tion and its margin stitched to the edge of the gap with fine silk suture. After being treated for a few seconds by the application of lint soaked in hot water, a dressing of several folds of warm water lint was applied, and both eyes were bandaged. The dressings were removed on the third day, the transplanted skin was then found to have changed its ashy-white dead appearance for a bluish-red hue. It had become adherent with the exception of a very small portion of its upper and outer edge. As the result of this operation a well-shaped eyelid was formed with complete correction of the conjunctival eversion. Under shelter of the new lid the condition of the eye rapidly improved. The inflammation subsided without treatment, and the corneal ulceration healed.

The patient was readmitted on June 29th to have the lower lid operated on. The proceeding was the same as in the upper lid, but it entirely failed. In October the operation was repeated, with the result that a portion of the flap adhered, producing a partial though decided improvement.

A third trial was made in December. On this occasion the lids were not stitched together; and in order to restrain movement as far as possible, and also to obtain exact contact between the surfaces, a piece of fine sponge was used as a dressing. On the third day the whole of the transplanted skin seemed to have become vitalised; subsequently suppuration set in around the margin, and led to the reparation of the greater portion. A part at the inner angle remained adherent, and seemed to some extent to reduce the eversion.

An explanation of the different results obtained in the upper and lower lid appears to be offered by the following considerations. The principle of the operation consists in the vascularisation of a piece of skin placed in a vascular, non-suppurating bed. It is essentially a process of primary union. That this should take place the necessary conditions are: the removal from the bed of all cicatricial tissue (tissue of low vitality); the removal from the flap of all subcutaneous tissue which would offer a hindrance to the advance of bloodvessels into the corium; and lastly, freedom of the part from movements which would interfere with the process of adhesion. In all points the conditions were favourable in the upper lid. Scarcely any part of the lid remained save the conjunctiva. When this was turned down the external surface of it formed a highly vascular bed, free from cicatricial tissue, and after the operation there was no difficulty in preventing movement. In the lower lid, on the other hand, it was impossible to remove altogether the bands of cicatricial tissue; and there were constant twitchings of the lid, which could not be restrained, and which appeared to be in great part the cause of the repeated ill-success of the operation.

NOTES OF A CASE OF
UNUNITED FRACTURE OF THE LEFT FEMUR; OPERATION; RECOVERY.

BY J. C. RENTON, M.B. EDIN., F.F.P.S. GLASG.,
EXTRA SURGEON TO THE DISPENSARY OF THE WESTERN INFIRMARY, AND ASSISTANT-SURGEON TO THE EYE INFIRMARY, GLASGOW.

J. M——, aged thirty-three, was admitted to the Western Infirmary on July 26th, 1881, and came under my care during the absence of Professor George Buchanan. In November, 1880, he had his left thigh bone broken by direct violence at Pitzburg, but no union took place, and he came to this country early in July, 1881. On examination the left femur was found to have a false joint in the middle third, giving the impression that there had been an oblique fracture, the upper end of the lower fragment being inside and posterior to the lower end of the upper fragment; the limb was two inches shorter than the right, but on extension it was only one inch, the two fragments could not be brought into apposition, the muscles of the limb were much atrophied, and no apparatus enabled the man to walk with any comfort. The following operation was performed on August 8th:—Having made an incision six inches long on the outer side of the limb, the broken ends of the bone were exposed, and were found covered by a cartilaginous material; bands of ligamentous tissue extended between the fragments, the lower one being fixed posteriorly by dense tissue. Half an inch was sawn off the fractured ends, which were turned outwards to enable the saw to be more easily applied, and the adhesions separated. The cut surfaces of bone could now be held in contact, but whenever the support of the finger was removed they slipped; to obviate this I drilled two holes with a surgical brace through the divided ends obliquely, and passed a steel peg six inches long and the eighth of an inch thick through the holes; this held the surfaces in contact. At one end of the peg there was a flattened head, which lay at the lower angle of the external wound, into which a drainage-tube was introduced, stitches applied, and Lister's antiseptic dressing used. The limb was placed in a box splint, specially made for the purpose, with an inside lateral splint.

Oct. 7th: The temperature has remained normal since the operation; the dressings were changed six times, the drainage-tube being removed at the fourth dressing, a fortnight after the operation, when the wound was found healed except at the upper and lower angles.—16th: The peg was found loose, and was removed, and as the patient could raise the limb from the bed, and on manipulation the bone seemed quite solid, the splints were not reapplied, but plaster-of-Paris bandages were used to form a firm case for the leg and thigh, and on the 19th the patient was dismissed. On measuring his limbs previous to departure, a difference of one inch was noted.

March 2nd, 1882: Patient now walks without any stick, and expresses himself as perfectly well.

Remarks.—Owing to the displacement in this case any simple subcutaneous operation would have been useless, so that it was decided to expose the broken femur, and either introduce two pegs, according to the method recommended by Dieffenbach, or to adopt the plan detailed above. The result fully justifies the somewhat hazardous procedure, and the entire absence of any constitutional disturbance is another illustration of the value of Lister's antiseptic method.

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. Procemium.

GUY'S HOSPITAL.
CASES OF ABDOMINAL SURGERY.
(Under the care of Mr. BRYANT.)

CASE 1. *Hydatid of Liver; Paracentesis twice; Relieved.* (Notes by Mr. Masters.) — Mary Ann L——, aged twenty-two, was admitted on Oct. 30th, 1881, into Lydia ward. The patient was married, and had had one child five months before. About three years previously she first experienced morning sickness and faintness as if pregnant, although at this time she was not married. About the same period she noticed a small hard lump in the right lumbar region; this gradually increased, and was taken for ovarian disease. In July, 1880, she was seen by Mr. Bryant, who, considering that she was only recently married, and that the enlargement might be due to hydatids, recommended that no operative interference should then be resorted to. On admission the patient was in good general health, and the tumour only caused mechanical inconvenience. Measurements: Ensiform cartilage to umbilicus, 7½ in.; left anterior superior spine to umbilicus, 8 in.; right ditto, 7¼ in. On Nov. 4th she was placed under chloroform, which produced vomiting. It was then noticed that a fold of intestine floated over the tumour; it was therefore decided to puncture it. For this purpose an ordinary trocar and cannula were employed, and about twelve ounces of clear fluid were drawn off. With a probe passed through the cannula another cyst could be felt, and when punctured from the same opening a small quantity of fluid, not quite so clear as the first, was drawn off. The fluid, when examined after standing for three or four days, was found to contain some hooklets; these were seen in a field. On the 23rd, the size of the abdominal swelling having increased, a third cyst was punctured, and with an aspirator