

The patient fell from a height, but did not strike his heel; and it appeared certain that the fracture of the os calcis was produced by the action of the muscles of the leg. He died of other injuries received in the fall. A case illustrating the same injury was under Mr. Coote's care in the spring of 1866.

Mrs. J—, aged fifty-eight, the wife of a respectable man residing at Woodford, slipped, from treading on a piece of onion-peel, down a stone step. She grazed the heel severely, and fell to the ground. She got up, however, immediately, and walked home, a distance of one hundred yards. On removing the boot, she became aware that something serious had happened to the foot, and sent for Dr. Duchesne, who, recognising the nature of the accident, advised her immediate removal to the hospital. She walked, leaning on her son's shoulder, a quarter of a mile to the station; and on arriving in town she came to the hospital in a cab. The right ankle was much swollen, and a piece of the os calcis on its upper surface was torn away from the bone, dragged upwards to the extent of three inches, and turned on itself, forming a prominence under the skin.

Jan. 17th.—The foot was kept in the extended position—i. e., the toes pointed downwards—by means of a tinned iron splint. She had good diet, and a pint of porter daily.

Feb. 14th.—The upper fragment is gradually approximating the lower.

Early in March she was removed at her own request to her home. The ends of the broken bone were in very fair apposition, and union was firm. It was not, however, considered desirable that she should try to use the limb for three weeks more.

WEST LONDON HOSPITAL.

LITHOTOMY TWICE PERFORMED UPON THE SAME PATIENT.

(Under the care of Mr. WM. FAIRLIE CLARKE.)

RECURRENCE of stone after lithotomy is rare. Mr. C. Williams found that out of 923 cases of stone admitted into the Norfolk and Norwich Hospital during a term of years, 24 only suffered a relapse and underwent a second operation. This gives a proportion of 1 in 38·45. The following is an example of recurrence within nine months :—

Albert H—, aged five years and a half, living in the neighbourhood of Portland-market, was admitted on April 25th, 1865, on the recommendation of Mr. W. C. Grigg, of Windsor-terrace, Maida-hill, under whose care he had been for some time. The patient was a delicate-looking little boy, with a pinched face, a brilliant eye, a hectic flush, and altogether a strumous aspect. On inquiring into his history, however, it appeared that he was sprung from a healthy family, and that he had never suffered from anything more than the ordinary complaints of childhood until the commencement of his present illness. For two years before his admission he had suffered from pain in passing his water, with irritation at the point of the penis, and a prolapsus of the rectum; and all these symptoms had become much more urgent during the last six months. Two months before his admission, when he first came under the care of Mr. Grigg, his bladder was sounded, and a stone was at once detected.

When he was admitted into the hospital he was again sounded, and with the same result as before. His urine was alkaline, and had a specific gravity of 1015. It contained a copious deposit of phosphates, and under the microscope pus-globules were seen in abundance. The patient's sufferings were great. He frequently screamed with pain in voiding his urine, and not a day passed without the prolapsus recti—which was a very large one for so young a child—coming down two or three times.

On the 11th of May the patient was placed under the influence of chloroform, and Mr. Clarke performed the usual lateral operation of lithotomy. The prolapsus recti gave some little trouble, but otherwise the operation was performed without difficulty, and a stone weighing 100 grains was extracted. The bladder was carefully searched both with the finger and with a sound, but no other stone could be felt. The calculus which was removed was of a fawn colour, smooth on its surface, and somewhat oval in shape. When a section was made of it, it was found to consist of an outer shell composed of triple phosphate with some phosphate of lime (fusible calculus), a middle zone consisting of urate of ammonia with some oxalate of lime, and a central portion which was phosphatic. The phosphatic element formed about two-fifths of the whole stone.

The patient recovered from the operation without a check. The prolapsus recti never came down after the operation. The

urine became normally acid, and otherwise improved rapidly; and on the 21st it ceased to flow by the wound, and was all passed per urethram.

On the 12th of June the patient was discharged from the hospital, relieved of the stone, and much better in every respect than he was at the time of his admission. Still it was noticed that he occasionally complained of irritation of the penis, and his urine always contained a certain quantity of albumen—averaging about one-tenth,—which indicated that there was still some irritation going on about the kidneys or bladder.

On leaving the hospital the patient was taken to the country, and nothing was heard of him for three months. On the 26th of September he was brought again to Mr. Clarke, suffering from much the same symptoms as before, but in a less degree. On inquiry it appeared that he had been quite free from all symptoms for two months after his discharge from the hospital, but at the end of that time he began to complain again of pain in micturition, irritation of the penis, prolapsus recti, &c.

His bladder was sounded again, and a stone was detected without difficulty; and when his urine was examined it was found to contain about the same quantity of albumen as before (one-tenth), phosphates, and pus-globules.

As his mother was anxious that a second operation should be delayed as long as possible, and as his general health appeared to be good and the symptoms were not very urgent, Mr. Clarke kept the child under observation, and postponed the operation for a few weeks.

