

strophanthus a trial, and for this purpose employed tabloids containing two minims in each; one was given every three hours, it being with difficulty placed in his mouth, and cold water was taken after each tabloid. About the second day after commencing the strophanthus I was pleased to find him decidedly improved. I could open his mouth sufficiently to introduce the mouth of a feeding cup. The spasms of the body, abdomen, and extremities became less frequent, the pulse quiet, and the temperature lower. I then continued the tabloids, gave another aperient, and ordered him, in addition to the beef-tea, broth, &c., corn-flour, custards, bread-and-milk, and bread-and-butter, which he commenced to take regularly, and which he had not been able to do for some considerable time previously. The urine was copious and clear. All the symptoms gradually became less. The strophanthus was now given only twice a day, and was soon discontinued. In a fortnight afterwards the man was able to walk and to take his usual food, the jaws being competent to perform their wonted work. He is at the present time quite restored to health, and is following his employment.

Cardiff.

FŒTAL ABNORMALITY.

BY HOWARD D. BUSS, M.R.C.S., L.S.A.

MRS. J—, multipara, sent for me on the evening of May 19th. On my arrival, half an hour after receiving the message, I found the pains strong and regular, the os dilated, but no presentation to be made out, the examining finger impinging against something that felt as if the finger were being pressed against a bladder full of a semi-solid substance. I found from inquiries that the patient was only in the seventh month of pregnancy. The os being nearly fully dilated, I ruptured the membranes, a large quantity of liquor amnii coming away. When I again made an examination, I found that the presentation was a breech, the two feet being easily within reach. All the parts that could be touched felt quite soft, and no bones could be made out. The child was born two hours after my arrival at the house, and was dead. After the placenta had come away I examined the child (a male), and found that it was quite soft to the touch all over, and curiously swollen in the limbs. No bones could be felt in the head, body, or limbs, and on holding the legs and arms up to the light they were found to be almost translucent, and not showing any sign of bones. I made an incision into the left arm, and found that it was composed of a sort of firm jelly, a quantity of colourless liquid coming away from the incision. On making the cut deeper, no trace of bone or anything at all approaching it could be found. No further examination was allowed. The child at birth weighed 6 lb. 3½ oz. The placenta was round, and measured 14 in. across, and was 3 in. deep. It weighed exactly 3 lb. The cord was 19½ in. long, and apparently quite normal to within an inch of the child's body, where it became of a jelly-like appearance and consistency. The patient stated that she had had five healthy living children and one miscarriage. The last four confinements, however, had all taken place at about the seventh month, and had all resembled the one described in malposition and appearance of the fœtus. During the night two quarts of a colourless liquid, containing a large proportion of albumen, exuded from the child's skin, coming out in beads like perspiration. The body then had a shrivelled and shrunken appearance.

Leominster.

CIRCUMCISION IN ENURESIS.

BY CHARLES O'FARRELL, L.R.C.P., L.R.C.S.

J. C—, aged eleven years, a strong, healthy boy of active habits, but a very sound sleeper, suffered from incontinence of urine since he was an infant, and if on any night he did by chance escape wetting his bed, which was very rare, he was proportionally proud of his position; whilst in the daytime, whether at school or at home, he was constantly running to pass urine. He had been medicinally treated by four medical men on different occasions without any visible change in his condition, and the only hope held out was that "he would grow out of it." Nor were the usual amount of floggings and scoldings, alternated with

coaxings and bribes, left out; also his liquid food, especially at night time, was reduced to a minimum. Again, he was taken out of bed at regular intervals, but all to no purpose, for his mother states she has frequently found his bed saturated in an hour after he entered it, and the boy could never be allowed away from home for a single night. Whilst treating him for tonsillitis I was told this pitiable tale, and remembering that the other medical men had no doubt used every other remedy, I asked to examine his penis, and there found what I believed to be the cause of the mischief. The prepuce was very elongated, but passed freely over the corona, except where it was restricted by a short frænum. I suggested circumcision; but as this would not be agreed to, I tried various drugs, cold baths, exercise, &c., going over the same ground as my predecessors, with the same result, until at last, as a policy of despair, his parents consented to an operation. On the 27th of April I injected five minims of a 10 per cent. solution of hydrochlorate of cocaine, removed the prepuce, and cut through the frænum. The wound healed by first intention, and the boy has not wetted the bed once since. He sleeps soundly from the time he goes to bed until he rises in the morning, not being disturbed once, whilst he has perfect control over the bladder during the day.

