

## PHILADELPHIA ACADEMY OF SURGERY.

STATED MEETING OF DECEMBER 5, 1881.

DR. S. D. GROSS, President, in the Chair.

**D**R. MORTON presented a number of patients who were treated at the Orthopædic Hospital.

## CONGENITAL EQUINO-VARUS—THE VARUS CURED BY STRETCHING THE EQUINUS BY DIVISION OF THE TENDO ACHILLIS.

Daniel S., æt. 7 weeks, was brought to the hospital January 22, 1880, with congenital equino-varus of the left foot of about the third degree. Treatment, manipulation and stretching.

February 12, 1880.—Varus much improved; equinus somewhat better.

July 1, 1880.—Improvement more marked.

January 20, 1881.—Child is just beginning to walk; has been wearing braces for three months; the varus is cured; equinus better, division of tendo Achillis will be necessary.

November 3, 1881.—Tendo Achillis divided.

November 30, 1881.—Cured.

## RIGHT-ANGLE ANCHYLOSIS OF THE HIP—SUBCUTANEOUS OSTEOTOMY—CURED.

Marion T., æt. 10 years, was admitted to the hospital April 5, 1881, having suffered from coxalgia of right hip for four years. The trouble followed an injury, though there had never been an abscess, and all active symptoms had subsided.

An examination disclosed marked deformity about the hip, with an apparent anterior curvature of the spine. The hip was firmly ankylosed at a right angle, there was a shortening of the limb of two inches, with marked atrophy of limb and foot, measuring an inch and a half less in circumference of thigh and calf than the left limb.

*Treatment.*—On April 9 the neck of the right femur was divided subcutaneously with Adams saw, the limb was brought into a straight position and extension applied. Some febrile disturbance followed, which was relieved by mist. potass. citrat. The pain following the operation was subdued by morphia.

On May 17 was discharged much improved. At present (December 5), he is wearing a support for the limb when walking, and is in good health. The limb is about two inches short.

## DOUBLE EQUINO-VARUS FROM INFANTILE PALSY.

Geo. W., æt. 19 years, was admitted to the hospital the 10th of November, 1881, with equino-varus. His family history was good. When two and a half years of age he suffered from infantile palsy of left limb.

There was no improvement for two or three years, when he became able to stand with assistance. On beginning to walk he found his foot turned over, growing worse till he

was twelve years of age, when the inversion of the foot and elevation of the heel were very marked.

About this time he suffered from neuritis in the right limb, though there was no apparent cause: the ankle became swollen and inflamed. Treatment with cold and stimulating lotions relieved the condition in a week or ten days, so that he was able to walk with the aid of a cane. The limb atrophied, became weak and worse than the left. It grew more feeble for two years, when a brace was applied, since which time he has remained in the present condition, the feet being rigid, and presenting well-marked equino-varus with palsy of anterior muscles.

November 12, 1881.—Under ether the plantar fascia, the anterior tibials, and the tendo Achillis were divided in both feet, and the extensor tendons supplying the toes in the left.

Ordinary walking-shoes with lateral steel supports were applied November 29.

December 4, 1881.—Discharged walking well, with entire correction of the deformity.

Dr. Morton called especial attention to the atrophy which always exists after infantile palsies, and likewise in all cases of club-foot, even when the deformity has been entirely overcome, as well as the wasting and more or less permanent atrophy found in all limbs which have suffered from joint-inflammation, as seen in the case shown to the Society, which required subcutaneous osteotomy.

## A CASE OF STRANGULATED SCROTAL HERNIA RELIEVED WITH THE KNIFE, AND FOLLOWED BY A PERMANENT CURE.

Prof. Gross presented the following.

I am indebted for the notes of this case to Dr. Wright, the resident physician of the Jefferson College Hospital, to whose assiduous care the patient is greatly indebted for his recovery.

Wm. Hickman, æt. 48, a hand in a paper-mill, was admitted to the Jefferson College Hospital September 30, 1881, on account of a scrotal hernia of twenty years' duration. On the morning of the day before he was admitted he fell through a hatchway, a distance of some twelve or fifteen feet. He noticed no inconvenience at first, and therefore continued at his work. In the afternoon of the same day, however, he began to have pain in the scrotum, and noticed that it was very much enlarged; he also had a sense of general uneasiness in the abdomen. He tried to reduce the tumor by taxis, but found it impossible. Notwithstanding this, he continued at his work until evening. When he reached his home, two physicians were sent for, who tried in vain for several hours to reduce it. He was now in a very critical condition. When admitted to the hospital, the tumor was almost as large as an adult head. His pulse was from 130 to 140 to the minute, hard and wiry. Temperature, 104°. Marked peritoni-

