

On February 2nd, under chloroform, colotomy was performed.—3rd: The abdomen was a little full but there was no marked tenderness. A hard mass of faeces passed through the wound; wound healthy.—8th: Considerable prolapse of bowel from the wound, but the wound looks healthy. Some healthy faeces passed through the wound. No tenderness of abdomen.—23rd: Urine drawn off daily, as there is a stricture of the meatus of urethra.—26th: Prolapse disappeared.

March 4th.—The patient got up, and sitting before the fire felt faint and became noisy and unconscious, and his pulse stopped. He was put back to bed and given some brandy, which revived him. He said he felt pain across the chest.

April 1st.—Considerable prolapse at the artificial anus and a great mass of sarcomatous growth was protruding from the anus.—4th: The urine under the microscope showed a lot of bladder epithelium.—13th: Discharged, his motions passing chiefly through the wound. The urine has to be drawn off morning and evening.

CASE 3. *Ulceration of Rectum; Colotomy; Threatening Iliac Abscess; Convalescent.* (From notes by Mr. Heatherley.)—Philip K—, aged thirty-five, a baker, was admitted on Dec. 1st, 1882. On Oct. 27th, 1882, the patient was admitted into Philip ward, complaining of passing blood from the rectum. Two years before he had pain on defecation, and passed some blood with faeces. He was under Dr. Goodhart as an out-patient, without relief, but under the care of Dr. Connor the bleeding ceased. In July, 1882, the present attack began. The patient had diarrhoea, passing blood and slime, with a good deal of bearing down pain, and has lost flesh considerably. On admission to Philip ward the house-physician found the rectum to be rough and ulcerated. He was treated with Dover's pills and ipecacuanha wine, and the rectum was washed out with a solution of nitrate of silver.

On admission to Job ward the abdomen was rather full, and the rest of the body wasted. Mr. Bryant found the lower two inches or two inches and a half of bowel the seat of ulceration, not malignant.

On Dec. 15th colotomy was performed.—17th: Several motions were passed through the artificial anus.

Jan. 19th, 1883.—The temperature last night was 103.2°; afterwards diarrhoea came on, and a good deal of pus was discharged from the wound. This morning the temperature was 99.2°.—31st: There was still a slight discharge of pus from the wound. The faeces were well formed. No faeces passed from the rectum, but a little slimy mucus occasionally. The patient has felt a good deal better since the operation, and looks more cheerful.

Feb. 5th.—Less discharge, and patient feels worse; wound looks glazed and puffy. Later in the day some three drachms of healthy pus came from the wound.—21st: There has been for the last fortnight an indurated thickening and swelling of the lumbar region; no fluctuation, no tenderness.

March 2nd.—Discharge from sinus slight; rectum smaller than before operation; mucous membrane feels smoother.—21st: Colotomy plug of indiarubber, in the form of a cup, with a stem in the centre, to be fitted into artificial anus.—29th: Bowel between artificial anus and rectum washed out; some clots of blood and a little faeces came away.

April 5th.—Got up for the first time.—11th: There is an oedematous raised patch about half an inch by a quarter of an inch just behind the artificial anus.—17th: Last night patient had a rigor; temperature was then 103°, this morning it is 101°. Has pain in the right shoulder, and slight sore throat. Wound looks red; there is a good deal of discharge of pus and slough from lower bowel; there was decided swelling and tenderness around artificial anus, but no fluctuation.—27th: A good deal of discharge of pus from back passage, probably the discharge from abscess surrounding the bowel.

May 3rd.—Very little discharge from wound; passes about five ounces of blood and pus and debris from the rectum per diem.—18th: Urine alkaline, specific gravity 1021, no albumen or sugar, full of phosphates, triple and amorphous.—21st: Rectum examined; finger only introduced after some adhesions had been broken down. The ulceration was simple, and not indurated. After the finger was removed some pus and blood came away.

June 12th.—Went out. Wound looks healthy, and projects a quarter of an inch beyond the level of the skin. Still discharge from wound and from rectum.

LINCOLN COUNTY HOSPITAL.

CARIES OF RIGHT OS CALCIS; EXCISION; RECOVERY;
CONDITION OF FOOT SEVENTEEN MONTHS
AFTER OPERATION.

(Under the care of Mr. SYMPSON.)

AS the permanence of cure after excision of a tarsal bone seems still to be a moot point in the minds of many members of the profession, the following case, in which the patient when seen seventeen months after the performance of the operation was found to have a sound and efficient foot, may be considered worthy of notice.

F. R—, a feeble, emaciated girl, aged sixteen, was admitted into the hospital on July 17th, 1882, suffering much from pain in the right foot, and inability to use it. The integuments of the posterior part of the foot were considerably thickened and indurated. Two sinuses, one on either side near the back of the heel, and another an inch in front of and to the outer side of the ankle, yielded a copious, thin, and extremely offensive discharge, and led to rough, exposed bone. Appetite bad; tongue coated; pulse 120, weak. Temperature 100° F.; bowels irregular; urine turbid, acid, free from albumen; sp. gr. 1020. Catamenia scanty and irregular. The girl had a short cough, with scanty mucous expectoration. She perspired profusely at night, and complained of occasional pain in the chest. There was dulness on percussion over the right apex, and wavy inspiration and slightly prolonged expiration were audible in the same situation. The patient was one of a family of nine—two boys and seven girls; and always enjoyed good health until two years and a half before admission, when she fell upon the ice with her foot doubled under her, after which she suffered acute pain, abscesses repeatedly formed and discharged, and she progressed so unfavourably that amputation of the leg was proposed by her then medical attendants. She was ordered a quinine mixture three times a day, and a linseed-meal poultice to the foot, and was put upon milk diet, with a pint of beef-tea daily.

As a careful examination seemed to prove that the disease was almost if not entirely limited to the os calcis, Mr. Sympson, after a consultation with his colleagues, on July 20th performed resection of that bone in the method advocated by Mr. Timothy Holmes, after which a splint with a footpiece was applied along the inner aspect of the limb. In the course of the operation the calcaneo-astragaloid ligaments were found to be relaxed and softened, and the surfaces forming the outer half of the posterior calcaneo-astragaloid articulation rough and denuded of cartilage. The operation was performed under strict antiseptic precautions, and the wound was dressed antiseptically until the 28th, when, the discharge having become offensive, it was syringed with a solution of chlorinated soda and dressed with lint dipped in carbolic oil. As the wound had three parts united half the sutures were removed, and the remaining ones were withdrawn on August 4th.

On August 25th, the catamenia being still scanty, she was ordered ten grains of citrate of iron and ammonia in an ounce of infusion of quassia three times a day. In consequence of the serious illness of her father the patient was discharged from the hospital on Sept. 9th, when a sinus behind the heel, and another on the front and outer side of the foot, still yielded some pus; but she was quite free from pain, could bear her weight upon the foot, and looked healthy and strong. After the operation the temperature never exceeded 101.2° F., and at the end of the week her pulse had come down to 100, from which it gradually decreased to 84.

The girl was last seen on December 13th of last year, when she could walk between three and four miles a day without fatigue, and without the assistance of a stick. The contour of the foot was good, with the exception of some appearance of flattening in the neighbourhood of the heel; the operation wound had healed quite soundly, and all the movements of the foot were well performed.

Another case in which Mr. Sympson had performed excision of the os calcis for extensive caries of that bone was shown at the annual meeting of the Midland Branch of the British Medical Association on June 25th, 1874. The boy could then run and walk well, and, without the least difficulty, hop on the foot which was formerly diseased. The operation had then been performed upwards of three years.