

# TRANSACTIONS OF THE PHILADELPHIA ACADEMY OF SURGERY.

*Stated Meeting, December 3, 1894.*

The President, DR. WILLIAM HUNT, in the Chair.

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## PARTIALLY ENCYSTED VESICAL CALCULUS.

DR. H. R. WHARTON exhibited a dumb-bell-shaped calculus which he had removed from a six-year-old child by lateral lithotomy. After exposing the stone and attempting to grasp it, he found that it was impossible to remove it, as the posterior portion was thoroughly surrounded by the walls of the bladder. He dissected it out with his finger without breaking it. The patient after the operation did perfectly well. He showed the specimen mainly for the purpose of calling attention to the difficulty of crushing stone under such circumstances. He had done litholapaxy in a child five years of age. The operation is a satisfactory one if you can completely crush the stone. In the case mentioned he used a No. 16 lithotrite, and had no trouble in crushing and removing the stone. The day after operation the urine was clear and the temperature was normal. The patient made a satisfactory recovery.

## EXTENSIVE DESTRUCTION OF THE INTEGUMENTS CURED BY TRANSPLANTING LARGE FLAPS.

DR. WILLIAM B. HOPKINS presented a man, John J., aged thirty-two, who was admitted to the Episcopal Hospital, November 9, 1888, with an extensive laceration of the elbow, involving skin, superficial and deep fasciæ. The injury was caused by a centrifugal dryer in a sugar refinery. A month later, December 7, an ulcer occupying the entire circumference of the elbow, consequent upon the original loss and subsequent sloughing of integument, remained. It extended from the middle of the forearm to the middle of the arm, or about ninety-six square inches in area. The following operation was then per-

formed: A vertical flap, five inches wide and nine inches long, consisting of skin and superficial fascia, the base of which occupied the upper left pectoral region, and the edges of which were nearly parallel, was lifted from the chest and sutured around the elbow, the limb being retained in the Velpeau position. Approximation of the enormous chest wound, though not complete, was materially facilitated by the emaciation following so severe an injury, and consequent relaxation of the integument of the chest. At the end of four days the flap was severed from its basic attachment to the chest, and the arm was released from its constrained position. There was epidermal sloughing of the flap after its severance, which caused considerable anxiety, but its deeper layers were soon found to have formed a firm attachment. The patient remained in the hospital 279 days. The limb will be seen to have perfectly healed, to be amply covered with a soft pliable integument permitting complete flexion and extension, pronation and supination, indeed, but that it is not quite so strong as the right arm, to have its functions entirely restored.

DR. HOPKINS also presented a second patient, a man, Anton D., thirty-three years of age, a fireman, who was brought to the Episcopal Hospital, October 25, 1892, with a railroad injury of his left foot. The extremity was so caught beneath the wheel that it had been completely flayed, but as none of the integument was lost it was brought together by sutures. Sloughing, however, occurred of the entire skin of the foot and ankle. December 4 a flap two inches wide was dissected from the sound limb, from the lower portion of the thigh to the lower third of the leg, a distance of fourteen inches, its base being left attached at the lower part. Carrying the lower portion along the outer side of the foot from before backward, the flap was reflected upon itself around the heel, and its remaining portion carried forward on the inner side of the foot to the toes. It was retained in this position by sutures carried deeply enough through granulation tissue to take a firm hold, and through the reflected lower borders of the flap occupying the sole of the foot. With a Y-shaped splint ingeniously devised by Dr. Ferguson, which kept the injured foot in a state of absolute fixation to the calf of the leg on the sound side, the patient, with remarkable fortitude, kept his limbs in this constrained position for over three weeks (twenty-two days), when the base of the flap was detached, the latter having become firmly adherent to the foot. Advantage was taken of this opportunity to gain a little more integument by dissecting the flap farther down the leg instead of cut-

ting it off level at the root. The patient remained in the hospital 657 days, at the end of which period he walked without a cane, and with a foot whose function was sufficiently restored to enable him to resume his laborious occupation of fireman on a vessel. The foot will be seen to be a very useful one, its plantar aspect being covered entirely by leg skin, as shown by the growth of hair upon it.

It will be observed in both of these cases that there is a singular freedom from the constriction of a tightly-drawn peripheral cicatrix, œdema, impairment of function, and other evidences of impeded return circulation. This factor alone places this method of closing large circumferential ulcers far in advance of the method by skin-grafting. Though the method of Thiersch and others, of allowing the flaps before severance at one or both extremities to become granulated, would have been applicable to the case operated upon six years ago, it is very doubtful if so long a flap as that transplanted in the other case would retain its vitality throughout its length, even if left attached at both ends.

*Stated Meeting, January 7, 1895.*

The President, DR. WILLIAM HUNT, in the Chair.

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THE INDICATIONS AND NATURE OF TREATMENT IN  
SEVERE ABDOMINAL INJURIES AND INTRA-AB-  
DOMINAL HÆMORRHAGES UNACCOM-  
PANIED BY EXTERNAL EVIDENCE  
OF VIOLENCE.

DR. JOHN B. DEEVER delivered the annual address, announcing as his topic, "The Indications and Nature of Treatment in Severe Abdominal Injuries and Intra-Abdominal Hæmorrhage Unaccompanied by External Evidence of Violence."

He said, every surgeon has undoubtedly at some time in his experience, either in private or hospital practice, met with cases coming under the class covered by the title of this paper. These are cases in which the history and general condition of the patient give the impression that there is a serious lesion within the abdomen, and yet, upon examination, we find total absence or only slight evidences