condition to resist general invasion of the circulation. The poison is more or less localised or spent upon the blood in the pelvic vessels, or in the uterine walls. In the first case, the ingested poison acts as a precipitant upon the hyperinotic blood and lymph, and we have clotting or thrombosis; that is, thrombotic puerperal fever, or phlegmasia dolens.

In the other case, the invading septic stuff, more or less opposed in its progress, causes inflammation in the veins, lymphatics, and other tissues of the uterus and broad ligaments, which is almost sure to extend to the uterine and pelvic peritoneum; hence we have the various forms of metritis, pelvic cellulitis or parametritis, and of peritonitis. These each, in some instances, retain their individuality, but more frequently they merge into combinations, and there result metro-peritonitis, inflammation of the broad ligaments and other tissues.

Sometimes the ingested poison breaks bounds, and affects the entire volume of the circulation. There are at least two conditions observed. In one, the poison pervades the whole system, causing fever, without any tangible tissue-change or inflammation. This may end in recovery, but not seldom it results in death. In the other condition, there is at first pelvic inflammation, metritis, or phlegmasia dolens; but under the continuous imbibition or generation of fresh poison, and the degraded condition of the blood, the local barriers that resisted the first impulse of the invading poison yield, and general toxæmia ensues. This again may issue in death at no distant day, or, if there remain a fair degree of resisting force, distant inflammations may arise, as synovitis, pleurisy, pneumonia, diffuse cellulitis and suppurations in various organs and tissues, sometimes designated pyæmia.

Then we come to the heterogenetic fevers. These may be divided into two classes.

1. Some are due to the inoculation of some foreign poison, as the necrotic poison taken from dissection, or some foul stuff, the result of animal or vegetable decomposition, brought into contact with the wounded parturient canal, or inhaled or swallowed. I suppose there are few who have not had reason to conclude that a puerpera inhaling sewer-gas has, in this way, contracted a fever. This is not necessarily typhoid, although I believe typhoid fever is propagated in this way. The distinction is proved as follows. If the patient be removed from the influence of ordinary sewer-gas, she not unfrequently rapidly recovers, just as she may recover from that form of empoisonment which results from absorption of foul stuff from the uterus, if the supply of poison be cut off, by washing out the uterus; whereas, when she takes in the typhoid poison, she takes in a poison that ferments, that has reproductive power, and, therefore, produces a fever that runs its course.

2. The other class of poisons are the recognised zymotic poisons, as small-pox, scarlatina, rubeola, typhoid, perhaps erysipelas. These poisons, when they attack the puerpera, still so far preserve their special properties, that they run their course, if the patient survive long enough, and may propagate like disease to other puerperæ, or non-gravid persons; but their ordinary clinical phenomena are often masked or changed by the reaction in the blood peculiar to the puerpera, so that the special poison is not always recognised at the time of clinical observation. Its true nature is only made out by tracing back the history of the case, or testing the subsequent action upon other persons. Thus one case of fever, provisionally called puerperal fever, will be traced back to scarlatinal infection, and will further prove its character by propagating scarlatina to other persons. Another case will be traced to erysipelas, and cause erysipelas in others.

From this rapid and imperfect sketch, it will be seen that the puerpera is liable to the invasion of a great variety of poisons inducing a variety of fevers, and that the one constant thing that specialises these fevers is the puerperal constitution.

I have not touched upon treatment. The question of the constitution of puerperal fevers is large enough for one address. It is by far the most important question. Prophylaxis is easier than cure.

POISONING BY SOOTHING SYRUP.—At an inquest, held on November 28th, at Liversedge, Yorkshire, relative to the death of a child, it was stated that the child's mother had administered to it a dose of soothing syrup. Subsequently, she was unable to rouse it, and it died from the effects of the draught the same day. The medical man who visited the child, and afterwards made a *post mortem* examination, found symptoms of narcotic poisoning. The syrup contained paregoric, and the medical attendant stated that half a teaspoonful of the paregoric had been known to cause the death of an infant. The jury returned a verdict of "Poisoned by misadventure."

RHINOPLASTIC OPERATION AFTER COMPLETE DESTRUCTION OF THE NOSE.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association.

By J. WARD COUSINS, M.D. Lond., F.R.C.S.,
Surgeon to the Royal Portsmouth Hospital.

H. B., aged 40, a man of fair complexion and muscular habit, came under my care last March, to undergo an operation for restoration of the nose. About six years ago, he received a severe blow on the face,

which caused pain, swelling, and discharge from the nostrils; and these symptoms continued for several months. Two years since, he had an attack of erysipelas of the head and face, and he then passed through

a severe illness of seven weeks' duration. Ten pieces of bone subsequently exfoliated, with destruction of the entire nose. At the time

of his admission, there was no discharge from the nostrils. The whole nose had been destroyed, and the nasal passages were converted into a wide chasm exposing the pharynx. There was, in addition, a large perforation of the hard palate, through which the food escaped during mastication. The patient positively stated that he had never had syphilis.

The treatment commenced by closing the hard palate with an obturator and plate of black rubber; and I am much indebted to Mr. W. H. Kirton, the surgeon-dentist of the hospital, for the great care and skill he bestowed upon this important preliminary proceeding. The first operation was done on April 4th, and, three weeks afterwards, the new nose was completed by the addition of the columna. The large wound on the forehead healed rapidly in a month. The engravings—taken from photographs—represent the patient before and after restoration of the nose.

