

of pregnancy. There was not any morning sickness; no indications about the breasts; no stethoscopic phenomena; and no report of any quickening.

I confess that, under these circumstances, I set the case down to be one of ovarian disease; and having had the benefit of a second opinion, we agreed to try the iodine treatment. The patient accordingly had five drops of the tincture three times a day, together with external painting, attention to the general health, with good nourishment, and the local support of a well-fitting abdominal belt.

The patient had scarcely been well under the influence of the iodine when, on calling one day, I was told that she had passed from the bowels a very curious substance. On inspection, I found about a small cupful of jelly-like matter, which had all the character of the albuminous substance found in ovarian cysts. I considered this, of course, a most fortunate *post hoc*, and waited events, continuing the iodine, and causing the belt to be drawn tighter. Almost daily for the next three weeks she passed a considerable quantity of the same substance, and the tumour was sensibly diminishing in bulk, when I was surprised by being sent for during the night, and, on arrival, finding her just delivered of a dead fetus of about four months old. Nothing very unusual happened after this, except that the discharge by the bowel ceased. She had a very good recovery; but there being still some of the tumour to be felt, we continued the iodine for some time longer. She is now (December) in comparatively good health; and though the tumour is still slightly to be felt, yet it causes hardly any inconvenience. Menstruation has also since been regular.

The combination of pregnancy and ovarian disease being rare (at least to me), I have thought it right to bring it under the notice of my professional brethren, as the mere facts relative to this disease that are brought forward will help to explain a state of things which is often, to say the least, uncertain.

City-road, Manchester, 1860.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

EXTENSIVE DISEASE OF THE HIP-JOINT, WITH PARTIAL
DISLOCATION AND ABSORPTION OF THE HEAD OF THE
THIGH-BONE; EXCISION; GOOD RECOVERY.

(Under the care of Mr. FERGUSSON.)

DURING the interval that has elapsed since the publication of our last series of cases of disease of the hip-joint for which the operation of excision was resorted to (THE LANCET, vol. i. 1860, p. 442), comparatively few additional examples have come under our notice. We have collected the details of six—a number insignificantly small as compared with that of the same operation performed on the knee; but in all of them the patients have made a good recovery.

In the statistics of resection of the hip-joint collected by Mr. P. C. Price (*ibid.* p. 419), mention is made of the operation having been done 59 times (53 of these by British surgeons). Of that number, 33 recovered with good and useful limbs and greatly benefited constitutions; 11 were partially successful,—i.e., the patients lived for periods varying from three months to two years, and then died, more from other causes than from a recurrence of the disease which demanded interference; 14 deaths resulted directly from the operation, and in 1 the result was unknown. A fair consideration of the question would show the mortality from the operation to be only 14 out of the 59 cases, or about 23 per cent. Prof. Pirrie

states, in his "Principles and Practice of Surgery," that he was extremely anxious to obtain accurate statistics of this operation, but failed to procure them from some parts of the world where it had been several times performed. So far as he has been able to learn, the operation has been adopted in 70 cases, and death has resulted from it in 25. Sayre, of New York, gives an analysis of 30 cases; of which 20 recovered and 10 died, 4 of the latter within one week after the operation.

In the second volume of this journal for 1860, we published two successful cases of excision of the hip in boys, under the care of Mr. P. C. Price, at the Infirmary for Scrofulous Children at Margate (p. 240); and a successful case in a man thirty years of age, under the care of Mr. Folker, at the North Staffordshire Infirmary (p. 511). We now record a series of others, the first portion only of which appears this week; and as they all proved successful, it will raise the per-centage of recoveries to a more favourable standard. We will here observe that the operation is not so often resorted to as it might be with decided advantage; and many cases of hip-joint disease are allowed to perish from the exhaustive effects of hectic fever and tuberculosis which might have made good recoveries had timely surgical interference been adopted.

In the first two cases which we subjoin the age was only four years, and both were very favourable for the operation. In the first, dislocation of the partially absorbed head of the bone had already occurred, and the acetabulum was found to be healthy; whereas in the second, the acetabulum was not only diseased but partially absorbed, and part of the head of the thigh-bone lay loose and detached in the joint.

For the notes of the cases we are indebted to Mr. W. Wickham, late house-surgeon to the hospital.

