

before admission, but she could feel no distinct tumour till about four months ago, which got larger at her periods, and the latter have been ever since less profuse.

On admission the abdomen was found enlarged, and a tumour, tense, elastic, but not distinctly fluctuating, dull on percussion, was felt reaching nearly up to the ensiform cartilage. Per vaginam the cervix was felt far back in the hollow of the sacrum, movable and normal; no tumour was to be felt anywhere in the pelvis; the uterine sound passed three inches and a quarter along the curve of the sacrum, and pressure on the tumour in the abdomen only indirectly affected the sound.

The operation was performed by Dr. Meadows on Nov. 1st. On opening the peritoneum the cyst was found, as diagnosed, to be multilocular. Some of the cysts contained a clear straw-coloured fluid, others a brownish, grumous fluid, and in the more solid parts the cysts were filled with gelatinous matter. The incision in the abdominal wall was lengthened by one inch, and the cyst was withdrawn. The clamp was then applied to the pedicle, and the tumour cut away. The stump of the pedicle was carefully cauterised, and the abdomen thoroughly sponged out, to remove some fluid which had escaped into the cavity of the peritoneum. The clamp was then loosened slowly, but, as the pedicle began to bleed immediately, the clamp was again tightened, and the pedicle transfixed and tied with whipcord, and dropped into the abdomen. The wound was then brought together with six silk sutures, dressed with lint soaked in carbolised oil, covered with oil silk, and thoroughly supported with broad strips of plaster; cotton wool and an abdominal belt were placed over all.

The patient was sick the first two days after the operation, and suffered from much pain at times in the abdomen, which was always relieved by a morphia injection. She was much better on the third day, her temperature keeping nearly normal, it only being twice elevated. On the second day it was as high as 100.2° F., but did not rise to 100° F. afterwards. On the fifth day after the operation she had some chicken for dinner. On the seventh day the sutures were removed, the wound being found thoroughly united. The bowels were relieved by a simple injection. A period came on the same day, and was quite normal, and on the 24th of November she felt so much better that she was allowed to leave the hospital, feeling well and fairly strong, the twenty-fourth day after the operation.

### LONDON HOSPITAL.

#### DISSECTION OF TWO CASES OF RECENT DISLOCATION OF FEMUR.

(Under the care of Mr. JEREMIAH M'CARTHY.)

For the notes of these interesting cases we are indebted to the post-mortem clerk, Mr. Boase.

CASE 1.—A. B.— was admitted in a dying condition, having sustained several very severe injuries, among which was a dislocation of the right femur on to the dorsum of the ilium. As the man was dying, no attempt was made to reduce it.

On the following day the part was dissected by Mr. M'Carty. The customary deformity was well marked. The skin and fascia having been reflected, and the gluteus maximus muscle divided at the junction of the inner third with the outer two-thirds, it was seen that the deeper fibres of that muscle had been extensively lacerated by the head of the femur, which was now visible, with its anterior part lying on the brim of the acetabulum, with the lowermost fibres of the gluteus minimus interposed, and the dimple for the ligamentum teres directed backwards and inwards. The posterior fibres of the gluteus medius were also torn, and the pyriformis, obturator internus, and gemelli muscles had been completely torn away from their pelvic attachments, and were lying loosely on the neck of the femur. The quadratus femoris muscle was uninjured. The capsule of the joint had given way posteriorly; in front and above it was perfect. The ligamentum teres had some fibres ruptured, but still withstood all attempts to tear it across. The ilio-femoral and pubio-femoral bands were also uninjured, notwithstanding that the acetabulum had separated into its three component parts, the fracture also traversing the ilio-pectineal eminence. The lowermost fibres of the ob-

liquus externus, and some fibres of the sartorius, psoas magnus, and iliacus internus muscles were also ruptured.

CASE 2.—C. D.— was admitted with dislocation of the right femur on to the dorsum of the ilium, compound fracture of the left humerus, fractured ribs, and other injuries. The dislocation was reduced by manipulation by Mr. Shapley, the house-surgeon on duty. During the manipulation the head of the bone slipped into the obturator foramen, and from thence passed readily into the acetabulum. The man died in a few hours.

On the following day the part was dissected by Mr. M'Carty. There was no external evidence of injury. On removing the gluteus maximus muscle, the bursa between it and the vastus externus was seen to be ruptured and filled with blood. The sheath of the great sciatic nerve was also distended with blood, and the nerve-fibres separated from one another. The posterior fibres of the gluteus minimus muscle were torn across, and the cellular tissue beneath that muscle filled with blood. The quadratus femoris muscle was torn completely in two, and the uppermost fibres of the adductor magnus, and some fibres of the gemelli and obturator internus muscles were lacerated. The capsule was perfect in front and above, but torn at the most posterior part. The ligamentum teres had been torn off close to the femoral attachment.

