FRACTURE OF FEMUR (LESSER TROCHANTER).

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On November 11, 1911, the patient had a severe fall with his bicycle, landing heavily on the left hip with the bicycle on top of him. There was great pain and extensive swelling of the hip and upper part of the thigh and fullness in the groin at the upper part of Scarpa's triangle. On examination neither shortening nor lengthening of the limb was present. Crepitus could not be elicited and the leg and foot were strongly everted, but could be rotated into the normal position. Diagnosis being obscure, an X-ray photo was taken which showed fracture and separation of the lesser trochanter of the femur. The X-ray picture shows the condition; as it is somewhat rare I think it worth recording.

DYSENTERIC ULCERATION, WITHOUT DYSENTERIC SYMPTOMS, FOLLOWED BY HEPATIC ABSCESS.

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The patient on admission to the Station Hospital, Calcutta, complained of pain in the right side and shoulder-blade. His temperature was 101.4, and he looked ill. There was some pain and tenderness over the region of the ascending colon. Pain in the right knee was also mentioned—the knee felt hot but was not swollen. A month and a half earlier the man had been in hospital for malaria, diagnosed on microscopical evidence.

At first appendicitis was thought of, a few days later the signs and symptoms pointed to liver disease—the liver being enlarged and tender. The bowels were regular and the pain in the right knee still marked. Rigidity of the rectus was noted on the right side on palpation.

Seven days after admission the pain in the right knee seemed the most marked symptom—the liver was less tender. Salicylate of soda was administered. Widal's reaction for typhoid and paratyphoid fever proved negative.

On the eighth day after admission clotted blood—about 4 oz.—was passed from the bowels. On the ninth day there was more blood. There were no piles and it was evident that the blood came from the bowel. The condition of the blood suggested ulceration into a vein high up in the colon. Liver abscess was suspected, and the patient was put on ipecacuanha in large doses on the eleventh day. There were three tarry motions on the twelfth day. Ultimately the diagnosis of liver abscess was established, and under treatment the patient recovered, as will be described in a further note on the treatment of abscess of the liver.