

phlegmasia dolens—she had no pain in it whatever. On the whole it was, in my opinion, a rather remarkable case of puerperal septicæmia.

Granby Fields, Queensbury, Bradford, Yorks.

COMPLETE TRANSVERSE FRACTURE OF THE HUMERUS BY MUSCULAR ACTION.

BY GEORGE T. WILKINSON, L.R.C.P. EDIN., L.R.C.S. IREL.

A CASE of the above kind is, I think, of sufficient rarity and interest to merit reporting. On Aug. 3rd last a youth aged sixteen years, one of twins, but differing from his brother in being much taller and more robust and muscular, in fact, being a youth possessing physical development above the average, was brought to my surgery complaining of pain in, and inability to move, his right arm. On examination I found a complete transverse fracture of the humerus below the insertion of the deltoid. He informed me that being sent to turn in a horse which was out on grass he threw a stone at the animal, and after the missile had left his hand he felt a sudden severe pain and lost all power in his arm. The fracture united well and rapidly.

Cloughton, Scarborough.

SPONTANEOUS ANEURYSM OF THE BRACHIAL ARTERY SUCCESSFULLY TREATED BY PROXIMAL LIGATURE.

BY FREDERICK PAGE, M.D. EDIN.

A MAN aged thirty-one years, with very extensive aortic disease, showed me in August, 1894, an aneurysm of the brachial artery about the size of a hen's egg at the bend of the left elbow. It arose without any injury, and had been noticed only for a few weeks. It was increasing in size, and causing so much pain that the arm was useless to him. Twelve years ago, wishing to enter a benefit society, he was rejected on account of heart disease. A year after this he contracted a venereal sore on the penis, but no constitutional symptoms followed, and he was not treated for syphilis. The artery was tied a little above the joint with a catgut ligature. No difficulty arose from the chloroform. The wound healed by first intention. Now, a year after operation, there is no trace of the aneurysm, and the patient says his left is the better arm. Spontaneous aneurysm of the brachial artery is rare and not always successfully treated by proximal ligature. For these reasons I think the case is worth recording.

Newcastle-upon-Tyne.

CASE OF ORBITAL SARCOMA IN A CHILD.

BY W. M. BEAUMONT, M.R.C.S. ENG.

A GIRL aged ten years came to the Bath Eye Infirmary on Sept. 17th, 1893, complaining of a red, hard, new growth of one month's duration in the ocular conjunctiva. It was situated at the inner commissure of the right eye and had the appearance of a small cock's-comb, which showed between the lids when they were closed. It was apparently quite superficial and was easily removed. Under the microscope it had the structure of a simple polypus, small bloodvessels and cells lying in a matrix of connective tissue, and it was not pigmented. It was considered innocent and the patient returned home. She came back six months later (April 2nd, 1894) with a large recurrence in the same situation, but involving the upper lid. Chloroform was administered, and the growth, together with the inner half of the tarsal cartilage, excised; the globe was quite free and the conjunctiva and orbital cellular tissue were alone affected. On examination the tumour was found to be soft and friable, and under the microscope its structure was highly suspicious of malignancy. The wound, however, healed satisfactorily, and she had no pain. She returned home again well, but the distance from Bath prevented the possibility of watching her constantly. On June 3rd she came back again with a recurrence, which filled the orbit and protruded the eye. There was still no pain, and the eye, though immovably fixed, was not involved in the growth.

Chloroform was administered and the eye removed; the orbit was exenterated, the whole of the cellular tissue being infiltrated with the soft neoplasm as far back as the sphenoidal fissure. The tumour was about three times the size of the globe, but there was not much loss of blood in removing it. If there had been any doubt from the clinical symptoms the microscope now clearly showed the characteristics of a round-celled sarcoma. Gradually the growth reappeared until there was a tumour as big as her fist outside the patient's orbit; it then became stationary and began to slough. She died exhausted, but without having suffered much pain, on Sept. 23rd, 1894. It is not always that one is able, as in this case, to watch the life-history of tumours from their innocent infancy to their malignant maturity. It has long been recognised that growths may remain quiescent for long periods and then, volcano-like, burst suddenly into fury without any explainable reason. In the case described above it would seem almost as though the operation were the cause of the change in the character of the tumour, and that by it a fatal traumatic malignancy was started.

Bath.

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.

KENSINGTON INFIRMARY.

A CASE OF CONGENITAL ABSENCE OF THE RECTUM;
NECROPSY.

(Under the care of Mr. W. M. WOODHOUSE, Senior Assistant Medical Officer.)

FROM time to time reports of cases of imperforate anus and partial development of the rectum have appeared in the medical journals, but a considerable period has elapsed since a case of complete absence of the rectum has been recorded. It is also noteworthy that in this instance the malformation escaped notice for three days. The exact condition here described cannot usually be recognised until an incision has been made at the site of the anus in the hope of reaching the bowel. The type of pelvis found at the post-mortem examination is that which is commonly seen when the rectum is absent. The following are the details of the case.

A woman aged thirty years was admitted into the Kensington Infirmary three days after the birth of her first child—a male. The mother, a thin, weakly looking woman with a bad family history of phthisis, stated that her child had been constantly sick since six hours after birth, when she first nursed him, and although abundant urine had been passed the bowels had never acted. A purgative powder, obtained from a local druggist, had been administered without effect. On examination shortly after admission Mr. Woodhouse found that the child was thin and puny, repeatedly crying out and exhibiting evident symptoms of pain. The abdomen was much distended and tympanitic. The anus was absent, nor was there any evidence of its presence in the normal situation beyond a slight depression close to the median raphe. There was no impulse or bulging in the perineum when the child cried. It was decided to at once make an attempt to relieve the child and establish patency of the rectum, which it was thought would probably be within a short distance of the surface. The patient having been placed under chloroform, Mr. Woodhouse made an incision an inch long in the middle line in the normal situation of the anus, cutting upwards and backwards, and keeping close to the sacrum. From time to time the little finger was introduced into the wound, but nothing indicating gut could be felt, even at the depth of an inch and three-quarters. He then proposed to perform inguinal colotomy, but the anæsthetist considered it inadvisable to continue the chloroform owing to the exhausted