

Dr. Thomas Keith, Dr. James Sawyer, Dr. Robert Saundby, Mr. Joseph Bell, Mr. Christopher Heath, Mr. Pearce Gould, Mr. Edmund Owen, and Mr. Walter Whitehead, whom I only mention to acknowledge the very valuable assistance and friendly encouragement they have been good enough to render me.

Once I had secured a good combination of fibres, it became a question how to render them perfectly and *permanently* antiseptic. This fresh start led on to another series of trials, of which it is only useful for present purposes to recount the end. Every endeavour having failed, it suddenly struck me that within the absorbent cotton nucleus of the sponge might be enclosed a very thin ball or capsule, containing the antiseptic, of any kind, and, within certain limits, in any quantity desired; the antiseptic to be set free by cracking the capsule with a squeeze, just before using the sponge. The idea proves perfectly practicable, and Messrs. Burroughs, Wellcome and Co., the manufacturing chemists, have undertaken to carry it out. Some little time must elapse before all the details can be perfected; but sufficient evidence has so far been obtained to warrant the belief that the principle of my sponge may be adapted to the fulfilment of many requirements, as an absorbent and antiseptic sponge, pad, or dressing, in civil or military surgery, in medical and in obstetric practice.

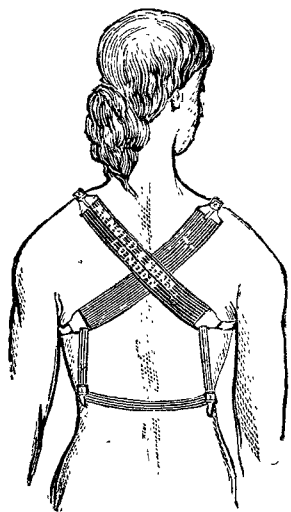
Birmingham.

### ON A NEW FORM OF SHOULDER-BRACE FOR THE TREATMENT OF STOOPING HABITS, INCIPIENT LATERAL CURVATURE, &c.,

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THERE has always appeared to be a want of some efficient shoulder-brace or chest-expander for the treatment of stooping habits, and of the stooping posture so common in cases of incipient lateral curvature of the spine. Those in common use I have found of very doubtful value. The elastic webbing of which most of them are made exercises but little power, and soon stretches and loses its elasticity altogether. The material most suitable for an apparatus of this kind it appeared to me would be found in the solid rubber bandage;



and after several failures, with the aid of Messrs. Arnold and Son, of West Smithfield, I think I have succeeded in producing an efficient brace. It consists of two bands of solid rubber, which when in position form a cross behind the shoulders; to the upper end of each band is attached a simple buckle, and to the lower end a leather strap, which in the position where it passes under the arm is softly padded, so that when buckled to the opposite end of the other rubber band at the top of the shoulder it forms a comfortable arm-circlet. From the situation where the padded straps pass under the arms, a stout webbing tape descends to be buckled upon a webbing waistband. The apparatus will perhaps be better understood by

reference to the accompanying woodcut. The brace should not be worn the whole day, but for two or three hours only at a time. I have used it extensively in the orthopædic department of St. Bartholomew's Hospital, and so far have every reason to be satisfied with it. It is very useful conjoined with a systematic course of exercises in the early stage of lateral curvature of the spine.

Weymouth-street, W.

SMALL-POX having appeared in the neighbourhood of Rickmansworth, Lord Ebury, of Moor-park, has placed a large house at the disposal of the authorities for the isolation of patients.

## A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

*Nulla autem est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.*—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### THE FRENCH HOSPITAL.

A CASE OF HERNIA STRANGULATED FOR EIGHT DAYS;  
HERNIOTOMY; RECOVERY; REMARKS.

(Under the care of Sir WILLIAM MAC CORMAC.)

WE are indebted for the report of this case to George V. Perez, M.B. Lond., resident medical officer to the hospital.

S. M—, aged forty, a Professor of French since the Franco-Prussian War, had lately had very bad times, insufficient food, and had lost much flesh. His father suffered from hernia. There was no history of previous illness.

On Feb. 11th he had slight diarrhoea, and at 4 P.M. took two pills, prescribed by a druggist "to clear out the irritation." In the early part of the ensuing night he experienced for the first time a pain like "fire inside" in the hypogastric region, and soon after vomiting set in. The pills did not purge him, and from this time he passed nothing per rectum, although he strained at stool for an hour and a half with the hope of relieving himself. The vomiting continued; the pain abated somewhat, and from about the third day he noticed that the vomits were stercoraceous and offensive. Hiccough began to set in about this date. From the time that he was first taken ill he noticed a small lump in the left inguinal region, to which he did not attach any importance; so that when seen in the out-patients' room he merely complained that for some days past he could not retain any food in the stomach. He was so much exhausted and collapsed that it was difficult to obtain any history.

On examination on Feb. 19th, when he was in bed, a small swelling was observed in the left inguinal canal, and on being closely questioned he said he had noticed it from the time the vomiting began. He also complained of hypogastric pain and sense of constriction. He was greatly collapsed with pinched features, sunken eyes, whispering voice, pulse very weak (120), temperature subnormal, almost constant hiccough; he vomited twice in hospital before the operation, the vomit being stercoraceous. In the left inguinal canal a bulging the size of a chestnut could be seen and felt, somewhat tender and with little redness over it; no impulse on coughing, resonant on percussion. It was situated in the canal, not having left the external inguinal ring, into which the finger could be passed. At the upper part it distinctly tapered, and could be traced to the position of the internal ring; the swelling was but little marked, and might have escaped notice on a hasty examination. After shaving the parts it became more distinct.

An operation was performed soon after admission, and more than seven days after strangulation—namely, at 2 P.M. on Feb. 19th. Sir W. Mac Cormac cut down on the hernia under the spray, with the usual antiseptic precautions, assisted by Messrs. de Méric and Perez. On opening the sac an unusual flow of dark-coloured serum took place; the sac was fully divided up on a director, and a knuckle of small intestine came into view, which was darkened from congestion, but not otherwise much altered; this was gently drawn down, when the seat of constriction was ascertained to be in the position of the internal ring at the neck of the sac; the constriction was divided by a herniotomy-knife, guided by the tip of the index-finger. Between the intestine and the sac there were some recent but tolerably firm adhesions, which were torn through, and then the hernia was reduced. A broad circular portion of the sac close to the internal ring was then dissected off. The wound was afterwards closed with four silver sutures, and a small india-rubber drainage-tube left in. The operation was completed in eight minutes; the patient bore the chloroform well, his pulse decidedly improving under it. He was ordered to have nothing but a few sips of iced champagne for the first few hours, and a hypodermic injection of morphia. The vomiting ceased completely and permanently. Four hours after the operation some flatus was passed. The pulse the next morn-