

of potassium ointment; so that, if removal becomes necessary, free incisions have to be made which are generally accompanied by considerable bleeding. The adhesive inflammation which supervenes upon the operation has sometimes to be increased by touching the interior of the cysts with nitrate of silver; and if the tumour be situated near the margin of the eyelid and the punctum, there may be cicatricial shrinking after the operation, and eversion of the edge of the lid, with displacement of the punctum. All this makes the ordinary operation for tarsal tumour a somewhat formidable one; and electrolysis would therefore appear far preferable. The complete absence of bleeding in the latter procedure is a great advantage, as the operator sees much better what he is doing, and can regulate the action of the galvanic force with the greatest nicety. A single application appears to be sufficient for a cure, and there is no danger of cicatricial shrinking afterwards, provided the operation be properly performed. In a case where only the skin of the eyelid would be affected, I should not resort to anæsthesia, as then the pain would not be severe; but the great sensitiveness of the mucous membrane in the above case rendered anæsthesia desirable.

Bryanston-street, Marble Arch, W.

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.

ST. GEORGE'S HOSPITAL.

THE following are among some of the cases, under the care of Mr. CARTER, in the Ophthalmic Wards.

SOFT CATARACT IN ONE EYE, AND A HIGH DEGREE OF MYOPIA IN THE OTHER, BOTH RECENT.

The patient, a man aged twenty-four, eighteen months ago was tested for the army, and the sight of each eye was found to be perfect. Five months ago he noticed that the sight of the left eye was failing, and a month later that he had a difficulty in making out distant objects with the right. When admitted, the right eye was much larger than the left, especially in the antero-posterior diameter. Myopia = 16 D, and there was a large posterior staphyloma. The left eye resembled a hypermetropic eye in size and shape. The lens was universally opaque. The latter was removed by suction.

DISLOCATION OF THE LENS INTO THE VITREOUS.

The patient, a man aged sixty-four, received a blow on the eye. Vision was immediately reduced to perception of light. When admitted, there was conjunctival injection, a tremulous and inactive iris, and the fundus oculi could not be illuminated. Four days later, no details of fundus were visible, and there were floating filaments in the vitreous. The lens was not visible. Vision: counts fingers at three feet.

VICTORIA DOCK DISTRICT DISPENSARY.

CASE OF MALFORMATION OF HEART AND ABSCESS OF BRAIN; UNUSUAL CONTENTS.

(Under the care of Mr. JULIUS CÆSAR.)

E. M—, aged nine, first came under observation in December, 1879, with the following history:—He was a full time and healthy child when born. At three months old his mother noticed that his cheeks, a circle round lips, the tips of fingers and nails, were very blue, and that the colour increased if he were excited or cried. At the same time the ends of the fingers and the toes began to enlarge.

These symptoms increased, but otherwise he appeared to enjoy good health up to about twelve months old, when a discharge, not offensive, from the left ear took place. At this time, also, he used to clutch his head as if it were the seat of great pain, and when old enough to make himself understood used to complain of great pain there. When

eighteen months old he had measles, bronchitis, and pneumonia, but appeared to recover from them fairly well. When three years old he had completed dentition. The discharge from the ear now ceased, and he began to walk; he was not at any period able to walk more than half a mile without fatigue and difficulty in breathing. Between five and six years his mother noticed, for the first time, that he dragged his right leg as if he had not power at the hip to lift it. Shortly after this his right wrist began to fail, then his forearm, and, finally, his entire arm. Then the leg became affected, the paralysis appearing to begin in the hip, and gradually extending to the foot, till at seven years and a half he had lost all power over these extremities, which about this time got acutely sensitive, so much so that the least movement of them caused him to cry, even touching them appeared to give him great pain. He had never talked plainly, but about seven years his articulation got very difficult and hesitating, till at last he could utter only half words. As for "mother" he used to say "mur," and for "father" "f-a-a." At all seasons of the year he felt cold to the touch, and used to complain of feeling cold, though clothed in flannel.

On August 18th last he had a convulsive fit during the night. When seen in the morning he was in bed comatose, and quite unconscious, the pupils were widely dilated, and his forehead suffused with a very deep blush. The pulse was rapid, full, and strong. He was unable to swallow even liquids. All his evacuations were passed involuntarily. He remained in this state for five days, and then appeared to get a little better, took some milk and egg, and seemed to recognise those about him. This continued for three days, when he relapsed into his former state of unconsciousness, which lasted till he died on August 31st.

