The small intestines, near the wound, were agglutinated by recent peritonitis. No secondary carcinomatous deposits were found in the abdomen, and no other part was examined. Several calculi were found in the gall bladder, and one was impacted in the cystic duct.

REMARKS. The peculiarities of this important case consisted in the absence of premonitory evidence of stricture, in the sudden supervention of symptoms of obstruction, and in the capability of passing an œsophageal tube high up in the bowel without obstruction, and without any complaint of pain, although the mucous membrane was found to be ulcerated. A correct diagnosis was therefore extremely difficult—perhaps impossible. The absence of persisting sickness, and the duration of the symptoms, seemed to justify the inference that obstruction existed in some portion of the large intestine; while the ready passage of the œsophageal tube forbade the presumption of its existence in any part of the left side.

The choice of operation for artificial anus lay between an opening into the cæcum through the loin, external to the peritoneum, or anteriorly through it. The latter was preferred, as giving the opportunity of opening into any part of the intestinal canal, should circumstances require it. The cæcum was found to be moderately distended, and also the ileum at its cæcal termination. The ascending colon was contracted above; an opening was therefore made into the cæcum.

Since the operation for artificial anus was first performed by Pillore, in 1776, forty-eight cases have been recorded; and are embodied in an interesting and valuable communication by Mr. Cæsar Hawkins, published in the *Medico-Chirurgical Transactions*, vol. xxxv. From this table, it appears that an opening into the cæcum by Littre's operation on the right side, has been performed four times before the present case; and that all these cases were fatal. The small intestine has been opened twice, both cases being fatal. A similar operation has been performed on the left side, also through the peritoneum, in eight cases, five of which recovered, and three died. I am not aware of any reason, anatomical or otherwise, which can account for these comparative results; and must presume death to have arisen from other causes than injury to the peritoneum.

Had we been able rightly to diagnose this case, an opening in the left loin, if made sufficiently early, would probably have been successful. The existence of cancer would not have barred its chance of success, as is proved by the recorded results of former cases.

I had the satisfaction to be associated in the conduct of this case with Dr. Burnie, of Guildford Street, London, a friend of the patient; and also, at the operations, with my partner Mr. Harrison, and my son.

Reading, April 1853.

CASE OF SIMULTANEOUS DISLOCATION OF BOTH HUMERI.

By C. ROBERT THOMPSON, Esq., Surgeon.

CASE. Mr. K., aged about 62, a tall, well-made, muscular man, but with a constitution much impaired by intemperance, met with the following accident on March 30th.

He had been for some time invalided, but ventured to walk out alone to visit a friend about a mile and a half from his home. He said that he felt inclined to "pitch ahead" more than once on his journey; but managed to reach within a few yards of the door, when he became suddenly giddy, and fell flat on his chest and face, on a hard uneven path. He stated that he felt an utter inability to help himself, or to make an effort to prevent the fall; at the same time, he did not lose consciousness.

Assistance was at hand; and on getting him up, he complained of loss of the use of both arms, and violent pain in

the shoulders; his face was slightly contused, and cut about the nose and brow, and he seemed very faint.

I saw him about an hour after the accident; and, on undressing him, had no difficulty in deciding that both humeri were dislocated: on the right side forwards, the head of the bone making a very perceptible prominence below the clavicle; on the left side directly downwards into the axilla, presenting all the characteristics of that displacement in a very marked manner. I reduced the left dislocation, with the heel in the axilla: the right was more obstinate, but was reduced in the same manner, after a time, by Mr. Rathill, of Westerham, who was so good as to assist me.

The patient complained much for some days of pains about the shoulders and upper part of the chest; but went on quite well, and has recovered the use of both arms.

REMARKS. In considering the cause of this unusual double dislocation, the most evident explanation appeared to be, that the patient endeavoured to save himself by throwing forwards both hands, and the whole stress of the weight of the body coming on the capsules of the joints, they gave way. But he states positively that he had no power at the time to make any effort, and that he fell flat on the chest and face. Moreover, had he fallen with his hands forwards, probably the head of the bone would have been displaced backwards on the dorsum scapulæ, certainly not forwards, as one was, into the subclavicular fossa.

The only way then in which I can attempt to explain the dislocation is, that falling as he did, heavily and suddenly on his chest, with the nervous and muscular energy paralysed for the time either by syncope or a slight apoplectic seizure, the force of the jolt, and the power of gravitation (which would act with particular impetus on the head of the humerus in a man of large prominent chest) were sufficient to dislocate both bones from their normal situation.

In looking for instances of a similar accident, I find mention of six cases in different numbers of the *Lancet* of last year.*

In one case, related by Mr. W. H. Smith, the accident may probably be attributed to the cause I have suggested in my case; the patient falling heavily forwards in a state of helpless intoxication, and both shoulders being found dislocated.

Mr. Greenwood, of Bradford, relates the case of a man, whose shoulders were both displaced by slipping on to his back when intoxicated. Here one arm had been dislocated ten times, the other once before. In this instance, I imagine the concussion of the body was sufficient to dislocate the joints.

Two cases, where this accident was caused by direct force, applied to both shoulders at once, are recorded: one by Sir A. Cooper, of a man who threw himself off a bridge into the river with the arms extended horizontally, and was found afterwards with double dislocation into the axillæ; the other by Mr. C. Webber, whose patient fell between two stacks of timber, so that both arms were struck upwards in his descent.

In the remaining two cases, the dislocations were caused by force at the hands, acting with immense leverage on the shoulder joints.

One is mentioned by Mr. Skey,† of a butcher, who was raising a calf, when it fell backwards over his head; the other by Mr. Thompson, of Brandon, also of a butcher, who was pitched out of a cart, and came head foremost with great force on his hands.

These are the only instances which I have been able to find; but I have not the means at hand of consulting many authorities on surgery.

Oxted, Surrey, April 25th, 1853.

* *Lancet*, April 10th, 17th, 24th, etc.

† *Operative Surgery*, p. 81.