

occluding the pylorus does. The disadvantage lies in the fact that a subsequent gastro-jejunostomy, should it become necessary, would be a very difficult and complicated procedure. Nevertheless, I think that this operation will become the method of choice, and Mayo has found that very few perforated duodenal ulcers subsequently need a gastro-jejunostomy.

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Devonshire-place, W.

## TRAUMATIC DISLOCATION OF THE HIP-JOINT

OCCURRING IN A BOY 10 YEARS OLD.

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DISLOCATION of the hip-joint of traumatic origin is a very uncommon condition in children. The kind of violence that in the adult produces dislocation must be supposed to produce in children, very much more commonly, separated epiphysis or fracture. As I cannot hear of any such case or find an account of any in the literature,<sup>1</sup> I think the following is worthy of record.

The patient, a boy aged 9 years 9 months, was admitted to the Adelaide Children's Hospital on Jan. 4th, 1914. The history of the accident was as follows. He was sitting on a moving truck filled with clay in a brickyard. He was struck on the left hand by a stone thrown by another boy. He turned and fell off the truck, a height of about 5 feet, and, as he asserts, "turned two somersaults before he hit the ground." The truck, which weighed, according to the father, some 5 cwt., came in contact with the upper and outer part of the boy's left thigh below the great trochanter as he fell. "The truck went half over him." In the boy's fall the first part to strike the ground was the upper and outer portion of the left thigh. He was unable to rise, and his "left leg felt as though it had gone to sleep."

It is thus by no means clear what the exact mechanism of the production of this injury was in the present case. The account given by the boy is vague, and it has varied from time to time. But as far as a connected statement can be obtained from him there seems no reason why a separated epiphysis or a fracture should not have occurred in this as in most other cases. That is to say, no explanation of the dislocation is afforded.

On admission to hospital the left thigh was found to be flexed at the hip-joint to about 45° with the horizontal, and was adducted and rotated inwards. The great trochanter was from an inch

to 1½ inches above Nélaton's line. The head of the femur could be felt on the dorsum ilii. The joint was rigid. There was no crepitus along the course of the femur or in the pelvis. Except for an abrasion some 6 inches by half an inch crossing the lumbar spine obliquely, no other injury, external or internal, could be discovered. The case was regarded as a typical dislocation on to the dorsum ilii. But a careful watch for visceral injury was maintained for 12 hours after reduction. Under chloroform anaesthesia induced by Dr. W. T. Simmons, the house physician, the dislocation was reduced without difficulty. Nothing more was necessary in the way of manipulation than weak traction in the line of the misplaced femur, followed by slight increase (about 10 degrees) of flexion. The ease with which reduction occurred was no doubt due to (1) the weak musculature of the young child, (2) the fact that the dislocation was only about three and a quarter hours old, or perhaps also (3) extensive injury to the capsule of the joint.

A radiograph was taken in order to exclude the possibility of further bone injury, such as separation of the epiphysis or injury to the acetabulum. This showed that no such other injury had occurred.

In the after-treatment passive movement was begun on the seventeenth day (rotation, abduction, and adduction), but flexion through more than 5° was delayed until a week later, when active movement was also commenced. The patient was allowed to put weight on the limb on the twenty-eighth day. The result was apparently perfect on the patient's discharge from hospital.

Adelaide, South Australia.

## Medical Societies.

### ROYAL ACADEMY OF MEDICINE IN IRELAND.

#### SECTION OF SURGERY.

*Exhibition of Specimens.*—*Enlarged Gall-bladder.*—*Shockless Surgery.*

A MEETING of this section was held on March 20th, Dr. R. D. PUREFOY, the President, being in the chair.

Mr. A. BLAYNEY showed a specimen of Cancer of the Gall Bladder from a woman aged 42, who since last Christmas had suffered from distension and pain in the epigastrium and to the right side, with anorexia and occasional vomiting. Examination revealed a tumour in the region of the gall-bladder. On operation it was found that the fundus of the gall-bladder presented a distinct tumour, somewhat nodular on the surface, and involving the liver. The gall-bladder was removed with the object of diminishing the pain. Some gall-stones were found, as is usual in cases of carcinoma. The patient had done well and the pain was relieved.

Mr. S. PRINGLE showed an Ulcer excised from Hour-glass Stomach in a woman who had been sent to hospital with a provisional diagnosis of gastric ulcer. There was a history of symptoms extending over several years. For three weeks preceding admission she complained of very great pain, not regularly after food, but persisting all the time; vomiting was frequent, and for four days before admission almost constant. There was tenderness in the epigastrium to the left of the middle line. On opening the abdomen a very tight hour-glass constriction was found in the middle third of the stomach, immediately above which there was a hard mass adherent to the pancreas. The stomach was divided between two clamps, and on lifting it up the ulcer was detached from the anterior surface of the pancreas. After the ulcer was passed another clamp was put on the stomach, and an end-to-end suture of the two halves of the stomach was done. A drain was put in, which was removed after two

<sup>1</sup> The only other at all similar case that I have been able to find in medical literature is that recorded by the late Mr. Walter Rivington (THE LANCET, 1878, vol. ii., p. 321). But in that case the condition occurred in a considerably older child—a girl aged 14 years. "Under ether it reduced itself." The ease of reduction was thus a comparable experience to that in the present case. I should add, however, that I have not been able to search the literature at all thoroughly.