

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.

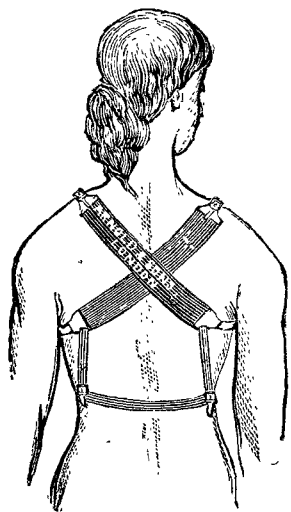
Birmingham.

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

BY WILLIAM J. WALSHAM, F.R.C.S.,

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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 solution 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 diarrhœa, 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-

ing was below 80, temperature 100°. Twenty-four hours after the operation the pulse was 80, temperature 101°. It never rose higher, and during the next and subsequent days was almost normal. No pains were felt in the abdomen, no tenderness on pressure. Complained of "wind" moving inside. To have beef-tea.

February 22nd, 1884 (three days after the operation): The dressing was opened under the spray, the drainage-tube and sutures removed, and the wound dressed with iodoform wool.—28th (tenth day): No motion had passed; an enema of mucilage of starch and castor oil was administered; after which the patient had an abundant motion of well-formed fæces. He asked for more food besides the milk, beef-tea, and eggs which he had been taking. Fish ordered. The subsequent progress was uninterrupted.

Remarks.—This case is interesting because of the long duration of symptoms of acute strangulation; and although the hernia was of small size and of recent occurrence, it had produced neither ulceration nor gangrene of the strangulated loop of intestine. The collapsed condition of the man, the history of a long period of strangulation, all pointed to the probability of a gangrenous condition of the hernial contents. His condition prior to operation seemed almost hopeless. Nevertheless antiseptic precautions were adopted, and the patient obtained immediate relief, and made rapid and uninterrupted progress towards recovery. The abscission of a strip of hernial sac did not materially lengthen the operation or increase its risks, while it will probably give the patient a good chance of being radically cured of his hernia. At present (March 3rd) there is no impulse on coughing, &c., and nothing to indicate that there has been a hernia, except the cicatrix from the operation. Lastly, the strange fact must be noticed of the patient not having sought medical relief till after over a week's torture.

EAST SUFFOLK HOSPITAL, IPSWICH.

JAUNDICE FOLLOWING SEVERE SCALD.

(Under the care of Mr. HETHERINGTON.)

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

R. B—, aged two years and a half, was admitted into the hospital on Sept. 26th, 1883, severely scalded. She had inadvertently sat down in a pail of hot water, in which a quantity of washing soda had been dissolved for domestic purposes. The scalding was confined to the buttocks. The whole of the skin which had been in contact with the almost boiling solution was raised and formed two large bladders; these were snipped to evacuate the fluid they contained, and the parts dressed with lint soaked in a saturated solution of bicarbonate of soda, the application of which entirely relieved the pain in a very short time.

There was considerable febrile disturbance during the first two weeks, the temperature rarely being below 100°F., rising to 103° on the fifth day and 102.2° on the eleventh, the child complaining of abdominal pain and being very restless. The bowels acted with great regularity twice every twenty-four hours.

On Oct. 17th, three weeks after admission, it was observed that the sclerotic was slightly yellower than normal, and on inquiry it was found that the stools were pale and the napkins stained by the high-coloured urine. On the following day the conjunctivæ were decidedly yellow, as was also the skin, and, a small quantity of urine having been collected, it was found to be very dark, and when mixed with nitric acid gave the characteristic play of colours, indicative of the presence of bile pigment; it also contained a considerable quantity of lithates. The abdomen was enlarged and the superficial veins were engorged and showed prominently on the yellow-tinged skin; there was fulness in the epigastric region, with marked increase in the area of dulness on percussion over the hepatic region, the left lobe of the liver occupying the epigastrium, with superficial dulness on bending, two inches below the lowest rib, where the edge of the right lobe could be felt, denoting an engorged and enlarged condition of that organ. To relieve the pain and tenderness on pressure, hot fomentations were applied, while an alkaline mixture was administered internally. On the 20th the signs of jaundice were fully developed, after which they rapidly disappeared, so that by the 27th the conjunctivæ and skin had lost their icteric tint and the secretions had become normal; the liver remained for a few days longer somewhat enlarged and the superficial abdominal veins prominent.