At the necropsy thirty hours after death the pulmonary artery was found to communicate with the aorta a little way above the attachment of the two most left semilunar valves by an opening about the size of a sixpenny piece. These valves were perforated in several places. The ascending part of the aorta was as big as that of an adult. No murmurs were heard during life. The right lung was adherent to the thoracic wall and diaphragm, and both were the seat of tubercle. In removing the brain great difficulty was experienced in detaching the calvaria, so adherent was the dura mater to it. On examining the brain tubercles were seen scattered all over the base, and in the ventricles and fissures of Sylvius. The right hemisphere of the cerebrum was quite pulpy, the anterior part of the left hemisphere was in a like condition, but the middle and posterior lobes were quite hard except at one spot in the latter lobe, which was quite soft and fluctuated on pressure. On cutting into this spot it proved to be a large abscess extending from the middle cornu to the posterior cornu of the lateral ventricle, but not entering it. On examining the abscess it was found to contain a dense calcareous mass weighing 120 grains. The walls of the abscess were impregnated with a like material, and grated on the knife when cut. The remainder of the brain presented no pathological changes of importance.

Remarks.—The principal points of interest in this case were (1) the unusual form of heart malformation; (2) the existence of large perforations in the semilunar valves, unaccompanied by murmur; (3) the existence of so much brain mischief with comparatively so few symptoms.

QUEEN'S HOSPITAL, BIRMINGHAM.

COMPOUND COMMUNUTED FRACTURE OF THE HUMERUS; LISTERISM; RECOVERY.

(Under the care of Mr. JAMES F. WEST.)

THE following cases, of which the notes are abridged from those taken by Mr. J. W. Moore, house-surgeon, serve to illustrate the advantage of the antiseptic treatment in severe compound and comminuted fractures.

Charles F—, aged thirty-five, a saddler, was admitted on July 10th, 1880. He had been thrown off the top of an omnibus, and had fallen with his left arm doubled under him. The humerus was fractured just above the insertion of the deltoid, and again about three inches lower down. There were two small wounds on the inner side of the arm at the upper third, a little towards the back. He had lost about a pint of blood, and there was considerable shock. A piece of bone, about two inches in length and one-third of the circumference of the shaft of the humerus, protruded

from the upper wound, and, being loose, was easily removed; it was quite denuded of periosteum.

The patient was at once placed in bed; the wounds were syringed out with carbolic-acid solution (1 to 50), a fine silver suture was introduced into each wound, and the protective gauze &c. were applied after Lister's method, under the spray. The arm and forearm were bandaged in the extended position, with an inner and an outer straight splint, the limb being elevated and placed on a pillow. Evening temperature 98.4°; pulse 110. He had a comfortable night, and the temperature next day was 99° in the morning and 99.8° in the evening. Pulse 100; respiration 24.

The wound was dressed for the first time (under spray) on July 12th, when the sutures were removed, and a small drainage-tube was introduced into the upper wound. Evening temperature 100°; this was the highest temperature registered. The patient was comfortable and free from pain.

On the 13th and following days the temperature was, without a single exception, normal.

The wound was dressed for the second time on the 15th; the lower wound was healed and the upper wound discharging only a little serum, and there was no pain excepting when the wound was dressed. The third dressing was on the 19th, under spray. A small quantity of pus was found on dressings, but there was no redness, oedema, or tenderness up the arm. It was dressed again on the 23rd, when there was scarcely any discharge of pus. The drainage-tube was left off. An inner splint of gutta-percha (with a window in to dress the wound) was made, extending from the axilla to the wrist, and embracing half the circumference of the limb, the long straight splint on the outer side being still retained. The wound was now easily dressed without any disturbance of the parts, and on the 30th, as it was quite sound, dry carbolic gauze was substituted.

On Aug. 2nd the wounds were quite solid; the forearm was bent to a right angle with arm. Gutta-percha splints were applied, and the patient was discharged in good health. The arm was in good position, and a fair amount of union had taken place. He attended as an out-patient for the next few weeks, and at the end of two months was able to resume his trade.

WOUND OVER THE PATELLA, WITH A SMALL PIECE CHIPPED OUT OF THE PATELLA; LISTERISM; RECOVERY.

(Under the care of Mr. JAMES F. WEST.)