On January 9th, 1866, the patient was readmitted into the hospital, and Mr. Clarke again performed the lateral operation, making his incision in the line of the old cicatrix. A stone weighing 133 grains was removed without trouble, and another was felt lying at the very back of the bladder, in a situation where it could just be reached with the finger. This second stone was removed with some little difficulty. It weighed 97 grains. The bladder was carefully searched, but no other stone could be felt. These stones presented well-marked facets. Their external appearance was exactly the same as that of the calculus which was removed at the first operation. No section has been made of them. Both of these stones were larger in proportion to their weight than that first removed—a circumstance which seems to indicate that they contained a larger proportion of phosphates.

The patient recovered from this second operation without any serious symptoms. On Jan. 24th the urine ceased to flow by the wound, and was all passed naturally. It contained at this time a mere trace of albumen, and after the 11th February none could be detected.

On the 4th of February the patient was allowed to get up and move about a little. On the following day the wound again opened and a few drops of urine escaped by it. This unfortunate relapse was aggravated by a troublesome cough which the patient had at the time. He was again confined to bed, and the wound was dressed with stimulating ointments and touched with a probe armed with nitrate of silver. The orifice through which the water found its way was so minute that it could hardly be seen. After a day or two it scabbed over, remained closed for a day, and then a drop of water again escaped by it. This occurred twice or thrice; and in this way a fortnight was consumed. At length it was thought that the patient might safely be discharged, although an occasional drop of water still escaped by the wound. Accordingly he left the hospital on the 18th of March. After this his mother brought him as an out-patient two or three times. The last time that he was seen was on April 17th. Not a drop of water had then passed by the wound for ten days, and the cicatrix was sound and well healed. The patient's general health was very much improved, and all symptoms of irritation about the kidneys and bladder had quite disappeared.

The chief interest of this case turns upon the fact that the patient was twice cut within the short period of nine months. This leads us to inquire whether the stones removed at the second operation were overlooked at the time of the first operation, or whether they were subsequent formations?

Against the first supposition there are the facts that the shape of the first stone did not suggest the presence of others; that the bladder was carefully searched and no other stone could be felt; and that the patient was free from all painful symptoms for two months after his discharge. On the other hand, the continued presence of albumen in the urine seems to show that there was a constant irritation going on in the kidneys. On the whole, therefore, it appears most probable that

the nuclei of the stones removed at the second operation descended from the kidney two or three months after the first operation, and that they rapidly increased in size while they lay in the bladder by the deposition of phosphates.

Provincial Hospital Reports.

SHEFFIELD PUBLIC HOSPITAL.

WOUND OF THE PALMAR ARCH; SECONDARY HÆMORRHAGE; LIGATURE OF BRACHIAL ARTERY; RECOVERY.

(Under the care of Mr. ARTHUR JACKSON.)

(Reported by Mr. HENRY BRIETZCKE, House-Surgeon.)

S. B.—, aged six years, was accidentally wounded in the hand by her sister while playing with a penknife on Dec. 11th, 1866. She was immediately brought to the hospital. On examination, a small, deep punctured wound was discovered in the palm of the right hand, directly across the course of the superficial palmar arch; she was blanched and faint, her dress covered with blood, but none was then escaping from the wound. From the position of the puncture it was thought that the superficial palmar arch was wounded: accordingly a graduated compress of lint was placed upon the wound; two pieces of wood arranged transversely to the hand were fixed, one in front and the other behind, for the purpose of exerting pressure upon the pad of lint; the forearm was then flexed, placed upon a splint, and bandaged from the fingers to the shoulder. The friends would not agree to leave the child in the hospital, although it was strongly recommended. The next morning the child was brought in a great hurry, the bleeding having burst out again. On inquiry it was discovered that the father had removed the lint and bandages altogether on account of the child complaining of pain. An attempt was made to pick up the bleeding vessel with forceps, but without success; a fresh compress was arranged as before, omitting the transverse splint on the back of the hand, as there was some œdema. She was then admitted as an in-patient.

Dec. 16th.—No hæmorrhage. Hand swollen considerably.

19th.—Dressings removed; wound looks healthy; still some œdema of hand; a pad of lint was placed upon radial and ulnar arteries at the wrist, the arm bandaged and flexed, but the wound left open.

20th.—Wound looks well, and is cicatrising.

21st.—Some bleeding occurred in the night, but soon stopped. At nine A.M. there was no appearance of hæmorrhage; bandage and pads rearranged. At four P.M. a gush of blood took place; an attempt was made to seize the vessel without success; a tourniquet was then applied to the brachial, but in a short time the hand became so black and swollen from congestion that the strap was loosened, and the bleeding immediately recurred. Mr. Jackson determined to try pressure again. Three pieces of cork were placed over the radial, ulnar, and interosseous arteries, the latter being felt to pulsate very distinctly; the arm bandaged firmly, raised in the perpendicular position, and wrapped in cotton wool; wound left open; tourniquet loosely applied to brachial artery. Beef-tea ordered.