### QUEEN'S HOSPITAL, BIRMINGHAM.

THE following cases, for the notes of which we are indebted to Dr. McBride, house-surgeon, which are at the present time in the hospital, or have recently been discharged, clearly show that provincial surgeons are not at all behind their metropolitan *confrères* in promoting the art of surgery. In fact, judging from the valuable clinical records which we receive from the country, it is to be regretted that surgeons and physicians attached to provincial hospitals do not more frequently publish the notes of the interesting cases which come under their care in hospital practice.

#### RESECTION OF ELBOW-JOINT.

(Under the care of Mr. WEST.)

Charles J.—, aged thirty-nine, single, band sawyer, was admitted 11th May with disease of the elbow-joint. About six or seven years ago an abscess formed on the posterior surface of left elbow-joint, and burst about one year after its formation. About two years thereafter other abscesses formed in the neighbourhood of the elbow-joint, all of which discharged freely, and closed up again. The pain in the joint continued throughout, but the patient kept at work until about three weeks ago, when he felt that he could not lift his arm to his head, but had to carry it straight. The slightest attempt at flexion caused pain. There was no syphilitic history nor any of injury to the elbow.

The elbow-joint was resected by a T-shaped incision on the 16th May, when the condyles of the humerus, and the heads of radius and ulna, which were extensively necrosed, were removed. The patient has done well, and has gained weight and strength. Flexion of the elbow is used daily.

#### STRANGULATED INGUINAL HERNIA.

(Under the care of Mr. GAMGEE.)

Thos. F.— was admitted on the evening of the 16th of April, complaining of great pain in the right inguinal region. It appeared that during an attack of coughing the bowel came down, and he felt that he could not replace it. A medical man was sent for, who tried the taxis on three different occasions, but failed. Patient then came to the hospital, twenty-four hours after the accident happened. He had a pinched expression; the eyes somewhat sunken. Taxis was tried under chloroform, but without benefit.

Mr. Gamgee performed the extra-peritoneal operation, and the patient left the hospital six days after admission, quite well, the external wound having healed up.

#### VARICOCELE TREATED BY THE ELASTIC LIGATURE.

(Under the care of Mr. WEST.)

John L.—, aged twenty-two, was admitted on May 3rd, having a varicocele of some weeks' duration. On the 9th the vein was ligatured with an elastic ligature by Mr.

West. On the 14th the ligature had cut its way nearly out, and was then removed. The patient was discharged well on May 27th, the vein being obliterated by a firm clot, but no suppuration taking place during the progress of the case.

The elastic ligature has also been used in two cases of nævus by Mr. West and Mr. Wilders. In both cases the ligature came away on the fifth day, leaving a healthy granulating sore, and the children have been completely cured of the deformity caused by the nævi.

#### STRICTURE OF RECTUM; COLOTOMY.

(Under the care of Mr. JORDAN.)

Mr. Jordan at the end of April performed Amussat's operation in a case of obstruction of the rectum from cicatrization following extensive ulceration. The patient has made a most complete recovery. In a case of epithelioma of the anus and rectum, in which both ischio-rectal fossæ were filled with large indurated masses, the same gentleman removed about two inches of the lower end of the gut by means of two semilunar incisions commencing at the posterior wall of the vagina, passing close to the tubera ischii of either side, and meeting posteriorly behind the coccyx. The whole of the indurated mass was in that way removed. The extensive wound thus produced was much diminished by approximating its sides anteriorly and posteriorly by means of sutures. The gut was drawn down and loosely stitched to the margins of the opening. The patient is doing well.

#### ST. ANN'S PAROCHIAL HOSPITAL, JAMAICA.

##### STRANGULATED SCROTAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. GEORGE COOPER SANDERS.)

On August 30th, 1873, a slightly-built negro, named Prince Lewis, of medium height, aged thirty, applied at the out-patient department for the purpose of having a large hydrocele tapped. On examination, a large amount of constitutional disturbance was found; face haggard; expression anxious; tongue brown, and rather dry; pulse 136; bowels not opened for seven days; frequent vomiting, but this not stercoraceous; patient said he had no rupture, and had been tapped for hydrocele before. A careful examination was at once made of the scrotum, and it was believed a hernia could be detected at the upper part, but no impulse was given on coughing. The hydrocele was then carefully tapped, and when the serum was drawn off the hernia could be plainly distinguished. The patient was immediately placed in a warm bath, and taxis applied, but without success. Other tentatives were also unsuccessful. The diet ordered was fever diet, with one pint of milk, one pint of beef-tea, one egg, and four ounces of brandy.

