

the edges of the wound on the upper lip were brought together by needles and sutures. This was done on the 27th of June, and the man so far is doing well.

REDUCTION OF A DISLOCATED SHOULDER.

THERE is as much to be learnt, sometimes, from an injury which we may say is of every-day occurrence, as from one of a rarer nature. Thus, on the 23rd of May we saw the most common form of dislocation of the shoulder—that downwards into the axilla—reduced under chloroform, by Mr. Skey, at Bartholomew's Hospital, by the use of the pulleys, extension being kept up for twenty minutes, when the cord was cut, and the arm suddenly extended outwards and upwards. This did not immediately reduce the bone, but it was accomplished by a little manipulation afterwards. The bone had been out six or seven weeks, and ten days before admission an effort had been made by a competent surgeon to reduce it, but without success; which Mr. Skey considered was owing to an effort not being previously made to break up the new adhesions which had formed. This had been done two days before, and reduction was accomplished with the aid of the pulleys. Mr. Skey thought the case of interest, because the direct effort to restore the head of the bone failed, whilst the indirect succeeded.

Now, the various forms of dislocation are well understood by the student,—viz., that downwards, into the axilla; forwards, underneath the clavicle and pectoral muscle; and backwards, on to the dorsum of the scapula; besides partial dislocations: but it is as well that he should be thoroughly conversant with the methods of reducing the most common form,—that downwards. These, in a few words, are: simple extension by means of a jack-towel or the pulleys; placing the heel in the axilla, or the knee in the same situation; or drawing the arm straight up by the head till the bone is elevated into its socket. There are, perhaps, other methods, such as reducing it over a door; but those enumerated are sufficient to mention, as suitable in recent dislocations. We have very commonly seen it reduced by the heel in the axilla, which is effected generally without difficulty under chloroform.

SYME'S AMPUTATION AT THE ANKLE-JOINT.

THIS was the case of a girl, about twenty-five years of age, with disease of the foot, which had resisted all treatment, and had recently made rapid progress, so much so as to involve the tarsal bones, and preclude the possibility of performing even Chopart's operation. Mr. Erichsen, therefore, performed amputation at the ankle-joint in the manner recommended by Mr. Syme, removing both malleoli, and at the same time cutting off a slice of the lower end of the tibia, as there was some disease of the articulating surface. The scaphoid and cuneiform bones were found the chief seat of disease, the soft tissues being thickened and infiltrated with gelatinous matter, so often observed in the vicinity of strumous joints. There can be no doubt the first abscess must have commenced in the series of articulations formed by the scaphoid and cuneiform bones, as they were so much diseased; the astragalo-scapoid articulation was also involved, likewise the calcaneo-cuboid, but not to the same extent. Mr. Erichsen remarked that he wished to perform Chopart's operation on her first admission; but the progress of the disease was so rapid that his only resource left was to amputate through the ankle-joint. The anterior flap was necessarily short, in consequence of the disease in the soft parts. We have watched this case with interest. The stump is healing up very satisfactorily, and will, we hope, prove a useful one.

AN AWKWARD ELBOW EXCISED.

WHEN an arm has healed up from old disease, and has assumed an awkward position, as was the case in a little girl at King's College Hospital, in whom the elbow had become ankylosed so that it was useless to her, the surgeon naturally considers what is the best mode of relief. The present case was one, therefore, of more than usual interest. There were several old cicatrices above the joint, and a fistulous opening at its outer side, and the ankylosis was bony. Mr. Fergusson made up his mind to perform excision. Although resection of the elbow is common enough in this hospital, it has not been done so often for a state like that in this case as for disease generally. In some cases when the disease is cured, the limb is left in such a position as to require excision; that was so here. The disease got well with the arm very slightly bent, or almost

in a straight position. Amylene was accordingly given by Dr. Snow on the 27th June, when Mr. Fergusson excised the elbow, making a single long excision, and sawing off the ankylosed joint, which comprised the ends of the three bones entering into its formation. A section of the removed joint showed the complete fusion of the substance of the three bones into one another. Whilst doing this, he opened an abscess in front of the joint, which was not suspected, and matter spirted out with great force; it communicated with a piece of bare bone on the lower part of the humerus. By removing this ankylosed portion of the elbow, a new or false joint will be formed, which will prove of the utmost value to the patient.

Mr. Fergusson's last case of excision of the elbow, referred to at p. 553 of the previous volume, is doing uncommonly well.

INVETERATE STRICTURE AND ITS CONSEQUENCES.

DISORGANIZATION of all the surrounding structures, with numerous fistulæ in perineo, in the scrotum, in the thigh, and above the pubis, were the consequences of an old stricture in a man, aged fifty years, at Guy's Hospital, under Mr. Cock's care. This patient never passed urine properly, and had used catheters since he was eighteen years of age; but he had no surgical advice till about three years ago, when he received a blow in the perinæum, followed by urinary abscess in that situation, with urinary fistulæ. Since then he has been suffering constantly from a series of fistulous openings in the perinæum, which appears to be riddled with them; one has penetrated the scrotum, another the thigh, and others above the pubis, the result of infiltration at various times. All the adjacent structures are destroyed, and he passes only a small quantity of urine by the urethra. Mr. Cock made an attempt to get in an instrument, under chloroform, but abandoned the attempt; he then cut through the mesian line of the perinæum, dividing several of the fistulæ anterior to the prostate, passed a director which went right into the bladder, and on it a short, straight silver catheter, which drew off the urine, and was left in.

TUMOUR OF THE LABIUM.

AN ulcerated prominent growth, the size of a small walnut, which had been existing for some time in the right labium of a young woman in the London Hospital, was excised by Mr. Adams on the 25th of June. It resembled epithelial cancer, but was benign, and on a section, it was pronounced to be fibro-cellular in structure, the constitution of most of the tumours in this situation. At first sight, this might have been mistaken for an encysted tumour of the labium, but, as a rule, they are seldom found ulcerated. The last example of the latter which came under our notice was one of a female, aged forty-eight years, in St. Mary's Hospital, some months ago, who had an encysted tumour in the left labium, the surrounding parts being somewhat indurated, from repeated attacks of inflammation. It was carefully dissected out entire by Mr. Baker Brown, and proved to be a cyst the size of a walnut. The cavity was stuffed with oiled lint, and the patient did well.

These tumours in the labia sometimes cause a good deal of sympathetic irritation of surrounding parts, and when that is the case they should be removed. The patient of Mr. Adams had a large "mother's mark" on the right half of her face.

A MOST EXTENSIVE MOLE.

WE do not recollect to have seen such an extensive mole as was present on an infant at King's College Hospital, on June 13th. It covered the entire or greater part of the back, the right shoulder, and part of the breast and side, besides existing in spots on other parts of the body. It bore a resemblance somewhat to the skin of the rhinoceros. It was, however, of a mixed character, Mr. Fergusson said, of the mole, vascular nævus, and nævus maternus, and was in many parts covered with long hairs, such as are found on moles generally. It was truly a mole of great magnitude, and one of the most remarkable which it has been our lot to see. There are prominent projections at several parts, one of which had already been removed, and on this occasion Mr. Fergusson strangulated another, the size of an egg, on the back. The surface of the mole was of course too extensive to interfere with. The child's mother attributed this condition to the fact of a dog being thrown on her back whilst pregnant with the child. It would be an interesting point to watch this child's progress through life, and to observe whether this extensive mole will ever become the nidus of epithelioma or of cancer.