William K—, aged four years, admitted February 20th, 1860, with disease of the right hip. From his previous history it appears that in May, 1859, he fell down some steps and injured his right hip. This was followed by a great deal of pain, and he could not support the weight of the body on the leg. He underwent treatment, but without deriving any benefit. At the time of his admission into the hospital there was considerable fulness about the joint, and any attempt at moving the limb caused the child a great deal of pain. The limb was flexed on the body, and drawn over to the opposite side. After he had been in the hospital three weeks, some deep fluctuation was perceptible over the outer part of the joint, and an abscess finally pointed below the great trochanter, which was opened. On passing the finger through this opening, extensive disorganization of the joint was found to exist. After this the child's health improved, and the pain in the joint much diminished. He was discharged May 19th, 1860, to go into the country, and return to the hospital in six weeks' time.

On re-admission, July 4th, the child's general health was pretty good, but the disease of the joint was more advanced. The opening behind the great trochanter still discharged freely, and there was more shortening and distortion of the limb than when discharged in May. There was general fulness of the tissues around the joint, and any motion in it was attended by much pain.

July 7th, 1860.—Chloroform having been administered, an incision, about three inches in length, was made over the great trochanter; and, on examination, the head of the bone, a greater portion of which had disappeared, was found to be partially dislocated. This, with a few touches of the knife, was readily detached from the surrounding tissues, and made to project through the wound. It was then sawn off through the base of the trochanter major, which was slightly diseased. The acetabulum was found perfectly healthy. Scarcely any blood was lost during the operation. On examination of the portion of bone which was removed, it was found that the cartilage was destroyed, and a large part of the osseous structure beneath it absorbed. The patient was then removed to bed, and an interrupted side splint applied.

9th.—Patient doing very well; has had but little pain; wound looking healthy, and discharging freely; appetite good; sleeps well.

18th.—The splint was re-applied this morning, and the whole body placed between heavy sand-bags, extension being made by means of a weight hanging over the end of the bed. The wound is healing rapidly, and the discharge very slight. There is considerable motion in the joint, unaccompanied by pain.

Aug. 7th.—The splint was left off to-day. The wound is nearly healed, and there is no discharge.

16th.—The child is now quite well, and can move the limb of his own accord. Since the splint was left off, the leg is somewhat shortened, on account of the tilting of the pelvis;

extension is therefore being continued for a short time by means of a weight hung over the end of the bed.

DISEASE OF THE HIP-JOINT, WITH DETACHMENT OF PART OF THE HEAD OF THE FEMUR; EXCISION; RECOVERY.

(Under the care of Mr. PARTRIDGE.)

John T—, aged four years, a strumous-looking child, was admitted into King's College Hospital April 6th, 1859, with abscess of the hip. Six months previous to this date the child was an in-patient of the hospital. At this time an abscess formed behind the great trochanter; it was opened, and the child was discharged, much relieved. On re-admission, there was a large abscess, above and behind the position of the former, situated about the middle of the lower border of the gluteus maximus muscle. The wound formed by the previous abscess was not yet healed up. The left leg was drawn up over the right.

April 7th.—The abscess was opened, and four ounces of greenish-yellow, unhealthy-looking pus discharged.

May 10th.—Abscess still discharging freely; a probe can be made to enter the joint, but no dead bone can be felt; the external wound enlarged to give more free exit for the discharge.

Aug. 3rd.—To-day, the patient being placed under the influence of chloroform, Mr. Partridge excised the head of the femur. A great portion of the head of the bone was discovered lying loose in the joint. The acetabulum was found to be diseased; in fact, a greater portion had disappeared altogether. The femur was sawn through above the trochanter major, and the limb placed on a straight interrupted side splint.

5th.—Has gone on favourably since the operation; there is a free discharge from the wound, which looks healthy; poultices applied to the wound.

20th.—Continues to improve; the wound is healing rapidly, and the discharge is less.

Sept. 5th.—The wound has nearly healed up; scarcely any discharge. The patient has improved very much in appearance since the operation; he can move the limb of his own accord, and suffers no pain when the limb is rotated on the body.

Sept. 20th.—Discharged, cured.

GREAT NORTHERN HOSPITAL.

DISEASE OF THE HIP-JOINT, OF FOUR YEARS' STANDING, IN A CHILD AGED FIVE YEARS; EXCISION; IMMEDIATE AND PROGRESSIVE BENEFIT.

(Under the care of Mr. PRICE.)

