CASE OF SALIVARY CALCULUS; REMOVAL.

BY WM. H. BROWNE, L.R.C.P. EDIN., &c.

IT is not often that operative interference is required for the removal of salivary calculus in a patient so young as the one in question; the following notes may, therefore, be of some interest to the readers of THE LANCET.

T. W——, aged eight, a strong, healthy-looking lad, was brought to me by his mother for examination, as he complained of "a lump inside his cheek," with constant discharge of saliva, more or less during the day-time, though causing him little trouble during the night. On examination, I found a hard substance, the size of a small bean, blocking up Wharton's duct, with an anterior fistulous opening, through which the sharp end of the calculus projected. Large as the orifice was, I found it impossible to remove it through the opening, so decided to slit up the duct. Some little difficulty was experienced in keeping the tongue out of the way, but the mother, "a strong-minded individual," gave valuable assistance by depressing and keeping the tongue on one side. A free incision over the tumour soon set the calculus at liberty; it weighs a little over seven grains, and may be considered large for so young a patient.

That these calculi are rare no one disputes, but to me it appears strange that I should be able to record three cases in eighteen years, two of which were people in advanced life, the calculi in each case being small in size and easily broken up, the calcium base evidently being associated with some fatty matter. The calculus in the other case is apparently free from any organic contamination, at least so far as one can detect without chemical analysis; it is hard in texture and in the same condition as when it was first removed some time since. From what I can glean, salivary calculi, rare as they may be, are more common in adult and advanced life, and are rarely met with in children, so that we may consider the age of the patient the most interesting part of the case. It is, perhaps, needless to say that the little fellow soon recovered from his operation, and the fistulous opening rapidly closed with that of the incision.

Aldbrough, Hull.

THE ETHER SPRAY IN STRANGULATED HERNIA.

BY WALTER E. LLOYD, L.R.C.P. EDIN., &c.

I AM able to record another successful reduction of strangulated femoral hernia by the aid of the ether spray.

On Saturday, May 4th, I was called at 10.30 A.M. to Mrs. R——, aged forty-seven. I found a hard swelling about the size of an orange in the right groin. No impulse was caused by coughing. There was constant vomiting, which had not, however, become stercoraceous. During December last I attended this patient for a similar condition, and I was then able to reduce the hernia by taxis. On the present occasion I found this to be impossible. I prescribed the usual treatment, and returned at half-past twelve, when I again tried taxis unsuccessfully. Having read of the use of the ether spray in THE LANCET of May 4th, I determined to test its merits. I sprayed the hernia for about twenty seconds, using less than two drachms, and was much gratified to find that I was able to return the intestine with the greatest ease. The patient rapidly recovered, and has been up and attending to her domestic duties. The successful result I believe to be caused by the sudden application of cold relieving the congestion at the point of stricture.

Bedminster.

ROYAL MATERNITY CHARITY.—Sir John Lubbock, Bart., M.P. (Treasurer of the Society), occupied the chair at the triennial festival dinner, which took place at the Albion Tavern, Aldersgate-street, last week. The charity was established in 1757, and since its foundation has provided no less than 518,000 poor married lying-in women with gratuitous delivery assistance and medicine at their own homes, to which, in urgent cases, has been added material help in food &c. During last year upwards of 3600 cases were relieved, with only 11 deaths, and not all of those were due to causes pertaining to childbirth. The secretary announced subscriptions amounting to £450.

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. Procœmium.

LONDON HOSPITAL.

OBTURATOR DISLOCATION AT HIP-JOINT, WITH SHORTENING OF LIMB.

(Under the care of Mr. RIVINGTON.)

THE number of cases of dislocation at the hip-joint which come under the care of any one surgeon, even at our largest hospitals, is comparatively few, and it is therefore important that they should be placed on record, especially when they illustrate special points in the more rare varieties of this injury. Ashhurst[1] is of opinion that this form of dislocation is most commonly produced by falling from a height and striking obliquely upon the foot or knee, so as to abduct the limb forcibly. Others consider the falling of a weight on the pelvis, when the thigh is abducted—as in the first case which Mr. Rivington published—to be the commoner cause. This is, however, comparatively unimportant. Of more importance is the question as to whether there is lengthening or shortening of the limb. Mr. Holmes, in his case—that of a muscular young man,—says that "the injured limb looked much longer than the other, but accurate and repeated measurement, taken from the spine of the ilium to fixed points in the limb on the two sides, showed that this was due entirely to twisting of the pelvis." In a case of irreducible obturator dislocation of three years' standing, which was under the care of Sir William Mac Cormac,[2] there appeared to be some shortening of the entire limb due to interference with growth. No record of the condition of the limb in the first instance could be obtained. Malgaigne found a shortening of two centimetres; Morris an inch and a quarter. The evidence in favour of shortening as an occasional symptom is thus accumulating. Sir Astley Cooper, however, stated the lengthening of the limb to be two inches. Fabbri always found from one to two inches' increased length on measurement. Hamilton[3] says "the thigh is apparently lengthened for from one to two inches," and refers to Mr. Rivington's cases in which the limb was shortened. Mr. Beck, acting as editor of Erichsen's Surgery, has not thought the evidence in favour of invariable shortening of the limb of sufficient weight to make it advisable to alter what has been taught in the past. We think, therefore, that it would be best to agree with the quotation of Mr. Pick given in the remarks, and regard shortening as a symptom occasionally met with.

Wm. P——, aged thirty, Customs' officer, a tall, muscular, well-developed man, weighing 12 st., was admitted from the receiving-room into the hospital on Jan. 7th, 1889, complaining of pain in his left hip and inability to straighten the limb so as to bring it to the ground. An hour before admission, whilst stepping from one barge to another, the patient slipped and fell between the two vessels in such a manner that almost the entire weight of his body was supported by the left leg. In point of fact he was suspended over the edge of the barge by the left leg, the inside of the knee resting on the gunwale, and the thigh being in a position of fixed abduction. He could not extricate himself, but was released by his fellow officers and brought to the hospital. On examination the thigh was found much abducted, the knee bent and incapable of extension. When the patient was in the erect position, the left leg was advanced and the body bent forward. The bending of the trunk forward enabled the patient to bring the toes to the ground, but he could not bear any weight upon them. The limb was shortened about a quarter of an inch. On the outer side of the hip, at the site of the prominence of the

[1] Encyclopædia of Surgery, vol. iii., p. 196.
[2] St. Thomas's Hospital Reports, vol. ix., p. 102.
[3] Fractures and Dislocations.