

chord was felt at a point corresponding to the situation of the pylorus. On January 30th, after washing out the stomach with an alkaline solution, Professor Loreta made an incision along the linea alba from the xiphoid cartilage to the umbilicus, and exposed the stomach, which was drawn partly out of the wound and opened about midway between the greater and lesser curvatures. The index finger was then passed into the viscus in the direction of the pylorus, through which however, it could not be pushed. A large-sized urethral bougie and afterwards an oesophageal sound were then passed through into the duodenum. By this means the stricture was so far dilated that the operator was able to get his finger through the pylorus and draw it over almost to the abdominal wound. The index of the left hand was then also passed through on the right side as a guide. The pyloric orifice was then dilated by forcible divulsion with the two fingers, a proceeding which the tightness of the stricture rendered very difficult. Finally, the wound in the stomach was closed by continuous, and that in the abdominal wall by interrupted, suture, and an antiseptic dressing was applied. On February 9th the wound was healed, and the patient had completely got rid of his troublesome symptoms. Digestion was perfect, vomiting had entirely ceased, and the man had lost the look of suffering which had been so marked before the operation. Dr. Maurizio Bufalini, who reports the case, says that not a single instance of relapse after Loreta's operation has yet been heard of.

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### EXCISION OF THE ASTRAGALUS FOR CARIES—IMMOBILITY OBTAINED BY INSERTION OF A BONE DOWEL—RECOVERY.

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The child was injured while at play about three months ago, receiving a severe

twist of the ankle joint. The part remained swollen and painful in spite of treatment; the latter, however, was not aided by rest. On admission, the right ankle was found swollen, inflamed and extremely painful. The patient's health is delicate, she presents clear evidence of scrofulous dyscrasia and is seven years old.

She was at once ordered a good, nourishing diet, with full doses of *syrr. ferri iodidi*. Various foods and cod-liver oil emulsions were given from time to time and, it would seem, with excellent results. The joint was thoroughly coated with iodine tincture every few days for a number of weeks; later, an ointment composed of—Ung. Hyd. Nit. Lanoline a, one ounce; Iodoform, half an ounce; Ung. Petrolia, one drachm, was gently rubbed into the part daily. During this time absolute rest was secured with a properly-fitting splint and roller. Under this treatment the joint appeared to be progressing favorably for a time; but on July 17th we found swelling greatly increased, external aspect of joint soft and puffy, and evidently filled with pus. A free incision was made, under complete antiseptic precautions, giving free vent to a large collection of pus. The cavity was thoroughly scraped and washed out with a bichloride solution—1 to 1000—good drainage secured, and the wound dressed antiseptically, with a splint over all, to insure rest.

In October the child's general health, from selected diet and tonic and alterative medication, was markedly improved, but diseased bone was found in the ankle joint. An operation for its removal was considered the best thing to do; and Dr. John B. Roberts, the consultant on duty, advised with us, and set a time for its performance.

November 3rd, 1887 Child was etherized and operation performed at 3 o'clock p.m. Dr. John B. Roberts was present and rendered material advice, direction and assistance.

The ankle joint was laid open on the outer side, extending the incision around anteriorly, making a clear, deep-curve opening, passing through superficial and