In some remarks which we had occasion to make in a former "Mirror," when considering the operation of excision of the hip-joint, we stated that if necrosed or carious bone is present in any of the larger joints, and, by the irritation produced, co-existing with extensive suppuration, is slowly and surely destroying life, an immediate operation for its removal should be performed, as is the common practice for necrosis or caries in any other part of the skeleton. In the following case this condition was more pronounced than in any we have witnessed; for the remains of the head of the thigh-bone lay quite bare, loose, and detached in the acetabulum, and had given rise to long-continued and very severe irritation. Such cases as these are described by Sir Benjamin Brodie in his "Pathological and Surgical Observations on Diseases of the Joints." He observes: "Where the bones of a joint are in a state of ulceration or caries, it sometimes happens that a portion of such bone loses its vitality, and is separated by the usual process of exfoliation, forming what has been called a *sequestrum* in the articular cavity. This may happen whatever the cause of the caries may be." (p. 220, fifth edition.) Such an occurrence in Mr. Price's patient invests the case with additional interest. For the notes of it we are indebted to Mr. W. Wallis, house-surgeon to the hospital:—

John T. E—, aged five years, a pale, strumous-looking, and very emaciated boy, was admitted in the early part of October last, on account of disease of the left hip-joint, which had existed for four years. The mother states that for the first year of his life he was in every respect healthy and strong; but when not much more than a twelvemonth old he was attacked with measles and whooping-cough, which left him greatly reduced. Shortly afterwards he complained of pain about the left hip-joint; but his mother imagined that he had accidentally

injured the left side, as pain was experienced at the foot, knee, and hip. In the act of washing, great pain was often inflicted. Not improving, the child was taken to the hospital, and was treated by the late Mr. Statham, and at the end of some weeks, during which time blisters, leeches, &c., had been alternately applied, he seemed to improve. Relapsing, he was taken to various hospitals, but little was done in the way of treatment. Two years and a half after the first symptoms he was again brought to the hospital to see Mr. Price. The whole of the left lower extremity was much attenuated; the thigh was flexed at a considerable angle to the trunk, and carried across its fellow. The great trochanter was prominent, and the least pressure on it caused intense pain. The head of the bone was retained within the capsular ligament, although it was rotated considerably outwards. The spine in the dorsal region appeared twisted. A considerable swelling occupied the middle of the outer side of the thigh.

Mr. Price, conceiving that the head of the bone, and probably the acetabulum, were diseased, placed the child under chloroform, for the purpose of adapting a long side splint and straightening the limb. This was accomplished with the aim of preventing the probably bared and inflamed portions of bone from resting against, pressing, and irritating each other. The improvement which followed the retention of the lower limb in a straight and extended position, was most marked. The child slept through the whole night; and, in the course of a few weeks, he was comparatively free from pain. The splint was left untouched for two months, when it was removed, and the little patient was able to walk about with a high-heeled shoe. The abscess, which appeared to be increasing, although iodine had been kept applied to its surface, was opened, and a considerable quantity of pus evacuated. For several months the limb gave him comparatively little trouble; but five months before his admission into the hospital he had been in a much less favourable condition. The old pain returned, pressure over the great trochanter gave great annoyance, and the child daily evinced symptoms of increasing mischief taking place within the joint. The long splint had been unwisely thrown aside, and the flexion and inversion of the lower limb rapidly returned. Emaciated and greatly reduced, he was again brought to Mr. Price, who detected extensive disease of the articulation, with a long sinus, extending from the middle portion of the outer side of the thigh to the region of the hip; but no dead bone could be detected by the probe, nor could any amount of twisting and rotation of the limb obtain the sensation of grating, and thus evince the presence of dead bone. Although the distortion of the hip was great, still luxation was believed not to have taken place. Considering the sufferings of the child, and the serious indications (though entirely through the symptoms) of the existence of dead bone, Mr. Price, while the patient was under the influence of chloroform, cut into the joint, and, as was expected, found the capsular ligament intact to a great extent, the head of the bone almost gone, and the floor of the acetabulum involved in disease. A large portion of sequestrum was removed by the gouge from this part of the pelvis with as little disturbance as possible to adjacent structures, and the wound closed with a few points of suture. The limb was placed in a straight position, and retained so by an interrupted splint. In the course of a few days the child rapidly improved, and is now fast recovering, having every prospect of a good and useful limb.

In the treatment of this case there is a new feature, and one which is of the greatest importance. Although the diseased limb was two inches shorter than the sound one on the patient's admission, it is now, notwithstanding the head of the bone is nearly gone, only half an inch in length less than its fellow. This increase in length has been obtained gradually by means of the interrupted portion of the splint being made in such a manner that, by a rack-and-pinion movement, extension can, at the will of the surgeon, be made at such times as are deemed necessary. In this way Mr. Price has treated his cases of excision of the hip of late, and with very apparent advantage.

MIDDLESEX HOSPITAL.

DISEASE OF THE HIP-JOINT, WITH DISLOCATION OF THE HEAD OF THE FEMUR; EXCISION; RECOVERY.

(Under the care of Mr. DE MORGAN.)

THE arthritic disease had not been of long duration in the following case, but its progress towards suppuration was remarkably rapid, and this was attended by much emaciation and general debility. Dislocation occurred, and when excision