I am induced to bring this happy result before the profession, as I am under the impression that it is a remedy not very often tried, and one that under ordinary circumstances can have no bad results, even supposing that it does not succeed. There is no mutilation or disfigurement, and other evils may be prevented, such as masturbation—one of the inducements for the operation I held out to the wavering parents.

Since writing the above I am sorry to say the patient has wetted the bed three or four times (within as many months), which his parents attribute to habit, and are satisfied that he is growing out of it.

Great Yarmouth.

ARRESTED DEVELOPMENT OF THE ABDOMINAL WALLS.

BY JOHN BUCHANAN, M.D., M.R.C.S.

THE following unusual case occurred in my practice. On Jan. 22nd I was called to see a child that had just been born. The woman was attended by a midwife, and the labour had been easy and natural. The abdomen of the child presented a large elliptical opening, three inches long and two and a half inches broad, extending from the umbilicus downwards nearly to the pubis. Through this there protruded the whole of the small intestine, the large intestine (except the lower part), the stomach, and the right lobe of the liver. The loins were fallen in, and the abdominal cavity was exceedingly small. The child—a female—was large and well nourished. The viscera had been covered by a thin membrane, which had ruptured during parturition. This was attached along the cord for a distance of seven inches, and was either a distended outer coating of that structure or distended peritoneum. It was impossible to return more than a loop of intestine at once, and that would not remain. It was evident the viscera had never been inside the abdominal cavity. On the cord about the middle was a knot—not a very uncommon occurrence; but there is the query in this case as to whether the knot had anything to do with the arrest of development in the abdominal wall. The child cried and took milk well. It lived forty-two hours. Shortly after birth the intestines became inflamed, and before death were very much distended.

Liverpool.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The President, Sir James Paget, took the chair at the quarterly court of directors of the above Society on Wednesday, July 11th. Three new members were elected and the deaths of four reported, and two had ceased to be members. A sum of £1364 was voted for distribution among sixty-two widows and fifteen orphans. The death of one widow in receipt of £50 per annum was announced, and a fresh application for a grant was accepted from a widow. The expenses of the quarter amounted to £55 1s. It was decided that a conversazione, instead of a dinner, to celebrate the centenary of the Society, should be held the last week in October.

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.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

THREE CASES OF ARTHRECTOMY OF THE KNEE; REMARKS.

(Under the care of Mr. EDMUND OWEN.)

THE following are contributions to the literature of arthrectomy of the knee joint, an operation which is finding more favour in strumous disease of joints as its advantages and the indications for its performance are recognised. We refer our readers to Mr. Owen's remarks on the cases. The subjoined account is taken from notes by Miss Gray, clinical clerk.

CASE 1.—G. F.—, a boy aged seven years and a half, was admitted on May 25th, 1888. Eighteen months ago he had hurt his left knee against the kerbstone, for which injury he was eventually taken into Highgate Infirmary for six or seven months, whence he was discharged six months back; since that time he had been limping about on crutches; he had lost his appetite and had grown thin. The joint was much enlarged, the tibia showing the threefold displacement. The case seemed to be hopeless for treatment on the expectant method. On June 6th, therefore, the patella was raised by a free crescentic incision which traversed its ligament, when the joint was found to be full of granulation tissue, which had sprung from the pulpy synovial membrane. All this mass was dissected or scraped away, the semilunar cartilages and crucial ligaments, which were scarcely recognisable in the mass, being also removed, and the lateral ligaments being divided so that the back of the condyles and the front of Winslow's ligament might be scraped clean. Before the leg could be properly adjusted the biceps tendon was divided, and a thin slice had to be removed from the condyles, especially the inner.

The cavity was then washed out with a warm zinc-chloride solution, and a drainage tube was passed through the posterior ligament and out by the wound made for the biceps tenotomy. A dressing of blue (mercuric) wool was applied, and the limb was fixed straight upon an outside bracketed splint, with a foot-piece. The temperature remained normal till the end of a week, when the tube was taken out. On the following day it ran up to 101° for some unexplained reason, but it at once came down again, and after this slight excitement it remained quite normal. Ever since the operation the boy has been improving in health and appearance, and he will leave shortly with a Thomas's knee-splint and a patten. His leg is straight. The crescentic wound healed by first intention, and though a small drain was left in for a week, there was actually no discharge of pus, though for some days there was serous oozing.