tis attended with stercoraceous vomiting was present. Immediate resort to the knife was deemed advisable, and he was accordingly taken before the class and etherized. The stricture was situated at the lower ring and was divided on the outside of the sac. No blood was lost, and he recovered in a short time from the effects of the anæsthetic. Three silver sutures were passed through the abdominal ring, and the wound closed with ordinary ligatures. The second morning after the operation the scrotum was found to be almost as large as it was before, and somewhat hot and tender to the touch. The parts were elevated and kept constantly wet with absorbent lint, but the enlargement did not disappear. The case progressed in this manner until, finally, fluctuation was discovered four weeks after the operation. The tumor was accordingly laid open and about eight ounces of pus let out. The parts were reduced at once almost to their normal size, and there has been no further trouble since. The patient has continued to improve, and is now as well as he ever was. The only noticeable thing in the scrotum is a plug of omentum extending into the groin and serving to close up the external ring, thus effectually protecting the parts against reprotusion. The ends of the silver wire sutures were cut off close, with a view to their permanent retention. Care will be taken to protect the parts properly, for some time at least, with a suitable truss.

#### A CASE OF COMPOUND DISLOCATION OF THE SEMILUNAR BONE.

Dr. Gross exhibited the specimen and read the history of the case.

Twelve months ago a gentleman, aged about 32 years, in jumping from the platform of a car running at a speed of seventeen miles an hour, struck his hand upon a rock. He was unconscious for a few minutes, and was badly bruised in different parts of his body. A medical man who was called in soon after the occurrence of the accident found what he considered to be a compound dislocation of the wrist, a compound fracture of the radius and ulna, and two displaced carpal bones. Two days after this the gentleman came under the care of Dr. O'Hara, whom I met in consultation the next afternoon. As there was simply a wound half an inch in length on the inner side of the forearm anteriorly, and the limb was much swollen, it was deemed best not to disturb the parts by an examination, the more especially as there was a good deal of constitutional excitement, with progressive tendency. The treatment, local and constitutional, was rigidly antiphlogistic. The limb, wrapped up in a strong solution of lead and opium, was laid on an ice-bag, and the pain was allayed by hypodermic injections of morphia. Ten days later a loose bone was detected in the wound towards the radial side

of the wrist, supposed to be a piece of the radius, but which proved afterwards to be the semilunar bone. The fever meanwhile ran very high and rapidly assumed a pyæmic type, attended with delirium, rigors, and elevated temperature. Extensive suppuration followed, and several sinuses formed, despite the most careful and assiduous attention, and for a time the case presented a formidable aspect. I must not forget to state that the shafts of the ulna and radius were fractured about four inches above the wrist-joint. There was no evidence at any time after the case came into our hands of a fracture of the inferior extremities of either of these bones.

The patient was ill for three months, and his health was so much shattered that he was advised to visit Florida, where, under the kind attention of Dr. Lopez, he gradually recovered, but not without some ankylosis of the wrist-joint and some defect in the functions of his hand, owing to the involvement of the sheaths of some of the flexor tendons.

O. H. ALLIS,

Recorder.

## REVIEWS AND BOOK NOTICES.

THE SANITARY CARE AND TREATMENT OF CHILDREN AND THEIR DISEASES. Being a Series of Five Essays, by DRs. ELIZABETH GARRET ANDERSON, SAMUEL C. BUSEY, A. JACOBI, J. FORSYTH MEIGS, and J. LEWIS SMITH. Prepared by request of the Trustees of the Thomas Wilson Sanitarium of Baltimore, Md. Boston, Houghton, Mifflin & Co., 1881.

How to make haste slowly, how to wait in this age and land of hurry till thought and time have thoroughly matured their plans, seems a speciality of Baltimore trusteeship. In this case, among the valuable first-fruits of their patience we have this book of essays and plans, which will hold for years a foremost place as authority in the difficult question of how to take the best care of children.

The names of the writers are familiar to all. The nature of the book is clearly set forth in the introductory letter which elicited the essays. As showing that the care of children has attained somewhat of the dignity of scientific certainty, we would call attention to the fact that, diverse as are the surroundings of the writers, different as may be the climates they respectively inhabit, there is but little conflict of authority between them as to vitally important points. There is diversity enough; the writers seem to breathe a freer air than when confined to monograph, textbook, or didactic discourse, and it is the undesigned coincidences of all these practitioners who have distinguished themselves in life for their successful work in this department