

periosteum attached to their upper and lower surfaces. The result of this is that the sides of the cleft fall easily together, leaving a small aperture through the bone on either side. One, two, or, if the fissure be long, three stitches are passed through the lateral clefts by means of an ordinary aneurism-needle, and thus encircle the detached portions of bone and soft tissue, each suture passing through into the nasal cavity. It should be noted that there is no tension on the flaps, the threads merely keeping the parts steadily in contact. The amount of pain and constitutional disturbance is much less marked in the patients that have been treated in this way than when the old operation of dissecting up the soft parts from the bone has been resorted to.

From the liability of the flaps to twist in slightly, and from the thinness of the edge, Sir William Fergusson is careful to pare the sides somewhat obliquely, in order to present wider raw surface for adhesion. The sutures, which are kept in much longer than in the ordinary operation, cause no harmful irritation. The lateral clefts become filled up by new bone, which is rapidly thrown out and tends to keep the parts firmly united in the median line.

The first case in which the operation was performed was that of a girl aged eighteen, whose soft palate had been closed two years ago, and whose hard palate had been operated on by the old method three times, but unsuccessfully, except that the gap was somewhat lessened in size. Before the operation by the above plan on Nov. 22nd, 1873, the cleft was half an inch long and a quarter of an inch wide. Two sutures were introduced, and were removed in seven days. She was discharged at the end of the third week with firm union of the whole palate in the median line, and the lateral clefts closed.

The second case was also that of a girl of eighteen. The soft palate was closed three years ago. Since then she has undergone two operations for the closure of the hard palate, with only partial success, by the old method. The cleft was oblong, three-quarters of an inch long, and three-eighths of an inch wide. At the operation on Nov. 22nd two sutures were passed. The stitches were removed a fortnight afterwards, when there was a slight chink in the middle. The edges were therefore freshened, and a stitch reinserted. This was kept in fourteen days, and she was then discharged with a small pin-hole anteriorly.

The third case was that of a boy, aged fifteen, previously successfully operated on for double harelip and cleft in soft palate. One unsuccessful operation, followed by erysipelas, had been performed on the hard palate by the old method. Cleft one inch long and one-third of an inch wide. Operation as above on January 24th, 1874. Three sutures were passed. Union has taken place except at the posterior part, where there is a small hole which is slowly contracting.

The fourth case is that of a boy of fourteen, whose soft palate was closed in May, 1873. Last November the hard palate was operated on by the old method, and the cleft somewhat lessened in size. Before operation on the 7th inst. there was a narrow fissure about half an inch long. The bone in this case was rather difficult to cut. The patient has so far gone on well.

### DORSET COUNTY HOSPITAL.

#### FRACTURE OF RIBS WITH EMPHYSEMA.

(Under the care of Mr. TUDOR.)

FOR the notes of the following interesting case we are indebted to Dr. Alfred Holles, house-surgeon.

W. P.—, aged thirty-eight, farm labourer, was on July 26th riding home on a waggon laden with three tons of coal, and in consequence of his own vehicle colliding with a second waggon he was jerked out, and squeezed between the bank and the wheels of his own waggon.

Two hours afterwards he arrived at this hospital, perfectly sensible, his countenance indicative of intense apprehension, his breathing short, frequent, and painful; pulse natural and strong with vigorous beat. The second, third, and fourth ribs were found to be fractured at their sternal ends, and the rough edges of the bones had injured the lungs, causing considerable emphysema, which extended

up into the neck on the left side, and over to the subclavicular region of the right chest.

"Dreadnought" strapping was applied half way round the injured chest without raising him from bed, no bandage being put on for several days. Ordered a quarter of a grain of tartarised antimony, ten grains of nitrate of potash, and a drachm of tincture of hyoscyamus, every four hours.

July 27th.—Traumatic delirium has set in. Night passed very restlessly. Pulse 120; respiration 40; temperature 99°. The abdomen is very tense and tympanitic. The emphysema is extending.

28th.—Delirium somewhat increased; patient very noisy; can be roused by loud questions, which he will answer. No retention of urine, but, on the contrary, it has been passed twice in bed, apparently involuntarily. Pulse 130; respiration 48; temperature 100°. At 8 P.M. he was ordered three grains of subchloride of mercury and a grain of opium every four hours. Antimony discontinued. To have half an ounce of brandy every two hours.

31st.—Delirium has passed off; patient slept fairly well last night. Pulse 100; respiration 40; temperature 100.2°. Emphysema and tympanites very much less.

August 13th.—Progressing most favourably. Ordered full diet with a pint of porter daily. For the last ten days has been taking a mixture of acid and bark.

19th.—Feels quite well. Got up to-day.

28th.—Discharged cured, thirty-three days after the accident.

### CARDIFF INFIRMARY.

#### CASE OF PYÆMIA ORIGINATING IN DISPENSARY PRACTICE.

(Under the care of Dr. W. T. EDWARDS.)

CASES similar to the following come under the care of the physician more frequently than that of the surgeon. It is not, in fact, uncommon to find cases in the wards of hospitals which are regarded as being acute rheumatism, but which, on a more careful examination, would prove to be cases of pyæmia or of septicæmia with joint-affection. The absence of a post-mortem examination in the subjoined case is to be regretted, from the fact that without it there is some difficulty in deciding where and how the disease began, and what were the morbid conditions resulting from the blood-poisoning.

The friends of J. G.—, aged sixteen, a labourer, living in a small badly-ventilated cottage in a back street of Cardiff, applied on the 10th January, 1874, to have him admitted into the Cardiff Infirmary. Infectious cases being, however, inadmissible, and the account given by the friends not being considered satisfactory, he was visited by the house-surgeon previous to admission. He then complained of pain in the left hip and in the ankle-joints, which were swollen and tender. The temperature was 104° F., and the pulse 108. With the exception of a small discoloured spot on the back, probably a commencing bed sore, there was no wound of any description on any part of the body. The mother stated that he sweated much at night, and wandered slightly.

The history of the illness as given by the mother was as follows:—Early in December, 1873, he fell from a plank, a distance of six feet, on his back. He was not much hurt, and continued at work, seeming to be in good health, until the 1st of January, 1874. On the day previous he had eaten a hearty dinner, and retired to rest as usual, but on attempting to rise in the morning he failed in consequence of severe pain in the left hip.

He was now seen by the district medical officer, Mr. Milward, and the case treated as one of acute rheumatism.

On the 10th of January he was seen by the house-surgeon, who, also considering it to be a case of acute rheumatism, admitted him into the infirmary.

Two days after admission an abscess appeared suddenly over the back of the left elbow-joint, and now the nature of the case was apparent. The abscess was opened. After this he rapidly lost flesh, and got weaker; he became delirious; another abscess formed in the right infra-clavicular region; the bed sore increased; emaciation rapidly progressed; another abscess formed over the left shoulder-joint, and he died on the 29th of January.