

of the right sterno-mastoid muscle, across the crico-thyroid membrane, dividing the larynx completely and opening the œsophagus. The left external jugular and several other large veins were divided, as well as one or two large arterial branches, and the patient was in a state of profound syncope from the very profuse hæmorrhage that had occurred. An enema of brandy was at once administered and the vessels secured, sutures also being introduced on each side of the wound to bring its gaping edges nearer together, but not so as to close it over the trachea. He was then stripped and put to bed, with hot-water bottles, &c., when it was found that he was suffering from phagedænic chancre, the penis having almost sloughed off. He had concealed his disease for four months, and this was afterwards found to be the cause of the rash act. A tent was then erected over his bed, which was placed before the ward fire, and steam introduced beneath its folds, and this was kept constantly going till the wound was entirely healed. The throat was well cleansed with carbolic lotion and dressed with a single layer of carbolic gauze, laid lightly on, and changed frequently, and the penis enveloped in a charcoal poultice. He was fed during the remainder of the day and night by specially prepared nutritive enemata, the preparation of which I shall draw attention to afterwards. Evening temperature 97° F.; pulse 65, feeble. Ordered one-third of a grain of morphia hypodermically.

Sept. 28th: The patient slept about three hours; had expectorated large quantities of clot and bloody sputum. Temperature 99·5°. Ordered seven ounces of brandy, two pints of milk, two eggs, and three pints of beef-tea, which were administered in portions four times daily by the stomach-pump, and this was done regularly till he was able to swallow, the only additions made being a little arrowroot and raw steak shredded in the beef-tea. Throat dressed. Evening temperature 99°. Repeated hypodermic injection.—29th: Slept fairly well. Temperature 99°; pulse 80. Bowels not opened. Ordered one ounce of castor oil, which was given along with food. Wound commencing to granulate at edges. Evening temperature 100°. Repeated hypodermic injection of morphia.—30th: Slept some hours. Bowels opened twice. Fed and dressed as usual. Evening temperature normal. Repeated hypodermic injection.

On Oct. 1st the wound was brought closer together by stays of strapping, which depressed the chin on the chest. The patient felt better. Ordered black lotion to penis, and ten grains of ointment of mercury to be rubbed into the inside of the thigh twice daily. Evening temperature normal. Morphia discontinued.

The same treatment was pursued till Oct. 10th, when, his mouth beginning to get sore, he was ordered instead ten grains of iodide of potassium twice daily, to be given with food. Black lotion to be continued. Penis looks much better, and throat is healing rapidly, the treatment now adopted being the protection of the wound by the layer of gauze and the free use of Condy's fluid lotion to remove secretion as soon as formed.

The patient progressed favourably till Oct. 24th, when he had a sharp attack of acute pneumonia of the left lung, which was treated by constant poulticing, and quinine in pill, which was introduced, by the aid of a pair of forceps, through the wound into the œsophagus. Iodide discontinued. This lasted till the 29th, when the expectoration became of a bronchitic character, and the temperature fell, redux crepitation being heard, and the chest sounds becoming gradually normal during the following days, with the exception of some bronchitic sounds which have remained up to the present. On Nov. 3rd the iodide was resumed. Cough and expectoration improving; wound in œsophagus healed; able to swallow a little milk. On the 5th the external wound was nearly healed. On the 10th the wound was healed; steam discontinued. On the 15th took a little solid food; swallowed liquids easily; use of stomach-pump discontinued; tent round bed removed; penis healed, leaving a fistulous opening in urethra, about two inches from meatus, and the whole thickness of the corpus cavernosum of the right and part of that of the left side sloughed away and cicatrised for about an inch. Iodide discontinued, and ordered five grains of citrate of iron and ammonia with water, three times a day. Ordered also chicken diet and two pints of porter, as well as three ounces of brandy. On the 17th allowed up. Cough rather troublesome. Ordered a linctus of squill and morphia (one-thirty-sixth of a grain to the dose). Slight pain on left side.

December 1st.—Cough much better. Gradually gaining

strength.—Dec. 30th: Convalescent. Cough almost gone; able to go out and take exercise. Passes urine both by fistula and meatus. Catheter passed occasionally to prevent stricture at fistula. Wound in throat perfectly cicatrised. No signs of any stricture in œsophagus. Gaining flesh rapidly.