REMARKS.—Rhino-plastic surgery often demands some modification of detail to suit the special features of the case. In this instance the entire nose had been destroyed, and in the place of the organ there existed only a depressed and ugly scar. The first step in the operation consisted in paring the edges of the old stump, and in forming a deep groove for the flap, the nasal cavity being carefully plugged with sponge, to prevent the entrance of blood into the air-passages. By proceeding in this way, much time was saved, for the free bleeding gradually ceased, and the raw surfaces were effectually glazed over during the interval occupied with the dissection of the flap. The incision over the nasal bones extended upwards to the exposed surface on the forehead, and, without any trimming, the soft parts were freely separated on each side. The flap, four inches in diameter, was taken obliquely from the centre and left part of the forehead, and on the right a broad root was left to support it. The twist of the pedicle was then very gradually made, and its neck fitted into the groove over the nasal bones. To prevent manipulation with the fingers, two sutures were at once inserted into the corners of the flap, and, by the aid of these threads, it was readily turned into its new position. Text-books generally recommend the division of the root of the nose, as soon as the adhesions are firm and the vascularity of the part established. In this case, however, there was no root to divide; this arose partly from the method of operating, and partly from the cicatricial depression caused by the destruction of the organ.

PRESENTATION.—Dr. Dodds, who has been appointed Deputy-Superintendent of the Montrose Asylum, was presented by the officers and staff of the Birmingham Borough Asylum, on the 28th ult., with a handsome timepiece. The presentation was made, on behalf of the subscribers, by the Superintendent, who spoke in the highest terms of Dr. Dodds. The timepiece was of black marble, in the shape of a temple, striking hours and half hours on a gong.

EXTENSIVE BURN INVOLVING THE CAVITY OF THE KNEE-JOINT.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association.

By W. H. DALY, M.D., Pittsburgh, Pennsylvania, U.S.A.

THERE are isolated cases in surgery, occurring now and then, which, from their peculiar history, furnish us striking proof that the time-honoured indications for amputation may be ignored, and the patient still recover with a limb nearly as useful as before it was injured.

The case upon which my remarks will be made, is one that I now have much pleasure in presenting to you, after the lapse of five years, which has alike tested the usefulness of the limb and the satisfaction of its possessor. The history is briefly as follows.

H. L. K., aged 41, married, native of Pennsylvania; occupation, a locomotive engineer; weight, 212 pounds; and powerfully built.

On the night of October 21st, 1879, while he was driving his engine at a high rate of speed, with a heavily loaded train of freight cars, on a down grade, a cow was struck, derailing the engine, precipitating it, and many of the cars, down over a high embankment into a narrow ravine, the freight-cars being piled promiscuously upon and about the engine to a considerable number.

One of the brakemen was killed outright, and the other trainmen were more or less injured. When aid arrived at the scene of accident, the cries of the driver were heard beneath the mass of ruined cars, where he was fastened beneath the heated fire-box of the engine. It was found impossible to extricate him from his perilous and agonising situation for three hours and twenty minutes; and, during this time, the fire was fiercely burning under the boiler of the engine, and the iron box containing it was resting, with all the superincumbent weight, upon his limbs, fastening them firmly in the soft earth upon which they rested. It can easily be imagined that the cooking process had ample time to be complete throughout its extent.

Some of the wrecking gang let down stimulants to him, of which he drank judiciously, though freely, preventing collapse. When the mass of wrecked cars was cleared away, the engine was jacked up, and the unfortunate man released.

As the company's general surgeon, I was dispatched, with some of the staff, on a special engine to the scene of accident, and found the patient, with all the anterior and lateral surface of the left leg, about and below the knee, a mass of charred black, grey, and brownish tissue. With a probe, the tibia and fibula could be felt, surrounded by the mass of cooked flesh. The patellar ligament was completely burned from its attachment, allowing the patella to be raised up, and the knee-joint cavity looked into, the full width of this bone.

The superficial area of destroyed tissue was estimated at from 85 to 90 square inches about and below the left knee, with a depth nearly equal to half the antero-posterior diameter of the leg at the knee; from this point of greatest depth, it shaded off gradually downwards anteriorly, to a mere superficial lesion, eleven inches below the knee.

The patient was removed to his home, thirty miles distant, having positively declined hospital care and treatment.

The leg was placed in a fracture-box, and the wound well saturated with carbolic linseed-oil, in the proportion of one drachm of carbolic acid to the pint; a warm flaxseed-poultice covered this and the leg, kept *in situ* by being surrounded within the fracture-box with bran.

The dressings were changed twice in the twenty-four hours, and all kept as sweet and clean as possible. Good nourishing diet, with whisky, and occasionally a dose of morphia, was given him.

Traumatic fever ran high during the first six weeks. The dead soft tissues separating, left the bones (tibia and fibula) standing out in bold relief upon the copiously suppurating surface, and the knee-joint cavity open in its full extent anteriorly, from side to side.

The poultices were continued, but the fracture-box was superseded by the use of a sheet-iron splint to the posterior aspect of the leg; the splint was made to fit accurately, from the glutei to the foot, and was well padded; in this, the limb was suspended at a comfortable elevation.

The question of amputation was freely discussed and advocated by about twenty or more surgeons who were called in consultation during the progress of the case. Not considering it prudent to risk an amputation, I dissented persistently, in the belief that a fairly useful limb could be secured, all of the strongly expressed differences of opinion in nowise involving any breach of the most friendly relations of all concerned.