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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. Gottle. 
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, 2½ inches; weight 10½ 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.
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No sign of a second kidney could be felt on the posterior abdominal wall of left side, or anywhere else in abdominal cavity. The spleen, liver, and pancreas appeared healthy and normal in size. The *post mortem* was done in the evening with the intention of simply examining the heart, but wishing to demonstrate the effect of the back pressure upon the other organs, I removed them, finishing with the kidney, when the light was insufficient to make a dissection of the ureter and renal vessels.

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**THE RADICAL CURE OF INGUINAL HERNIA.**

**By Lieutenant-Colonel R. W. WRIGHT, R.A.M.C.**

**Royal Army Medical Corps.**

During the last six years a number of operations for the radical cure of inguinal hernia have been carried out in the Royal Arsenal Hospital, and I have now records of 100 cases, each of which I have examined two or more years after the operation. Considering the difficulties in the way of following up similar cases in the Army for a sufficiently long period, the results in this series of cases appear to be of sufficient interest to justify record.

Up to January 14th, 1908, 120 of these operations had been performed and of these it has been possible to examine 100. Of the 100 examined 88 remain sound, while 12 have relapsed. Of the 12 relapses 11 occurred in the first 40 of the series, whereas in the last 60 there has been only one recurrence (1.6 per cent). Any bulging, however small, in the inguinal region operated upon has been counted as a relapse. In 4 of the 12 this bulging was so small that the patient was not aware of its existence and suffered no inconvenience. In none of 88 successful cases has a truss been worn since the operation, and in each case the man has been at full work since his return to duty after the operation. Many of these men (hammer-men, fitters, &c.) have very laborious work and it is satisfactory to know that such successful results can be obtained. The ages, at date of operation, varied from 14 years to 59, and the patients were in no way selected—any man desirous of relief being operated upon.

It may be suggested that the larger number of the recurrences in the first 40 cases is to be explained by the greater lapse of time since they were operated on; but this is not so, as in every case but one, when relapse took place, this occurred in less than two years after the operation. I have known relapse to occur 14 years after operation, but this is, I think, very exceptional, and, for practical purposes, a hernia which does not recur within two years may be said to be cured. The more successful results in the latter part of the series must be attributed to the improved technique resulting from practical experience.