Remarks.—The remarkable feature of this case was the patient's recovery after so severe an injury, complicated as it was with pneumonia, and occurring in a constitution so vitiated by climate, intemperate habits, and syphilis. The fact of his having suffered from chancre for four months, which had pulled him down fearfully, and the enormous loss of blood he sustained, must also be taken into consideration. As to the penis, I had thought at first of removing what remained to facilitate matters, as it seemed that ultimately it would be entirely lost by sloughing. Later I had also intended to attempt the restoration of the urethra by a plastic operation, but taking into consideration the amount of cicatricial tissue in the neighbourhood, I came to the conclusion that this was not feasible. With regard to the specially prepared enemata mentioned in the case, I have been in the habit of giving these on several occasions with marked benefit; the rectum tolerating them for a much longer time than it will ordinary nutritive enemata. Their preparation is based upon the ground that the rectum and colon have no power of assimilation, only of absorption, and that to a limited extent. It is therefore necessary, to reap the full benefit from these injections, that they be assimilated previous to their introduction into the bowel, and this is effected by converting their albuminoid constituents into peptones by digestion with an artificial gastric fluid. The rough-and-ready method I have adopted for this purpose is to take a basin of good beef-tea, into which half a pound of lean raw beef-steak has been shredded, and at a new-milk temperature to add one drachm of fresh pepsina porci and half a drachm of dilute hydrochloric acid. This I place on the hob of the fireplace, and let it remain four hours, stirring frequently. It is then in a fit condition for use, and may be introduced in such quantities and at such times as may be considered desirable. Sometimes, however, a little more pepsine is required, which may be ascertained by examination with a spoon. It is necessary to see that the heat does not become too great, as then the process is stopped altogether, and it is better to have it too cold than too hot. If alcohol is to be given along with it, it should not be added till the last minute. Eggs may also be added, having been previously well beaten. I have, as I said before, frequently given these enemata with good results, and I can confidently state that they are well worth a trial by anyone who has a suitable case under his care.

STAB IN THE GROIN; LIGATURE OF THE COMMON ILIAC; GANGRENE; DEATH.

By THOS. WM. WALSH, F.R.C.S. ENG.

Now that both the gentlemen associated with me in the following case are dead, I may without impropriety offer the same for publication.

On Sept. 28th, 1878, I received a telegram (without specifying the nature of the case) to meet Dr. E— in consultation fourteen miles off. On arriving I found that Mr. B—, aged twenty-two, had been stabbed in the left groin twelve days previously. Dr. E— stated that he had ligatured the external iliac, but that arterial hæmorrhage was constantly recurring on the removal of a large pad which was placed over the lower part of the abdomen; that he had a few days previously made another attempt to tie the bleeding vessel, but that the hæmorrhage was so alarming that he immediately desisted.

The patient was much exhausted, yet the only hope of saving life was to arrest the hæmorrhage, and I therefore recommended that the wound should be enlarged and search made for the bleeding vessel. To this all parties assented. Having only my pocket case with me, I extemporised an aneurism needle, with an eye probe securely fastened on a hook tenaculum. On enlarging the wound and removing a considerable clot, the blood immediately jetted out with much force, but by compressing the aorta I was enabled to discover that the bifurcation of the iliac was wounded.

Without much difficulty I ligatured the common iliac, and all bleeding ceased.

The patient was replaced in bed and some nourishment and stimulant given. I enveloped the leg in cotton-wool and flannel, and in an hour he had considerably rallied. On Sept. 29th he slept fairly, and seemed in every respect going on favourably, the leg maintaining its warmth.

He continued to progress well till Oct 1st, when symptoms of gangrene appeared, and on Oct. 3rd he gradually sank and died.

The above history needs no comment, as it is evident what ought to have been done at the very first, and with youth in his favour it is more than possible that Mr. B—— might have recovered, for he showed great vitality to the last.

Worcester.

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 UNUSUAL DEFORMITY OF ANUS.

(Under the care of Mr. JOHN H. MORGAN.)

A MALE child, aged six months, was taken to the hospital on account of the pain which he suffered whenever motions were passed. The pain was such as to cause the child to cry continuously before and after the bowels were relieved. The body was well-formed and otherwise healthy, but on examining the anus, which was of usual size and in proper position, there was found to be a band of tissue passing from a point corresponding to the apex of the coccyx to the median raphe of the scrotum, with the posterior extremity of which it was continuous. The band was about three-quarters of an inch long, and was attached at both ends, the remainder forming a thick free cord which lay below the aperture of the anus, while from the centre of this band there ran a small branch of similar tissue, which was attached to the skin of the left buttock, and was about half an inch in length. The skin which covered the central band exactly resembled that of the scrotum, shrinking and contracting upon stimulation, and it was so placed that any matter passed per anum must cause it to be stretched, thus accounting for the pain which attended every relief of the bowels. The whole band was removed by cutting the attached ends with scissors. The wound healed at once, and the child was relieved of all pain.

