

On the 22nd the wound was dressed; the gauze plug, removed with difficulty, was replaced by a drainage tube. Patient took small quantities of beef-tea, albumen water, and stimulant frequently during the day. Temperature 99.8° F.; pulse 82. For the next three days his condition occasioned considerable anxiety, as he had several attacks of abdominal pain; this was relieved by morphia. He took nourishment well, however, and his pulse remained of good quality. On October 25th he was given a simple enema, which produced a good motion. After this he had no more pain. The wound was dressed daily; the lower part healed by first intention and the upper part granulated up. On November 8th, only a small sinus $\frac{1}{2}$ inch long was left at the upper end of the wound, and the patient was up and on ordinary diet, his bowels being open naturally every day. He felt quite well. The original tumour felt on admission had quite disappeared; there was some resistance at the site of operation, probably due to adhesions.

Particular points of interest connected with this case:—

- (1) The sudden onset of serious symptoms, closely resembling those of acute intestinal obstruction.
- (2) The rapid increase in the size of the abdominal tumour, accompanied by intense pain.
- (3) The probable existence of the tumour for some time without the production of symptoms.

SUB-PERIOSTEAL RESECTION OF THE ELBOW-JOINT.

BY CAPTAIN S. G. BUTLER.

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PRIVATE S., of the Carbineers, was admitted to the military hospital at Roberts Heights, Pretoria, with a view to his appearing before an Invaliding Board.

The history of his case, as far as it could be ascertained from his medical history sheet was as follows: Six months previously, in India, he had met with an accident which resulted in a severe fracture of the lower end of the humerus, an operation had been performed and the internal condyle wired. On his regiment being transferred to South Africa a few months later, he was sent with it, and soon after his arrival in this country he was sent to Pretoria to be invalided out of the Service. When seen by me he had firm bony ankylosis of his left elbow-joint.

The elbow was fixed at a right angle. No movement could be obtained in any direction.

Skiagram (*a*) taken at the time shows this condition well. On December 2nd, 1908, I resected the elbow-joint sub-periosteally. The periosteum stripped easily, and little difficulty was met with in preserving it intact. The arm was put up at a right angle on a jointed internal

angular splint. Passive movement was commenced at the end of ten days and active movements and massage a week later. Two months after the operation the patient was discharged from hospital with a quite useful arm. Movement was free in every direction. He was able to lift a chair with his left hand, hold it out at full length, and slowly flex and extend the forearm. Pronation and supination were unimpaired.

Skiagram (*b*) show the conditions at this time. It will be seen that a good deal of new bone has formed in the periosteum, but this does not interfere with free movement of the joint. Twelve months after the operation a skiagram was kindly taken for me by Major Forde, at Bloemfontein, where the man is now stationed. It shows that very little further deposit of new bone has taken place during the ten months which have elapsed since the second skiagram was taken.

Major Forde reports on his condition at the time as follows:—

“Private S. has been able to perform all his duties since his return to his regiment nine months ago.

“His arm is quite strong. There is very slight limitation of complete extension, but otherwise movement in every direction is free.”

I venture to record this case because I think the fact that so useful an arm can be obtained after a sub-periosteal resection of the elbow-joint is, perhaps, not generally appreciated.

A CASE OF SINGLE KIDNEY.

BY CAPTAIN H. E. GOTLEE.

Royal Army Medical Corps.

I AM reporting this case as I believe the condition is uncommon.

The patient, Patrick C., was a stoker in the Navy, aged 30, with nine years' service. He was admitted to the Military Hospital, Colombo, on December 17th, 1909, with acute cardiac dilatation, dating from December 4th; when his ship was coming through the Red Sea. He died on December 21st.

The kidney was situated in the right loin in the normal position except that its lower end extended downwards to a greater distance than usual, but neither extremity lay across the anterior surface of the vertebral column. Its dimensions are: Length, 6 inches; greatest width of anterior surface, $2\frac{7}{8}$ inches; weight $10\frac{1}{2}$ ounces. The capsule stripped easily. The cortex to base of pyramids measured 10 mm. and appeared healthy. There were two aberrant renal arteries, one situated above and the other below the main vessel.

On December 17th 54 ounces of straw-coloured urine (sp. gr. 1018, containing no albumin) were passed in twenty-four hours. On December 18th 55 ounces, and on December 19th 36 ounces; this was measured, some being passed involuntarily.