next day, and one on the seventh day, when there was some pain and sickness after catamenial discharge. The bowels acted spontaneously on the fifteenth day. The clamp was removed on the sixteenth day. The stitches had all been removed on the fourth day. The temperature never exceeded 101°, the pulse 116, or the respiration 28. The patient was discharged on the twenty-first day, and has been seen since in excellent health and rapidly gaining flesh.

CASE II. Multilocular Ovarian Cyst: Four Tappings: Suppuration of Cyst: Ovariectomy: Recovery. This patient completed her sixtieth year within a month after the operation at Chester. She was married nineteen years ago, when forty years of age, and had never been pregnant. Her husband died a year ago. She has worked as a washerwoman and charwoman. She had not been ill, and had not noticed any increase in size, until between four and five years ago, when she began to get large, and consulted Mr. Walsh at Brixton, who asked Mr. Spencer Wells to see her. He tapped her in April 1863, and removed thirteen pints of fluid. She was much relieved, and earned her living for nearly two years after this, when Mr. Bullen, of the Lambeth Infirmary, tapped her in March 1865, removing fifteen pints of fluid. In March 1866, Mr. Wells tapped for the third time, and removed twelve pints of clear fluid. A moveable multilocular cyst was felt, after the largest cyst was empty. She was feverish after this tapping, and fluid accumulated more rapidly than before. She also lost flesh, and became unable to earn her living. On the 8th of July, Dr. Junker tapped for the fourth time, and removed eleven pints of fluid, which contained a great deal of pus. She became very anxious to have the tumour removed, and most willingly accepted the offer of a bed in the Chester Infirmary, where she was admitted early in August, and was put upon a liberal diet, preparatory to the operation, which Mr. Wells performed on the 10th, assisted, as in the former case, by Messrs. Brittain, Weaver, and Karkeek. Chloroform was administered by Dr. H. Simpson of Manchester.

Mr. Wells commenced the operation by an incision five inches long midway between the umbilicus and symphysis pubis. Finding a cyst adhering intimately, he opened it, and pressed out the contents before attempting to separate the adhesions which protected the parietal cavity from the entrance of fluid. The fluid contained a great deal of pus. When the cyst was quite empty, Mr. Wells broke down the adhesions and withdrew the freed cyst, separating from its left side and back part a small piece of omentum and a coil of intestine. A pedicle as broad as three fingers was secured about two inches from the left side of the uterus, in a small clamp, which was kept outside the abdomen, at the lower angle of the wound. There was scarcely any bleeding. One mesenteric vessel was tied, and the ends of the ligature were cut off short. The right ovary was healthy. The wound was closed by silk sutures, which were carried through the whole thickness of the abdominal wall.

This patient passed a restless night. Forty minims of laudanum were given by injection. She vomited six times, and urine was scanty; but the pulse was only 88, and temperature 100.4°. The second night was a good one, with only one opiate. The third was much disturbed by a cough which came on in the afternoon. Pulse 100; respiration 36; temperature 101.4°. A drop of prussic acid, with ten drops of chloric ether and a sixth of a grain of morphia, were given in syrup and water, as a cough mixture, frequently, and with much relief. On the fourth evening, the pulse was still 100; but the respirations

had fallen to 30, and the temperature to 101°. The expectorated mucus was slightly streaked with blood. Next day, the cough was easier, and the stitches were removed. On the sixth day, the highest range of pulse and respiration was noted—namely, 120 and 40; but the temperature was only 100.2°. The temperature rose till the tenth day, when the highest point—102°—was reached. The pulse was then 112, and respirations 36. The prussic acid was discontinued, and some tincture of squill substituted in the cough mixture; but the cough continued troublesome till the thirteenth day. The clamp was removed on the fourteenth day, and the bowels acted twice. Next day, the pulse was 88, respirations 32, temperature 99.6°. A grain of quinine was given three times a day; there was then a steady improvement, and the patient was discharged on the twenty-eighth day after operation.

[We have received a report of the clinical remarks made by Mr. Spencer Wells upon the above cases, and shall publish them in our next number.]

TAUNTON AND SOMERSET HOSPITAL.

