ON THE BENEFICIAL RESULTS OF UNDESIGNED AND ACCIDENTAL HÆMORRHAGE IN CERTAIN CASES.*

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EVERY physician is well acquainted with what are frequently called critical hæmorrhages, in which a patient, reduced to the lowest point, from that moment steadily recovers; e.g., in typhus, hæmorrhoids, and hæmoptysis. The surgeon often meets with cases in many points analogous to those above alluded to, but they have not been prominently noticed by surgical writers.

1. Excessive hæmorrhage in severe injuries is often followed by speedy recovery, the higher and destructive results of inflammation are prevented, and sufficient power remains only for the adhesive process and union by first intention. Thus, a bad case of cut-throat, whose life was despaired of for many hours, recovered completely in eleven days. Again, in cases requiring primary amputation, where the loss of blood has been so great that the operation must be deferred for several hours, the patient not unfrequently progresses favourably to recovery without a bad symptom. This has to me often, through a long course of years, been so striking that I have sometimes ventured to predict a happy termination. In these cases, the patient seems to be reduced to the more favourable condition of one suffering from chronic disease. For example, about three months ago, I had to operate on two persons during one week for injury of the upper arm. The first, from gun-shot, had no loss of blood. The second, from severe laceration and compound fracture, was, by hæmorrhage, reduced to the last extremity. The first died speedily from traumatic gangrene; the last recovered without drawback. They were about the same age.

Numerous cases of this kind have led me to be little anxious about considerable bleeding during an operation where the antecedent effusion of blood has been slight; having, however, due regard to the constitutional condition of the patient, and his probable powers of restoration.

2. The second class of examples are those in which bleeding is beneficial, though undesigned and unwished for, and, indeed, occurring where it might seem to be the most undesirable.

A gentleman, aged 55, had in the epigastric region a tumour, ten inches in diameter, followed by ascites to the fullest possible extent. The tumour was connected with the liver, was marked with veins on the surface, and was supposed to be malignant. The skin of the abdomen and the lower extremities were excessively oedematous. Paracentesis was performed three times at intervals of six weeks. After the last operation, the patient appeared to be dying for several hours; by the use of stimulants he rallied. On the third day, a catheter was introduced through the wound; serum, very deeply coloured with blood, was drawn off, and it was then discovered that a deep-seated vein had been wounded, and its contents poured into the abdomen. From this time, recovery commenced, the dropsy disappeared, and he became again a strong and hale man, and is still living at the age of seventy-five.

3. The most common order of instances where undesigned hæmorrhage is not only useful but curative, is to be noticed in large, and deep, and intractable phagedænic ulcerations. I have seen this so often that I am almost at a loss to select examples.

A man suffered from a large and deep burn on the chest, and, after many weeks, appeared to be hopelessly sinking. A considerable venous hæmorrhage took place from the flabby granulations, and straightway they became healthy, and cicatrization and recovery took place rapidly.

Many instances have come under my notice where deep syphilitic ulcers in the groin, vulva, and nates, and on the legs, have at once cleared up on the occurrence of considerable hæmorrhage, especially where the patients had previously undergone a course of antisyphilitic treatment.

Two patients are at present under treatment at our hospital, one an in-, the other an out-patient, where the nose, lips, palate, and bones, have been to a great degree destroyed. In both instances, a spontaneous vigorous hæmorrhage has cut short the disease, and in one has led to all but perfect cure of the ulcerations, leaving only the unsightly results of destructive disease.

It was only after I proposed to write a few lines on this subject, that I learnt that my friend Mr. Jessop, formerly our house-surgeon, had, in our JOURNAL last December, noticed briefly cases where even the femoral artery had been opened by phagedænic ulceration, and the hæmorrhage thence arising had arrested the disease. Mr. Jessop now

informs me that he has, in one case of syphilitic ulceration, tested by *practice* the value of this teaching of the "effort of nature," by opening the arteria dorsalis penis with every good result.

I only throw out these few remarks to lead to further observation. To enter into physiological discussion would require rather a book than a short unpretending practical paper.

CASE OF THYROID DISLOCATION OF THE HIP-JOINT: WITH AN ACCOUNT OF ITS DISSECTION.

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As opportunities for the dissection of cases of recent dislocation of the hip-joint are not frequent, I trust an account of the following case may be considered worthy of a special record, more particularly as it proves, in my opinion, the correctness of the views lately published by Professor Bigelow (*The Mechanism of Dislocation and Fracture of the Hip*). This case is the fifth recent dislocation of the hip-joint which I have reduced by manipulation. Two of these were thyroid dislocations; one was a dislocation on to the dorsum of the ilium; one into the sciatic notch, and one on to the pubes. The experience of these cases, and a study of the one related, have convinced me of the importance of the Y ligament as an agent in preventing under certain conditions, and assisting under others, the reduction of dislocations of the hip-joint. I therefore cordially add this testimony to the value of Professor Bigelow's observations.

CASE.—The patient was a strong healthy man, 19 years of age, who was admitted into my wards in the Royal Infirmary, on account of a serious railway injury, in December 1869. His injuries consisted of a comminuted fracture of the right humerus, a compound fracture of the right leg, a compound comminuted fracture of the left forearm and hand, and a dislocation of the head of the left femur into the thyroid foramen. The symptoms of the dislocation were well marked, and consisted of slight flexion of the thigh and abduction of the whole limb, which was fixed in this position. The patient was too weak to admit of the removal of the injured limbs; so we contented ourselves with administering stimulants, and applying heat to the surface of the body. Under this treatment, his pulse rose a little; and, having given him one or two inhalations of chloroform, I reduced the dislocation of the hip by manipulation with great ease.

The patient gradually sank, and died about two hours after admission. An examination of the injured joint about fourteen hours after death, showed the following condition. There were slight extravasation of blood among the muscles on the anterior, outer, and posterior aspects of the joint; and extravasation of blood and severe bruising and laceration of the muscles on the inner aspect of the joint, more particularly of

Fig. 1

the fibres of the obturator internus, portions of which had been forced into the acetabulum. The tendon of this muscle was not ruptured. The head of the femur lay in the acetabulum, and the capsular ligament

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