Geo. J—, aged forty-two, a horsekeeper, was admitted on July 19th, suffering from a kick over patella from the hind leg of a horse. The wound was one inch in length, transverse, and had contused edges, all structures being divided down to bone, and a small splinter being chipped out. The bursa patellæ was readily explored with finger. The wound was syringed out under spray with carbolic lotion (1 to 50), and two silver sutures were applied. No drainage-tube was inserted. Dressed antiseptically. A Back splint was applied and the limb fixed with sand pillows, and he was confined to bed. The temperature was never higher than 99°. The patient slept well, and had no pain worth mentioning. He was dressed for the first time on the 21st, when the wound looked well and was free from redness and irritation. He was again dressed five days afterwards, and the sutures were removed; the wound was healed. At the next dressing dry gauze was placed on the wound. The patient was discharged cured on Aug. 2nd, with a cicatrix firm and solid, and the skin freely movable over patella. At no period had there been any bursitis or synovitis. The patient was ordered to wear the back splint for a few days longer.

NEWARK HOSPITAL.

FRACTURE OF INNER CONDYLE OF RIGHT HUMERUS; PERFECT UNION.

For the notes of this case we are indebted to Mr. J. D. T Reckitt, house-surgeon:—

Henry G—, aged nine years, was seen as an out-patient on April 20th, 1879. He stated that whilst running at full speed he fell down, with both arms extended, and that the inner sides of both elbows came into violent contact with the pavement. There was great swelling of the elbow and parts about the inner condyle of the right humerus; motion of the elbow-joint was somewhat impaired and very painful. Upon close examination, the inner condyle was found to be

broken off and quite movable beneath the integuments, but there was not sufficient broken off to involve extensive fracture into the elbow-joint.

An inner angular splint was applied, and a pad of lint to maintain the broken fragment in position. The arm was kept at perfect rest, and cold lead-lotion applied. The swelling and pain quickly disappeared, and on May 15th the splint was removed, the condyle having become firmly united and not to be detected by manipulation. Passive motion was applied, and in a week longer he was able to use the arm as usual.

Remarks by Mr. RECKITT.—That bony union occurred so soon after the injury was somewhat surprising, more particularly as the boy was only just recovered from a very severe attack of typhoid fever; and in these particular fractures union, I believe, is often difficult to obtain and sometimes not obtainable.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Amœboid Movements of the Colourless Blood-corpuscles in Leuchæmia.—Nature and Treatment of Genu Valgum.

THE ordinary meeting of this Society was held on the 9th inst., J. E. Erischen, Esq., F.R.S., President, in the chair. A suggestive contribution to the pathology of leuchæmia was made by Dr. Cavafy, who has observed a remarkable lack of amœboid movements of the leucocytes in a case of this disease. A paper by Mr. Brodhurst upon genu valgum, in which he discountenanced osteotomy, gave rise to a rather spirited discussion, Mr. Savory supporting the author in his strictures upon the prevalent practice of this operation, which was, on the other hand, upheld by Mr. Barwell and Mr. Parker, and, with certain reservations, by Mr. Haward.

A paper was read upon "Amœboid Movements of the Colourless Blood-corpuscles in Leuchæmia" by Dr. JOHN CAVAFY. The observations described in this paper were made on the blood of a patient suffering from leuchæmia, who was in St. George's Hospital, under Dr. Whipham, from April 30th to July 18th, 1879. The patient, a man aged twenty-six, states that he had been well, with the exception of occasional sick headaches, until a month before admission, when he began to feel extremely weak and languid. He got a cough a little later, and a week before he came he had hæmorrhages in the conjunctivæ and skin after severe retching. On admission he was found to be very pale, mucous râles were heard over the lungs, and a soft systolic murmur at the base of the heart. There were enlarged lymphatic glands in the axillæ, over the right clavicle, and in the right groin. The blood contained a large excess of colourless corpuscles, the proportion to the coloured being as one to six. During his stay in the hospital he became gradually worse, with occasional temporary improvement. He had epistaxis, and fresh hæmorrhages in the conjunctivæ and skin on several occasions. The spleen was not at first enlarged, but became so later, as also did the liver. The glands subsided a little at first, but again soon enlarged, and fresh ones appeared, especially in the neck and near the angles of the lower jaw. The pulse was always quick, and the temperature nearly always above normal. After leaving the hospital he improved slightly at first, but soon became worse again; the glands became of enormous size; there were numerous cutaneous hæmorrhages, and he became gradually weaker, dying early in October, 1879. There was no post-mortem examination. The blood was examined to determine whether the amœboid movements, which characterise healthy colourless corpuscles, were preserved. Twelve observations were made in all, at various intervals, from May 16th to July 14th,