Dec. 22nd.—A small quantity of blood is clotted round the wound; no further hæmorrhage; patient sleeps well; no pain; temperature of hand normal.

24th.—Quarter-past six P.M.: While taking her tea the bleeding suddenly recurred; very little blood was lost, as the tourniquet was immediately screwed up. Mr. Jackson then decided to tie the brachial artery. The patient was placed under chloroform, the vessel exposed about the middle of the arm, two ligatures were applied, and the artery divided between; its dimensions were so small that some difficulty was experienced in deciding as to its identity. Splint applied, arm wrapped in cotton wool.

25th.—Patient comfortable; slight pain from wound in upper arm; hand warm; sensation normal; no pulsation at the wrist. Ordered beef-tea and half an ounce of saline mixture every four hours.

26th.—Swelling of hand much diminished. Water dressing applied to the wound in the palm. No hæmorrhage.

30th.—Ligatures removed.

Jan. 6th.—Wound in the palm of hand healed.

12th.—Radial artery to be felt indistinctly.

20th.—Pulsation in radial artery very feeble.

23rd.—Wound in upper arm cicatrising. Forearm still weak and stiff.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 19TH, 1867.

MR. JOHN SIMON, F.R.S., PRESIDENT.

A REPORT was read by Dr. Cayley and Mr. Hulke on the specimen of Cancerous Ulceration of the Larynx previously exhibited by Dr. Gibb. The cancer was of the epithelial variety.

A report was also read by Dr. Bristowe and Dr. Cayley on the specimen exhibited by Dr. Ballard as a case of Cancer of the Intestines in a child. The reporters believed that the disease was tuberculous.

Dr. DICKINSON exhibited a specimen of Ulceration of the Large Intestine (sigmoid flexure), of a peculiar kind not previously described, as far as he could discover. The symptoms accompanying it were constipation followed by a circumscribed abscess over the sigmoid flexure, sometimes accompanied by circumscribed peritonitis. Pathological examination showed transverse ridges with small extravasations of blood, which gave place to small abscesses and ulcers, sometimes leading to minute perforations. Dr. Dickinson brought forward two cases in which such small "button-hole" perforations were found independent of cancer or tubercle, but accompanied with limited peritonitis and abscess in the left groin. One of the cases was male, the other female; and both were of the age of forty-two. He also mentioned another case of similar nature which had come under his notice.

Dr. WHIPHAM brought forward a case similar to those referred to by Dr. Dickinson, occurring in a patient who had died of pyæmia consequent on scrofulous disease of the clavicle and other bones. There was a large abscess in the left iliac fossa, accompanied by the affection of the sigmoid flexure of the colon described by Dr. Dickinson, but not dependent on any disease of the bones. Dr. Whipman so far dissented from Dr. Dickinson as to believe that the ulcers originated between, and not upon, the transverse raised streaks on the intestine. In his case also constipation had existed.

Dr. MOXON referred to a similar case which he had examined at Guy's Hospital.

Dr. MURCHISON believed that perforating ulcer of the large intestines was an affection not so very uncommon, and referred to its connexion with typhoid fever, with which this simply ulcerating affection of the gut is often confounded.

Mr. BAKER exhibited a Double Stomach, which was found in the body of a woman aged sixty-three, who died soon after a burn. There was no unhealthy appearance in the stomach, and the case seemed one of congenital malformation, not of hour-glass constriction.

Mr. BRODHURST exhibited a portion of one of the semilunar cartilages removed from the knee of a young gentleman who had fallen in kicking the ball in a game at football, and this was followed by much swelling and loss of motion. Six weeks afterwards, the presence of a loose body was discovered in the joint, and an attempt was made to remove it subcutaneously, which was unsuccessful, as there were some ligamentous adhesions which it was necessary to divide. The body proved to be a portion of one of the semilunar fibro-cartilages.

Mr. BRYANT wished to know whether the specimen had been examined with the microscope.

Mr. PICK replied that he had examined the specimen, and found that there was both fibrous and cartilaginous structure in it; so that he agreed with Mr. Brodhurst in believing it to be a part of the semilunar cartilage.

Dr. WORKMAN displayed a specimen of Disease of the Aortic Valves in a child aged four, which he conjectured might have been congenital.

Dr. MOXON exhibited a specimen of Aneurism of the Pulmonary Artery in a case of Phthisis, and he mentioned that he had met with this affection four times in phthisis.

Dr. MOXON also showed a case of Primary Cancer of the Gall-Bladder, accompanied by Cancer (secondary) in the Liver; and he exhibited another less recent specimen of Primary Cancer of the Gall-Bladder, unaccompanied by Disease of the Liver.

These specimens were referred to a Committee consisting of Dr. Dickinson and Mr. Hulke.

Mr. H. SMITH exhibited the Cast of a Leg of a Girl, aged