The temperature, which had been high previous to the development of jaundice, afterwards became normal, and the child made a good recovery.

The inference to be drawn from the sequence of the events in this case is that inflammation of the duodenum was set up by the presence of extensive scalds on the nates; that the inflammation extended to the mucous membrane of the common bile-duct, and caused obstruction to the outward flow of bile, which, in turn, was followed by jaundice and enlargement of the liver, resembling an ordinary case of catarrhal jaundice in every way with the exception of the origin of the duodenitis, which in this case may be considered to have been traumatic rather than idiopathic. Ulceration of the duodenum following burns is said to be not uncommon, and the symptoms rarely come on earlier than the tenth day; the evening of the eleventh day in this case was marked by a rise in temperature which reached 102.2°, but whether ulceration actually occurred there is no means of knowing.

MEDICAL COLLEGE HOSPITAL, CALCUTTA.

CASES OF SUCCESSFUL DOUBLE EXCISION OF JOINTS.

(Under the care of Mr. O'CONNELL RAYE.)

FOR the following notes we are indebted to Mr. Anoda Prosad Dutta, house-surgeon.

CASE 1. *Excision of both Knee-joints.*—B. C—, a Hindoo male, aged twenty-nine, admitted with ankylosis of both knee-joints. The history showed that the patient had suffered from syphilis some ten years previously. He was treated with mercury and severely salivated. Tertiary symptoms followed, and during their existence both knee-joints became inflamed and subsequently ankylosed in an acutely flexed position. On admission both knees were found rigidly fixed, no motion whatever remaining in either joint. On the left side the patella was firmly fixed in the groove on the inferior articular surface of the femur. On the right side the patella had become dislocated, and could be felt lying on the external aspect of the joint, occupying the situation normally filled by the external lateral ligament. There was no fluid in either joint, and the structures around were so wasted that the skin was tightly stretched over all the bony prominences. On each side the heel was touching the buttock. On Feb. 10th, 1883, the left knee-joint was excised, the parts being laid bare by the ordinary horseshoe incision. Dense fibrous bands were found uniting the leg and thigh bones. The cartilaginous surfaces had disappeared, and the patella was incorporated with the femur so firmly that it had to be cut away piecemeal before the joint could be forced open sufficiently to permit the use of the saw. A slice of bone was next cut from the tibia, and another, but considerably thicker, piece from the femur. After one or two bleeding points had been secured a drainage-tube was passed behind the bones. The limb was then firmly fixed to a posterior splint with a foot-piece. The edges of the wound were next united by means of four wire sutures, and lastly an interrupted inner splint was applied. When all the parts were thus securely fixed the dressings were put on. Some suppuration took place, but with this exception the progress was satisfactory in all respects. On the twentieth day the splints were removed and a bandage fixed with gum and chalk applied. A small sinus continued open for several months, until at length a fragment of bone emerged through it. The wound then finally closed.

The right knee-joint was operated upon on the 27th of March, eight weeks after the operation, on the left side. The proceeding was in all respects similar. On the third day the wound had to be opened and cleared of some ill-smelling clots. After thorough cleansing the parts were readjusted, and from this time on there was no further trouble.

In the last week of November, nine months after the first and seven after the second operation, the patient was lifted on to his feet and was able to stand with the aid of crutches. Day by day he acquired more power over the limbs, and he is now (Dec. 23rd) able to walk about fairly well with crutches on level ground. The operations were undertaken in hope of enabling the man to stand erect and walk. The result has been satisfactory. Increased mobility about the pelvis is being daily gained, and the want of flexion at the knees thus to a considerable degree supplemented in progression. The removal of a wedge of bone from the femora was discussed in this case, but the idea was abandoned, as the disorganised joint surfaces would remain, and it was