

along the left side in the pelvic fascia, just below the brim of the pelvis, as far as the sacro-iliac articulation; so traversing the very spot at which the pin had been felt by examination immediately before the operation. No perforation was discovered, but inflammation was set up, producing general peritonitis. No ulcerated point or cicatrix could be discovered in the bladder.

KING'S COLLEGE HOSPITAL.

NECROSIS OF THE HEAD OF THE HUMERUS, NECESSITATING THE OPERATION OF EXCISION; GOOD RECOVERY.

(Under the care of Mr. FERGUSSON.)

It is extremely probable, from the history given by the patient in the following case, that his right shoulder-joint may have been injured by the accident stated to have happened to him when a child, as it helps to explain the weakness so long felt in the joint and the subsequent occurrence of necrosis. Excision of the articulation was followed by good results, as in many other similar cases we have placed upon record on various occasions. For the notes we are indebted to Mr. H. R. Bell, the house-surgeon.

Henry O—, aged eighteen, admitted into Albert ward on February 26th, 1865. Appears in good health, although he is delicate-looking. Is a footman, and lives at Notting-hill. He states that as long ago as he can remember he has had weakness in the right shoulder, and been unable to raise it as high as the other arm, though he can move it backwards and forwards quite freely. When two or three years old he was injured by a cab, though he does not know in what part of the body he was hurt. Beyond this weakness he never noticed any symptoms of disease till five years ago, when he began to have occasional pain in the joint, especially coming on during sleep. The pain of late has become more severe and constant, though now it often intermits for a day or more. It is much increased by moving the joint. He has had no startings of the limb. The joint has not swelled much; but four months ago an abscess burst in front of it; two months after another abscess formed at the back and inner side of the humerus, about an inch and a half from the joint, which Mr. Fergusson opened. This continues to discharge freely, and two small pieces of bone have come away. The opening in front of the joint, which is just below the outer end of the clavicle, discharges a little when a probe is passed through it. It takes a direction backwards and a little downwards, and at the depth of two inches impinges on some bare bone, apparently in the head of the bone. The probe can pass from the lower opening through the upper. The right side of the chest does not seem so well developed as the left; but the right arm is no shorter, although the muscles are much less developed. There is now very little movement in the joint. He has had a cough for two or three years, and perspires at night; but he is otherwise in good health.

On the 4th of March Mr. Fergusson examined the head of the humerus, having had the patient taken to the operating theatre and placed under the influence of chloroform, by making a vertical incision to the length of three inches for the upper opening, and a horizontal one, an inch and a half long, from the same opening to the tip of the acromion, dividing but a few fibres of the deltoid muscle. Having dissected the tissues from the bone, he turned out the head of the humerus, and sawed it off with about an inch and a quarter of the neck. The tissues were much disorganized round it, but the long tendon of the biceps was lying in its groove, and was turned aside. The head of the bone had nearly disappeared, leaving the tuberosities healthy; the ulceration extended into the neck. The scapula was healthy. Two small vessels were tied. Sutures, water-dressing, and bandage were applied.

March 14th.—No bad symptom. The lower part of the wound is healing; the upper discharges freely. Has had less pain than formerly.

20th.—Can swing the arm backwards and forwards; can also raise it a little. The biceps is becoming more developed. The arm is being raised from the side by pads in the axilla.

April 1st.—He can wheel a heavy coal-box. Is to go into the country.

In this case the wound through which the head of the bone was excised was very small, and the patient has suffered less pain since the operation than he did before.

ST. THOMAS'S HOSPITAL.

SEPARATION OF THE HEAD FROM THE SHAFT OF THE HUMERUS, THE RESULT OF A FALL FROM A HEIGHT, COMPLICATED WITH SINGULAR CHEST SYMPTOMS.

(Under the care of Mr. LE GROS CLARK.)

As involving the shoulder, the following case will prove a companion to that preceding it; and it will be interesting to watch hereafter whether the injury sustained may ever give rise to disease that shall require the same mode of procedure as that adopted by Mr. Fergusson.

J. H—, aged twelve, hodsman's boy, was admitted Dec. 2nd, having fallen, half an hour previously, from a height of forty or fifty feet. The chief, indeed the only discoverable, injury was to the shoulder, with the exception of some bruises about the trunk; but there was no localized pain on inspiration. The injury to the shoulder was at first difficult of diagnosis, in consequence of the swelling; but afterwards it became apparent that the epiphysis was separated from the shaft of the humerus, the length on the injured side being nearly an inch shorter than on the sound side, measuring from the acromion to the external condyle. There was no very marked falling in of the deltoid; but the upper extremity of the shaft of the bone penetrated between its fibres, and threatened to pierce the superjacent bruised skin. It was found impracticable to restore it to its direct and accurate relations with the head of the bone; but good union and free mobility were ultimately regained.

The interest of this case is, however, especially associated with the following condition which supervened on the afternoon of the day after he was admitted. On visiting him Mr. Le Gros Clark found his face flushed, his respiration hurried and oppressed; but though the dyspnoea was urgent, there was no lividity or coldness of the lips or extremities. The heart's action was forcible and frequent, but the sounds were normal. Over the left side of the chest there was *complete* dulness on percussion, and also absence of respiratory murmur, or, indeed, of any sound but of the heart's action, except, perhaps, a scarcely perceptible murmur under the clavicle. Vocal thrill equally audible on both sides. On the right side there was normal resonance on percussion, and the respiratory murmur was very distinctly audible—indeed puerile. No cough nor expectoration. Four leeches were applied to the upper part of the chest, and relief almost immediately followed. On the following day the boy was breathing quietly; and in less than forty-eight hours all the above symptoms had disappeared, and the respiratory sounds, on percussion and auscultation, as well as the heart's action, were perfectly normal.

Mr. Le Gros Clark remarked on the peculiarity of this case in its medical aspect. The symptoms seemed so anomalous and inexplicable that he sought the assistance of Dr. Clapton, who was in the hospital at the time, and he entirely confirmed the diagnosis, or rather the existence of the symptoms, although he was at a loss to account for them satisfactorily. The entire left lung was the seat of suspended respiration; but from what cause? The extremely excited action of the heart seemed to indicate serious obstruction in the pulmonary circulation, and the result of the treatment, assuming it to be a "propter hoc," seems to point in the same direction. If not engorgement of the lung from the violence done to the chest by the fall, what could it be, consistently with the rapid disappearance of the symptoms? As regards the surgical part of the case, the impracticability of replacing the upper extremity of the shaft of the humerus must have been due to the interposition of some tendinous fibres, or, supposing the bone was fractured, to the impaction of the shaft in the head. The injury was the consequence of great and direct violence. The thin covering of skin over the upper extremity of the shaft of the humerus ulcerated, but subsequently healed kindly.

ST. BARTHOLOMEW'S HOSPITAL.

COMPOUND DISLOCATION OF THE LOWER END OF THE HUMERUS FORWARDS; LACERATION OF SOFT PARTS; MORTIFICATION OF THE LIMB; AMPUTATION; RECOVERY.

(Under the care of Mr. COOTE.)

The preamble of this case indicates, in a few words, its nature. It was, however, much more complicated: for there was the rupture of a large artery (at first supposed to be the