A male child, aged four months, was seen at the hospital, and the following history was given. There were four older children, all healthy. The mother believed that this child was born a fortnight before his time, but he had thrived well, and was now a healthy, well-made boy. When born he was small, and cried continuously for the first four days. From the Wednesday night when he was born until the following Saturday there was no motion passed, and the child was then seen by a doctor, who found that the anus was not patent, but closed by a membrane. Soon after this the membrane gave way, and a very copious motion was passed. The child continued to suffer pain when the bowels were relieved. On examining the parts, there was seen a small thick band passing from the median raphe of the perineum in front to the depression between the buttocks posteriorly, and broadest behind. At a spot corresponding to the anus on either side of the band was a depression; that on the right side was patent, and admitted a probe to pass into the anus; that on the left side, though similar in appearance, proved only a cul-de-sac. Motions passed freely, but caused much distress. The band was snipped off, and the child was relieved of pain.

A girl, aged seven months, was brought from the country on account of a deformity of the anus. She was the fourth child of young and healthy parents and was plump and well-

formed. She was three months old before it was noticed that the "back passage" was not naturally formed, but no difficulty was then observed in passing the fæces, which were of natural colour and consistence. On examination the following condition was found to exist. At the usual spot for the anus was a depression, and the parts around were so far natural that the skin was pigmented and puckered, but there was no communication with the rectum. The spot at which the fæces made their exit was in the middle line about half-way between this depression and the posterior commissure, but nearer the latter than the former. The opening was very small, and a probe passed up it showed that there was plenty of tissue between the passage and the vagina. Operation was deferred in order that the child's health might not be interfered with; but a few months later she was brought to the hospital as the bowels had been constipated and the passage of a motion caused pain, and on one occasion blood had been found to follow an evacuation. The child was placed under the influence of chloroform and the sphincter freely divided by cutting forwards from the tip of the coccyx, through the anal depression to the posterior edge of the abnormal opening. Stitches of catgut were passed through the mucous membrane, and this being freed from its attachments was sewn to the edges of the depression in the natural position. There was very little bleeding, and the child did not suffer from the operation. Two days subsequently a motion was passed without pain, and the child has had no subsequent trouble, the anus being now in the proper position.

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

THREE CASES OF EXCISION OF THE KNEE, WITH REMARKS.

(Under the care of Mr. RANSFORD.)

CASE I.—T. M——, aged twenty, was admitted on August 28th, 1878, for a bad burn. It was then seen that his left leg was much atrophied as the result of old disease of the joint. He had been under the care of a noted bone-setter when ten years old, who had not fixed the joint, and as a consequence, when he was admitted, the tibia and fibula were displaced backwards and rotated outwards, and firmly fixed there. The condyles of the femur projected, and at the end ankylosed to them was the patella. On the inner side the leg was marked with numerous cicatrices, from his description probably the situation of old sinuses.

On October 14th the whole of the condyles of the femur were removed with the attached patella and a thin slice from the tibia, then the tibia and fibula were brought forward and fixed in a straight line with the femur by Mr. Howse's method ("Guy's Hospital Reports," 1877). The operation was performed with the usual Listerian precautions, and dressed with carbolic gauze, &c. In the evening of the same day rather severe hæmorrhage came on. The dressings were taken down under the spray. No vessel could be found, but it appeared to be due to a general oozing, so two or three sponges wrung out with a five per cent. solution of carbolic lotion were introduced into the wound and the dressings reapplied, and not disturbed for forty-eight hours. When the wound was dressed again, it was found not to be aseptie, so that Lister's dressings were left off. A very porous cloth, in texture something like charpie, commonly used for cleaning railway carriages, often called a "sweatrag," was dipped in a 2½ per cent. solution of carbolic acid and applied loosely round the limb. This case, although not antiseptic, progressed fairly well. The leg was moved from the splint in about six weeks, apparently firm, and fixed in plaster-of-Paris; some sinuses remained, occasionally discharging little bits of necrosed bone and a little purulent fluid.

Dr. Walter Stevens has kindly sent the following report of the man's present condition, dated August 2nd, 1881:—"Amount of shortening, seven inches; measurements taken from anterior superior spine to inner malleolus. He is in good health; has a good appetite; good sleep; no pain in knee. Cicatrix healthy, excepting at inner and outer extremities are openings of small size discharging a slight amount of serous pus."

CASE 2.—A. W——, aged fifteen, a schoolboy, no distinct history of injury obtained; his leg had been bad for three years. During the last two years he had been under the care