examining the limb six months after the accident. There was no shortening whatever, and the limb was as useful as the other. I could, however, still detect some thickening at the seat of fracture.

ANKYLOSIS OF BOTH HIP AND KNEE-JOINT : OPERATION : RECOVERY.*

By W. H. FOLKER, F.R.C.S.,

Senior Surgeon to the North Staffordshire Infirmary.

THE case which I bring before you to-day I believe to be unique, and from that fact interesting, although there was no new or unusual operation connected with it.

In October 1875, a man named Richard T., aged 23, was admitted into the North Staffordshire Infirmary. He had been attacked seven years previously with rheumatism in both knees and ankles, by which he was then confined to his bed for several weeks. Six months later, his knees were again attacked with pain, and gradually bent; the right becoming affected about a month before the left. From lying continually on his back, with the knees drawn up, the hip-joints became permanently flexed; and, in consequence of this fixed position of his hips and knees, he was bedridden until his admission to hospital. When admitted, he was emaciated and anæmic. Both lower limbs were much wasted. Both knees were firmly ankylosed at a right angle, and both hips flexed at a considerable angle, the left being quite immovable, and only the very slightest movement remaining in the right. There was no pain or swelling in any of the joints.

In May 1876, after various things had been tried and failed, his right hip was forcibly extended under chloroform, and the knee-joint on the same side excised. The bones united firmly without a bad symptom, leaving him with the slightest flexion of both hip and knee. In October, he could just manage to walk on crutches, but with great difficulty, as the left foot was much raised from the ground, and the right was unable to bear the whole weight of the body without great pain. He was very anxious to have the other limb operated on; and accordingly, on November 11th, his left hip was forcibly extended under chloroform. Considerable force was required to break down adhesions; the joint giving way with several loud cracks. I then proceeded to excise the knee by raising a flap of skin from the front of the joint; but, when this was reflected, the whole of the bones were found so firmly joined together that it was impossible to disarticulate the joint, and indeed it could scarcely be made out where it was. I, therefore, removed with the saw a wedge-shaped piece, which, though I thought at the time it would include the joint, proved to be the condyles; the upper incision cutting through the bone above them, the lower opening the joint, but leaving behind a small portion of the posterior part of each condyle. The limb was placed on a Macintyre's splint, the wound brought together with sutures, and a drainage-tube inserted.

For a few days after the operation, there was a good deal of ecchymosis round the hip, and such intense pain that it was found impossible to keep it straight. His body was, therefore, slightly raised by pillows. There was very little pyrexia, the temperature not rising above 100.2 deg. The wound healed in three weeks, when there was some union between the bones. By January 1st, this had become quite firm, and a fortnight later leather splints were applied and he was allowed to get up. The knee was straight, but there was a very slight flexure of the hip.

At first, there was some considerable difficulty in using crutches, owing to the position and stiffness of the hips and the extreme timidity of the patient; one foot also had the toes much pointed, and the ankle nearly ankylosed in that position. By exercise and patience, this was at length overcome, and in May he was discharged from the Infirmary, able to walk fairly well on crutches.

By these operations, this poor fellow was enabled to walk about by himself with only the aid of crutches, after having been confined to bed for seven years, during which time, from the position in which his limbs were ankylosed, he had been unable to get out of bed, or even turn over without assistance.

I had thought of performing subcutaneous division of the necks of the femora, to enable him to bend his body and sit down; but he became very unruly, and it was thought advisable that he should leave the Infirmary. I shall hope to see him again after awhile, and ascertain if he is still further improved and contented with his present condition; or whether, emboldened by former success, he may decide on having a little more surgery.

* Read before the North Staffordshire Branch.

CLINICAL MEMORANDA.

CROUP AND DIPHTHERIA.

WITH reference to Mr. Pugin Thornton's note on this subject, I would draw his attention to Dr. Carl Weigert's paper in the August number of Virchow's *Archiv* (1877, p. 461), entitled "Ueber Croup und Diphtheritis". Dr. Weigert has repeated the experiments of Brétonneau, Stricker, Reitz, and others, by injecting irritating substances into the larynx, and he has studied the histological appearances of the resulting changes. These, he finds, present the peculiar transformation of the epithelium and the other characters of croup in the human subject. This is an important argument in favour of the non-specific nature of the inflammatory process; it has been hitherto held that the false membranes produced in similar experiments have only a superficial resemblance to the true pathological formation.

ROBERT SAUNDY, M.D., Birmingham.

OBSTETRIC MEMORANDA.

DIVIDED PLURAL LABOUR.

I THINK the rarity of cases like the following will justify its publication. On January 18th, a midwife delivered Mrs. Bishop, of Richard Street, Birmingham, of a full-grown healthy male child. On the third day after her confinement, she came downstairs and resumed her ordinary employment, feeling quite well. On the morning of February 4th (the seventeenth day after her former accouchement), she sent for me, stating that she felt the sensation of something moving in her abdomen. Very shortly after my arrival, I delivered her of twins, a boy and girl, each one being full-grown and quite healthy. The placentæ were softened and more of the consistence of jelly than anything else, and had to be scooped away by the hand. However, the mother and three children are doing exceedingly well, and the uterus is rapidly resuming its natural size. The most remarkable feature of the case is that, all through the case, there has been an entire absence of "pains", and she observed to me that, had she been asleep, she does not think that my manipulations in delivering her would have awoken her. She is the mother of ten children besides the above, and is a corpulent, strong, and healthy woman.

J. R. H. LUMBY, M.R.C.S., L.R.C.P.E., Birmingham.

REPORTS

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

CHARING CROSS HOSPITAL.

MR. BARWELL'S WARDS.

Two Cases of Successful Operation for Aneurism of the Innominate.—C. H., a domestic nurse, aged 27, well nourished but slightly built, was admitted to Mr. Barwell's wards, presenting the signs of aneurism of the innominate artery. She had always enjoyed good health till her present illness, with the exception of an attack of rheumatic fever at the age of fourteen, which did not appear to have left behind any heart-mischief. She had never been engaged in heavy work. About Christmas 1876, she began to suffer from palpitation and breathlessness, with pain in the region of the sternum, increased by taking food, and these symptoms never completely left her. In March 1877, she came under the care of a surgeon in the country, who noticed abnormal pulsation above the right clavicle and in the carotid region. Rest gave her some relief; but, on resuming her work, the symptoms soon returned. When she came under Mr. Barwell's care at the beginning of the present year, there were distinct signs of aneurism of the innominate, and strong pulsation was seen in the right common carotid; but there was scarcely any visible tumour; the right radial pulse was stronger than the left. There was no cardiac murmur, and the aneurism appeared to be purely confined to the innominate. A week after admission, she was placed under the influence of ether, and the carotid and subclavian arteries were simultaneously ligatured, antiseptic precautions being used. She rallied well from the operation; the next day, there was intense headache, not localised, and the fingers of the right hand were