REPORT OF A CASE OF AMPUTATION OF THE HIP-JOINT: RECOVERY.

By HENRY J. ALFORD, M.B.Lond., Surgeon to the Hospital.

THOMAS HANCOCK, aged 42, a labourer residing at Batheaston, was admitted into the hospital under my care on June 2nd, 1866.

He was a married man, and had hitherto been strong and healthy. There was nothing in his family history to point to any hereditary taint. About two years ago, he first perceived a swelling, of about the size and shape of an egg, in the upper part of the left popliteal space. It grew very slowly at first, and caused him no pain or inconvenience until twelve months had elapsed, by which time it had reached the size of a man's fist. He then felt pain by night, though not by day. He continued his work until September 24th, 1865, when he became an in-patient of the Taunton Hospital, under my care. Iodine was applied, and iodide of potassium given. The tumour, however, slowly increased in size; the thigh being, on October 3rd, eighteen inches in circumference; and on the 21st of the same month it was eighteen and a quarter inches. On November 3rd, he left at his own request, promising to return in a few weeks. He did not, however, make his appearance until June 2nd, 1866, having been an inmate of the Wellington Workhouse during a portion of the interim.

On admission, he was found to have an enormous swelling of the left thigh, chiefly at the posterior part. It ended abruptly above, somewhere about four inches below the level of the trochanter major, and inferiorly five inches below the level of the lower margin of the patella. Anteriorly, the boundaries of the tumour were by no means well defined, either above or below. The movement of the hip-joint was perfect, and there was some movement of the knee; but it seemed to be retarded more by the size of the tumour than by any disease of the joint itself. The patella was tilted forwards in a peculiar manner; and, owing to the size of the tumour posteriorly, the anterior aspect of the thigh had a somewhat concave appearance. The superficial veins were well marked, especially on the outer side of the limb. The skin, particularly posteriorly, was red and brawny; and in some places it had given way, and small circular unhealthy-looking ulcers were found. The length of the limb, from the antero-superior

spine of the ilium to the lower margin of the patella, was 20 inches. The circumference of the thigh just above the tumour was 19 inches; at the lower third of the thigh, 27½ inches; at the upper margin of the tumour, 21 inches; at the patella, 28 inches; and at the lower margin of the tumour, 19 inches. The length of the tumour behind was 16 inches. The leg and foot were very much enlarged from oedema, which diminished on the application of a bandage and keeping the limb raised. The patient looked pale, emaciated, and cachectic, and evidently suffered great pain. He could hardly be recognised as the same man as was under treatment last October.

On June 7th, 1866, a consultation was held; and it was the unanimous opinion of my colleagues that amputation at the hip-joint gave him the best, if not the only, chance of recovery.

Operation. This was delayed until June 12th, in order that a Lister's aorta-compressor might be obtained from London. The precaution of bandaging and raising the limb prior to operating was taken, in order to drain as much blood as possible out of it. He was administered a little brandy, and then put under the influence of chloroform, which was very easily and rapidly done. The aorta-compressor was then applied. I made a long anterior and short posterior flap; the joint being opened, and the limb disarticulated, as soon as the anterior flap was completed. The femoral artery was at once ligatured; scarcely any arterial blood was lost. Seven ligatures were applied in all, which controlled all hæmorrhage. Twelve silver wire sutures were then applied; and, the stump being covered with strips of wet lint, he was removed to his bed. He was ordered thirty minims of liquor opii sedativus, beef-tea, and brandy. His pulse, respiration, and temperature, from June 11th to 29th, are shown in the subjoined table.