Sept. 3rd.—The patient has been much the same since last note, complaining of great pain and continual vomiting, nothing having any effect on the hernia. The patient was now placed under chloroform, and a last, ineffectual, effort made to reduce by taxis. The usual operation was, therefore, performed, the superficial epigastric artery being tied during operation. On opening the sac, a large knuckle of highly-congested gut was discovered, the congestion being greater in some parts than in others. The strangulation was found at the external ring, and was divided directly upwards to the extent of one-eighth of an inch. This, however, was not sufficient to allow of reduction, so the stricture was divided more freely, when the gut easily passed back into the abdomen. The wound was closed in the usual manner, and a pad and bandage applied. Ordered one grain of opium every four hours.

4th.—Passed a rather restless night. This morning he says the pain is much less; feels as if he could defecate; has micturated freely since operation; no vomiting. Pulse 120, weak. Milk to be increased to a quart daily.

5th.—Pulse 80, thread-like; skin cool. Passes flatus now and again. Slept well last night. Wound healthy. Increase brandy to 6 oz.

6th.—Tongue cleaning at tip and edges. Patient says that he feels much better. Little or no pain on pressure over abdomen; bowels not open. Ordered an enema consisting of one ounce of castor oil, fifteen drops of tincture of opium, and eight ounces of warm water.

7th.—Bowels well open; is much relieved by evacuation. To have 1 lb. of chicken daily, and 6 oz. of bread.

11th.—Wound healing; there is a little burrowing of pus, which is checked by a pad and bandage. Patient is rapidly improving in weight. To have ordinary diet, with 6 oz. of brandy.

From this date the wound healed rapidly; patient was allowed to get up, and on the 20th September he was discharged recovered.

## Reviews and Notices of Books.

*A Treatise on the Diseases of the Ear.* By Dr. D. B. ST. JOHN ROOSA, Professor of Diseases of the Eye and Ear in the University City of New York, &c. Illustrated with wood engravings and chromo-lithographs. pp. 535. New York: William Wood and Co. 1873.

*A Clinical Manual of the Diseases of the Ear.* By LAWRENCE TURNBULL, M.D., Physician to the Department of Diseases of the Eye and Ear of Howard Hospital of Philadelphia, &c. With a coloured lithographic plate, and over one hundred illustrations on wood. pp. 486. Philadelphia: J. B. Lippincott and Co. London: Trübner and Co. 1872.

*Lectures on Aural Catarrh.* By the late PETER ALLEN, M.D., Aural Surgeon to, and Lecturer on Aural Surgery at, St. Mary's Hospital. Second Edition, Revised and Enlarged. pp. 383. London: J. and A. Churchill. 1874.

*Lectures on Diseases and Injuries of the Ear.* By W. B. DALBY, F.R.C.S., Aural Surgeon to St. George's Hospital. With illustrations. pp. 221. London: J. and A. Churchill. 1873.

*The Causes and Treatment of Deafness.* With illustrations. By JAMES KEENE, F.R.C.S., Assistant-Surgeon to the Central London Ophthalmic Hospital. pp. 180. London: Robert Hardwicke. 1873.

*Deafness and Diseases of the Ear.* With illustrations. By J. P. PENNEFATHER, L.K.Q.C.P., &c., Surgeon to the Royal Dispensary for Ear Diseases. pp. 172. London: Baillière, Tindall, and Cox. 1873.

*The Questions of Aural Surgery.* By JAMES HINTON, Aural Surgeon to Guy's Hospital. pp. 304. London: Henry S. King and Co. 1874.

*Atlas of the Membrana Tympani, with Descriptive Text; being Illustrations of Diseases of the Ear.* By JAMES HINTON. 125 drawings, coloured by hand. London: Henry S. King and Co. 1874.

#### [FIRST NOTICE.]

THERE is perhaps no department of medicine and surgery more available to physical methods of examination and of treatment than that of otology, and yet none has been more generally neglected. Formerly entrusted for the most part to the care of advertising quacks, who possessed neither anatomical knowledge nor surgical acumen, diseases of the ear were rarely deemed worthy the attention of the legitimate practitioner. Partly from the inherent difficulty of the subject, and partly from the want of accurate information concerning the morbid changes which occur in the various parts of the auditory apparatus, especially in the tympanic cavity, a very general belief seems to have gained possession of the professional mind that non-interference was, as a rule, the best and safest course to be pursued in the treatment of diseases of the ear. Happily, however, such a state of things is rapidly becoming extinct. The labours of the few who have really devoted themselves to the study of the anatomy, the physiology, and the pathology of the ear are even now beginning to bear the wholesome fruit of a rational and scientific method of treatment. The importance of early treatment in aural affections is more and more appreciated by the profession and the public, but few beyond those who have had personal experience are prepared to acknowledge the value of well-directed and persistent efforts in diseases of long standing. This prejudicial