

on (the symptoms pointing to the formation of pus within the cavity), and distinct fluctuation being felt at a spot two inches to the left of the left nipple and four inches below it, a trocar was introduced (the opening being made valvular), and three pints of pus were discharged, without causing the least faintness, dyspnoea, or other bad symptom. The temperature at the time of operation was 101° , pulse 120, and very feeble. A large quantity of pus was discharged into poultices, and objection was raised to washing out the pleural cavity. Iodide of potassium, quinine pills, and cod-liver oil were ordered. The appetite of the patient and his general condition improved considerably; the cough was slight, with mucous expectoration.

Feb. 2nd.—The patient declared himself better, and could lie on the right side; slight cough; appetite good; temperature 101° ; pulse 130.

9th.—The discharge continued; patient weak, but appetite good; temperature 102° ; pulse 130. The discharge became very offensive, and an ulcerative process commenced, which destroyed the pleura costalis, intercostal muscles, and skin, progressing from within outwards, and ultimately producing several large holes on the anterior surface of the left side of the chest, through which the finger could be easily passed.

March 3rd.—The ulceration advanced; the right leg became œdematous and an enormous size. Ordered warm sponging, a diuretic mixture, and the raised position for the leg.

16th.—The œdema of the leg disappeared entirely; temperature 101° ; pulse 130, very feeble and sharp. Ordered wine, milk, eggs, all of which the patient took well.

30th.—Aphthæ in the mouth. Ordered the glycerine of borax, and an acid mixture of dilute nitro-hydrochloric acid with tincture of nux vomica three times a day.

April 3rd.—Aphthæ gone; temperature and pulse high; the holes in the chest-wall increased in size; three fingers could easily be passed into the thorax and the viscera touched. The pus had a gangrenous smell, but the breath was untainted.

7th.—Ulceration extended; *the ribs left bare*, and the cartilages exposed to view; *the lung plainly visible*. The patient ate and slept well, and declared that "but for the holes in his chest" he would soon be well. He began to spit pus. Temperature 102° ; pulse 130.

10th.—The tissue-destruction increased; appetite good, but the patient began to despair of recovery.

11th.—Became suddenly worse; intense pain in both sides of the chest and abdomen; possibly perforation of the diaphragm. He died after twelve hours' great suffering. No post-mortem examination could be obtained.

Remarks.—The patient had always a bad aspect, but apparently a strong constitution, and it was a matter for regret that objection was raised to the introduction of a drainage-tube and the frequent washing of the pleural cavity with warm water containing Condyl's fluid, &c., which might have prevented the gangrenous ulceration and caused the case to terminate favourably, as in two instances which have subsequently come under my notice. It is curious, however, to note how long a person can live in the sad condition to which this young man was reduced, and the practical deductions to be derived are—1. That there is little risk to the life of the patient, and small amount of discomfort experienced by him, in the operation of paracentesis thoracis, even when performed by a simple trocar and canula in place of the aspirator, and at a point of the chest by no means the seat of election. 2. That the danger of the free admission of air into the pleural cavity has been overrated in its rapid evil effects upon the vital powers.

Bradford.

EXCISION OF THE ELBOW-JOINT.

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THE excellent results obtained by Mr. Maunder by the method of operating which he recommends are no doubt correctly attributed by him to preservation of the natural relations of the triceps to the fascia of the forearm and anconeus muscle. The first surgeon who pointed out the advisability of avoiding transverse incisions across the triceps and

the fascia appears to have been Dr. R. Hodges, of America, as stated by Mr. Bryant in his work on the Practice of Surgery, and this was some years previously to the inculcation of the same doctrine by my colleague Mr. Maunder. In mentioning this fact I have not the least desire to detract in any way from the credit justly due to Mr. Maunder, for it is probable that but for the greater prominence which he has given to the improvement it might have been confined to a small circle of operators. I think, however, that Dr. Hodges's claim should not pass without some recognition. Other surgeons, too, who have been in the habit of adopting the method of excision of the elbow by a single straight incision through the triceps and fascia down to the bone, have, consciously or unconsciously, retained the relations of the triceps and the fascia, together with the anconeus. In point of fact, the relations could not well be disturbed. It is only where a H- or —-shaped incision is adopted that this can happen. Even with these methods very good results may be obtained in some cases.

In January, 1872, I operated on a smith, fifty-four years of age, for rheumatoid disease of the left elbow-joint, attended with great infiltration of the tissues of the arm and forearm. The parts were so brawny, thick, and inelastic, at the time of operation, that I was obliged to make a transverse incision through the fascia and triceps on the outside in order to obtain access to the bones. The ultimate result was all that could be desired. The patient could have knocked anyone down by the action of the triceps alone. He was unfortunately nearly blind, and could not follow his occupation. For three years he remained perfectly well. In the spring of the present year he injured the arm, and an attack of inflammation ensued, with formation of an abscess over the new joint. A small sinus at present exists, and the arm is weakened, but the power of extension remains.

In another case, occurring in 1871, in which I had operated by the straight incision, without knowing the particulars of Mr. Maunder's method, the persistence of a sinus after operation led me ultimately to divide the ligamentous union of the bones, with the triceps and fascia, transversely. The sinus closed by granulation, the bones, triceps, and fascia reunited, and the lad had a perfect arm. The case was one of synovial disease of long standing, and the triceps was atrophied before operation. Not many months ago I met the boy in the street, where he demonstrated flexion, extension, pronation, and supination to me, and stated that the limb was in every way as good as its fellow.

I mention these cases (which were shown to the Hunterian Society) to prove that, although it may be better to adopt the straight incision with the precautions insisted on by Mr. Maunder, yet equally good results are obtainable even when the triceps and fascia have been subjected to an additional transverse incision. In only one case have I employed the H-shaped incision. The triceps was atrophied, there were several sinuses, and the patient was so unhealthy that I advised amputation; but as the friends would not consent to the removal of the limb, I practised excision. The ultimate result I do not know, as the patient was sent to the seaside, and I have not seen her since. Under any circumstances, the wasted state of the triceps, which was of a pale yellow colour, would have probably precluded the restoration of extending power. Mr. Maunder was fortunate in meeting with a patient suffering from accident, and not from disease, and therefore with a triceps in a perfect state of efficiency. He was also fortunate in meeting with a patient capable of winning a billiard match. Had either of my patients been similarly gifted, he would have been equal to the occasion. Nevertheless, I fully admit the value of Mr. Maunder's demonstration of the rationale of the straight incision, and believe that the straight incision should be practised wherever it is possible to do so.

Finsbury-square.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—

The second meeting of the session was held at the Royal Kent Dispensary, Greenwich-road, on Friday, November 5th, Dr. J. N. Miller, president, in the chair. Dr. J. Braxton Hicks brought forward some cases illustrating the effects of large doses of quinine in some cases of puerperal fever. The next meeting will be held on Friday, December 3rd, at 8 P.M. precisely, when Dr. Tilbury Fox will read a paper.