Day.	Hour.	Pulse.	Respiration.	Temperature.
June 11	7.30 P.M.	110	15	101.2
" 12	9 A.M.	98	16	99.2
" —	12.30 P.M.	94	20	97.2
" —	8 P.M.	112	20	99.8
" 13	8 A.M.	98	22	99
" —	8 P.M.	108	26	100.6
" 14	9 A.M.	120	28	101
" —	8 P.M.	124	32	101.2
" 15	11 A.M.	114	22	99.6
" —	8.30 P.M.	108	24	101.8
" 16	9.30 A.M.	112	22	101.4
" —	8 P.M.	104	24	99.2
" 17	9.30 A.M.	102	23	99.2
" —	8.30 P.M.	98	24	99
" 18	9 A.M.	102	20	99.2
" —	9.30 P.M.	104	20	99.4
" 19	9.30 A.M.	100	20	98
" —	9 P.M.	104	22	99.8
" 20	9.30 A.M.	110	20	98.4
" —	9 P.M.	110	20	99
" 21	9 A.M.	108	20	98.6
" —	8.30 P.M.	120	24	100.8
" 22	10 A.M.	119	18	98.4
" —	9 P.M.	110	18	99.2
" 23	10 A.M.	106	16	98.6
" 24	10 A.M.	110	24	100
" 25	9 A.M.	104	20	98.4
" 26	10 A.M.	104	20	98.4
" 27	10 A.M.	106	20	98.4
" 28	10 A.M.	110	20	98.4
" 29	10 A.M.	98	18	98

8 P.M. He was slightly sick, and was ordered ice, champagne, and Liebig's extractum carnis; and also a draught containing tincture of opium, aromatic spirit of ammonia, and chloroform. The tongue was moist and clean.

June 13th. He had passed a comfortable night. No hæmorrhage nor oozing. He took his food and

wine. Tongue moist. He passed urine freely. He was ordered to repeat the draught at night.

June 14th. The bandage and lint were removed. The stump looked well. He had sherry instead of champagne, and chicken for his dinner.

June 17th. He took food and slept well; was in no pain; no bad symptom. I removed some sutures.

June 18th. I removed the rest of the sutures, and applied strapping and wet lint. The stump was looking very healthy.

June 23rd. He ate well, and was gaining flesh and strength rapidly.

June 25th. I removed one of the ligatures. He had stout for dinner, as well as sherry.

July 3rd. Two more ligatures were removed. All the outer and lower part of the wound was firmly united.

July 5th. I removed the fifth ligature.

July 8th. All the stump was healed, except at the upper and inner portion, where the ligature on the femoral still remained. He sat up in bed for a good part of the day.

July 14th. The ligature in the femoral came away.

July 12th. I removed the last ligature. He put on his clothes and sat up every day.

July 23rd. He went into the garden daily, but was to remain in the hospital for some time longer, so as to entirely regain his strength, which he was rapidly doing.

REMARKS. I publish this case, as it adds one more to the list of recoveries after amputation of the hip-joint for disease; and also to bear testimony to the great value of Lister's aorta-compressor in an operation of this kind. Hardly a drop of arterial blood was lost, and no ill effects arose in any way from the application of the instrument. Thus one of the great dangers which used formerly to be dreaded in this operation—viz., hæmorrhage—is entirely removed.

CHARGE OF FRAUD AGAINST A MEDICAL ASSISTANT.

At the Marlborough Street Police Court, last week, W. A. Hill, a medical assistant, was brought before Mr. Knox charged with offering himself to Mr. Saul, surgeon, of Charlotte Street, Fitzroy Square, pretending that he had served in a capacity in which he had not actually so served. Mr. Saul in November last advertised for an assistant, and in answer received a letter from the prisoner. The prisoner gave him the names of Mr. Capper and Mr. Newington as references. Mr. Saul wrote to them, and in answer received letters speaking in the highest terms of the prisoner; but the letters were written by the prisoner himself. Mr. Saul engaged the prisoner, and the prisoner was not more than two hours in Mr. Saul's service when his conduct became most extraordinary. Mr. Saul, having kept a watch on him, noticed that the stock of spirits of wine in the surgery gradually decreased, and at twelve o'clock at night the prisoner was found to be quite drunk. An attempt was made to eject him from the house, and in doing so he assaulted a lad in Mr. Saul's service, and he was brought to this court and fined 20s. Mr. Knox said: You will escape conviction simply by a nicety in the Act of Parliament. Luckily for you the period of six months mentioned in the Act has expired, and therefore my power of acting, I am sorry to say, is gone. You get into a situation by means of a false character—a part of your duty being to mix drugs—and you then get intoxicated. You are a nice person to be a medical assistant. I shall discharge you, but most reluctantly.