moved

by compound licorice powder when diet and fruit failed to keep them sufficiently open. Patient sits up nearly all day, and looks as robust and healthy as previous to the accident.

Seventy-eighth day. Saw patient to-day, who is now recovering from an attack of measles. She presents no indication of deformity, and has firm bony union in all fractures; with the single exception of slight tilting upward of lower extremity of the upper fragment of left femur, there is complete coaptation of all fractures, and as this fracture was transverse there is no perceptible shortening.

To the parents, who have acted as nurses, and have been unceasing in their care and attention, is largely due any credit deserved for so successful a recovery.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

T. M. ROTCH, M. D., SECRETARY.

JANUARY 10, 1881. DR. JAMES C. WHITE, permanent chairman, presided.

OVARIOTOMY.

DR. JOHN HOMANS gave an account of twenty consecutive cases of ovariectomy operated on during the past twelve months. Vide page 50 of the JOURNAL.

DR. CHEEVER said that we all must feel much gratified with the success of Dr. Homans's cases.

Twenty-five years ago he twice saw the abdomen opened to remove ovarian tumors, with a fatal result. These cases occurred while he was a student. The operation fell into disuse in Boston, and was discouraged by many physicians. The coming of Mr. Spencer Wells in 1867 gave a new start to ovariectomy. Up to that time there had scarcely been a successful case in this city, certainly none in the hospitals. Subsequently, in 1872, he saw Mr. Wells operate, and his after-treatment, repeatedly in London. Returning to Boston, Dr. Cheever had two cases of recovery in succession in 1873. This gave him encouragement; and he had since operated with varying result. He had twice been so unfortunate as to meet with soft cancer of the ovary. In these cases there was fluctuation; and they illustrated the fact that it was impossible to distinguish by palpation the quiver of a soft solid from true fluctuation. Fibro-cystic tumor of the uterus and a suppurating cyst had twice given him fatal results. Latterly he had used the Lister method, the cautery, and the replacement of the stump in the abdomen, with perfect success.

He believed the patient's chance of living depended largely on the activity and vigor of her organic or nutritive powers. It was often a question of stock. Those who had good constitutions and good stomachs recovered from surprising mutilations. He had operated on an abdominal tumor where a large section of peritonæum was necessarily cut away, and the bowels closed in only by a flap of dissected skin, and the patient recovered. This was before the antiseptic method.

He thought replacing the pedicle in the abdominal cavity much superior to the clamp. The latter always gave after-pains (uterine) from traction. Hæmorrhage from the uterus he had very frequently noticed after ovariectomy.

The division of adhesions by the cautery was a great improvement. He thought ventral hernia an exceedingly common sequence of abdominal incisions, and asked if others had not found it so.

In answer to questions by Dr. Fifield, Dr. Homans said that, in regard to feeding, until lately he had only given flour gruel during the first forty-eight hours after the operation, that he was not now so particular in this respect, and that he always had an enema given on the night previous to the operation, and solid food allowed as soon as the patient passed wind freely.

DR. HOMANS did not approve of administering morphia subcutaneously on account of its depressing effect; if it was necessary to employ opium he gave it by the rectum, but he seldom used it, and relied on hot ginger.

DR. BIXBY said he had been intensely interested in Dr. Homans's paper. He had been engaged in the study of ovarian disease and ovariectomy for many years. The contrast in the repute of the operation and of the operators twenty-five years ago and at the present time was most striking.

No department of surgery had made greater progress. Illustrative of this, in connection with Dr. Homans's experience, in 1857, he had seen a patient brought into the amphitheatre of the Massachusetts General Hospital for ovariectomy; he thought it must have been the same case referred to by Dr. Cheever.

A small incision disclosed what seemed to the operator to be extensive adhesions. After due consultation by the three or four surgeons present, the case was accounted a *noli me tangere*. The wound closed, and the patient returned to the ward. He should never forget the look of doubt depicted upon their countenances.

Dr. Bixby further stated that during the last twelve years he had performed ovariectomy with and without success before the days of antiseptic surgery. It had been his good fortune to witness the operation more than a hundred times. In a large number of these cases he had conducted the after-treatment, and in at least twenty-five cases, for the sake of the practical experience, had acted in the capacity of nurse.

In review of this extended and most instructive experience, in which all the different methods of operation, course, and results have been practically demonstrated, he looked back with regret that this wonderful discovery had not sooner dawned upon us. While there were many cases, undoubtedly, which might have been saved by this method, brilliant results were not infrequent long before this event, and under the most unfavorable circumstances. To illustrate, a patient, aged seventy-five, with double ovarian disease of long duration, was ruptured by a fall. On making an incision the parts were found universally adherent, the abdomen was exposed to the air for nearly three hours, large portions of peritonæum and omentum were removed, and nineteen ligatures left in the abdominal cavity, yet the patient recovered as if from the most simple illness. Again, in these times of antiseptic surgery he had seen the simplest case, without adhesions, short incision, not the slightest exposure of the abdominal cavity, die on the fifth day from peritonitis. While being a firm believer in antiseptic precautions in ovariectomy, the skill derived from the accumulated knowledge of the conditions of the pelvic and abdominal viscera should not be underrated in our estimates of diminished mortality in ovariectomy under the new departure.