CASE 2.—R. R.—, aged ten, had been in the hospital for five months in 1885 for an abscess in the right knee, which had followed scarlet fever. This was freely opened, irrigated and drained, and the boy was sent out wearing a Thomas's knee-splint, the foot of the other side being raised on a patten. He wore the apparatus for a year, after which, the mother says, he was running about without any splint or restraint. For some months before his readmission in May last, his right knee had been again swelling and growing painful, and he had been failing in health; on his being readmitted into hospital the joint was large and painful, and the tibia was much displaced. In spite of five weeks' rest upon a splint the knee got steadily worse, an abscess formed in it, and the child was evidently failing in health. On June 27th, therefore, arthrectomy was performed. The interior of the joint was thoroughly scraped out, the tendon of origin of the popliteus was severed, and the neighbouring surface of the condyle was cleaned, but the leg could not be brought into position till the tendons of the biceps, semimembranosus, semi-tendinosus, and gracilis had been divided.

Their section was effected from the surface, the two openings made for this purpose being used for carrying drainage tubes through the posterior ligament and into the joint. †

This boy began to improve directly after the operation; in fact, the removal of diseased tissue from his knee had a remarkably good effect on him generally. The operation was done on June 27th, and his temperature remained normal till July 9th, when it rose to 100°, and next day to 102.4°; there was then some slight suppuration from the anterior wound, and the boy did not look quite so well, but the temperature quickly came down, and all is promising.

CASE 3.—On the 2nd of last April Ruth E.—, aged nine, fell and hurt her right knee. On her admission seventeen days later, the joint was semi-flexed, swollen, and tender, the supra-patellar pouch being distended. The limb was treated by rest on a splint, and turbid synovia was withdrawn from the joint by aspiration. As there was a steady increase in the size of the knee, and the child's general health was evidently failing, it was deemed advisable to lay open the joint, search for pus, and clean out the pulpy membrane. This was done on May 30th, when, the crucial and lateral ligaments having been cut, and the lower end of the femur thrust out of the wound, an abscess was found running into the popliteal space along the synovial pouch around the popliteal tendon. This was thoroughly evacuated, and cleansed with zinc-chloride solution, and a drain was passed through the popliteal space. The child did badly after the operation, and on the supposition that this fact might be accounted for by further formation of abscess she was at the end of a fortnight again operated on, provision being made for further drainage through the back of the joint. No improvement followed, and on June 23rd, after consultation, amputation was resorted to in the lower third of the thigh. The discharge continued profuse, the temperature kept up, and union of the flaps was long delayed. Eventually, however, a marked change for the better took place, and the child is allowed out on the balcony as often as the weather permits.

Remarks by Mr. OWEN.—These three cases, which, as I write, are all in the same ward, constitute an interesting group. Two are doing perfectly well, whilst the third has gone wrong—about the only case out of a considerable number of a similar nature which has disappointed me. Though it may appear somewhat unfair to lay the blame for this failure upon the poor child, still I am inclined to do so. The operation was carried out in no hurry and with no want of care, but almost from the time of its performance she showed no sign of general improvement; indeed, she quickly began to go down hill; the tissues about the joint remained pale and sodden, with no inclination towards repair. Moreover, and this is a very interesting and suggestive feature in the case, after the eventual amputation of the thigh, instead of at once beginning to improve, the girl made no response, her temperature remained high for several days, and the indolent and pale flaps were unusually slow to unite. Experience shows that after a thorough arthrectomy, all the tubercular or diseased material having been taken away, the child usually begins to improve in health and appearance as vigorously as it would do if it had been freed of the disease by amputation. The two boys showed this improvement in the ordinary way, but in the girl it was wanting both after the arthrectomy and the amputation.

There are some cases of tubercular knee disease which are unfitted for treatment by arthrectomy, but they are proportionately few, and perhaps as experience increases the surgeon will be able promptly to recognise and eliminate them. Neither the general appearances nor the apparent condition of the joint can be regarded as an unfailing guide to treatment. I have met with cases most unpromising in both respects, which have, nevertheless, answered exceedingly well to arthrectomy. And certain am I of this, that I have seen several cases speedily yield to arthrectomy which not many years ago would have been dealt with by most surgeons by nothing short of amputation—joints which from one reason or another would have been uninviting to the most sanguine excisionist. Compared with the old, classical excision, arthrectomy has these manifest advantages—it aims at the removal of every particle of diseased tissue from the joint, whilst it interferes with the bones only to the extent of the removal of carious tissue. Thus the saw will probably not be needed during the operation, the smallest quantity of, or perhaps no osseous tissue being removed, and the risk of shortening reduced to the minimum. Per-