were covered with incrustations and vesicles of eczema; and both legs, from the ankle to the knee, were swollen and inflamed. As this seemed a suitable case for local treatment, the powder was applied at first every day, and afterwards every second or third day; the only other treatment now and during the progress of the case being confined to the occasional administration of a compound rhubarb pill to regulate the bowels.

Sept. 30th. The powder has been sprinkled over the legs, and has caused some irritation and pain, which, however, soon subsides. No fresh vesicles.

Oct. 6th. Legs much improved. The incrustations are falling off. There have been very few fresh vesicles, and the skin of each leg is becoming paler and wrinkled.

Oct. 14th. Skin is gradually becoming more healthy, and the powder causes less irritation.

Nov. 10th. Has continued to improve, and is nearly well.

Dec. 1st. Was discharged cured, having been retained until this date to test the permanency of the cure. I have very lately heard that she has continued quite free from the disease.

I might cite here the case of W. Hunter, under treatment in April last, who was cured in three weeks of eczema involving both extremities, by the use of the powder alone; but to you, who have witnessed its good effects in so many cases, my recommendation is not needed. The effects of remedies *oculis subjecta fidelibus* produce an impression which mere oral recommendation can never approach. Sometimes you have seen very considerable irritation to follow the application of the powder, especially in out-patients who are continuing their ordinary occupations, and thus, by walking, etc., irritating the part; but a discontinuance of the remedy for a day or two, and the temporary substitution of a cooling lotion, even of water dressing, has been followed by a rapid subsidence of the irritation, and by a marked improvement in the appearance of the skin.

In other cases I may mention, those of Ann Turner, Ann Lambert, and a woman of the name of Oates, who was lately under treatment in the same ward, you saw the good effect of the powder, when applied to the eczematous eruption in every stage, in different regions of the body; while the disposition to a setting up of the morbid action was being removed through the administration of arsenic and constitutional remedies.

But, gentlemen, we must not forget old friends while we notice new ones, as, under certain circumstances, some good old remedies will aid us much, as the lotio plumbi, the lotio acidi sulphurosi, etc. In the case of John Thackeray, now under treatment for extensive ulcers of the leg, you saw how an eczematous eruption followed the use of stimulating applications. The lead lotion was applied, when not only did the cutaneous disease begin immediately to subside, but under its use the extent of ulceration of twenty years' standing has been diminished one half, and is rapidly healing. You have, in the next ward, an illustration of the good effect of rest in cases of eczema affecting the lower extremities. The patient Wales was for some time an out-patient, and only partially relieved; but on becoming an in-patient he experienced immediate benefit from remedies which, under less advantageous circumstances, afforded but slight relief.

Such, gentlemen, are the observations which I have to offer you on the treatment of eczema generally; for you must remember, that this is a clinical lecture, intended not to exhaust the subject, but to bring before you such practical points in the treatment of a troublesome disease as may best enable you to follow our practice here, and to guide you hereafter, when left to your own unaided resources. Of the local forms of eczema, I shall merely notice that affecting the scalp, of which you witnessed an illustration in the case of Francis Foster, aged 5, who was under treatment in December last. You saw in that case that, on his admission, the hair was so matted together, and the skin covering the scalp so covered with thick incrustation, that the diagnosis was at first somewhat doubtful; but that when the superincumbent mass of incrustation had been

removed by washing the head freely with soap and water, and the hair had been reduced to a more natural condition, the distinctive marks of eczema were evident to the eye. In this case, as there appeared some scrofulous taint, the cod-liver oil was given with much advantage, and continued for some after he left the hospital, and after the eczema had disappeared, as a recurrence of the cutaneous affection threatened to recur on its abandonment, but always gave way immediately, when its use was resumed. Under this constitutional treatment the iodine powder produced much local improvement, and the scalp soon regained its healthy character.

You will sometimes find eczema of the scrotum or scalp, especially the latter, to yield to mild treatment, and sometimes to prove most rebellious and obstinate; but I may again express my firm conviction that they will seldom resist the judicious and prolonged administration of arsenic, combined with local remedies calculated to allay irritation, or to stimulate the skin to a new and more healthy action.

York, October 1855.

St. George's Hospital.

CASES OF ECCHYMOSIS OF BLOOD IN THE ORBIT, WITH INJURY TO THE BRAIN, BUT WITHOUT FRACTURE OF THE CRANIAL BONES.

Communicated by T. HOLMES, Esq., Surgical Registrar of St. George's Hospital.

THE presence of blood in the cellular tissue of the orbit, after injury to the head, is deservedly held, in the present day, as a symptom of great importance, and is usually accounted distinctive of fracture of the anterior fossa of the base of the skull. To this general statement, however, some exceptions must be made; in the first place, ecchymosis, however great, is not symptomatic of fracture of the bones of the orbit, unless it can be clearly traced as coming from behind forwards, and, therefore, affecting originally the cellular tissue of the orbit, and making its appearance first in the ocular conjunctiva. This fact, so important in the accurate diagnosis of the injuries of the head, has been pointed out by the French writers (MM. Lagémar, Nélaton, etc.), and is rightly insisted on by our latest English author on subject, Mr. P. Hewett, to whom English surgeons owe so much of their information on the diseases and injuries of the head. The second case, which I subjoin, will, I think, be found a good illustration of this point. There, notwithstanding the severe injury to the head, the great ecchymosis, and the violence evidently inflicted on the very part most likely to have transmitted the shock to the bones of the orbit, the surgeon was enabled, from observing the fact of the ecchymosis beginning from the anterior instead of the posterior part, to predict that the source of its bleeding was not a fracture of the base of the skull. Another limitation to the general applicability of the symptom, as distinctive of fractures of the skull, would be that the hæmorrhage may be occasioned by fracture of some of the other bones of the orbit. This must, I should suppose, (from the comparative strength of the cranial and facial bones in that region) be very rare and always the effect of direct force. I quote the only instance I remember to have seen (Case 1). The observation is indeed of little practical importance, the cerebral symptoms being what the surgeon has principally to attend to; still it is perhaps worth noticing, as a contribution towards the complete literature of the subject.

Another point of interest, in the first case, is the presence of an injury to the brain, rarely seen on *post mortem* examination, but which probably accompanies most cases of severe concussion, viz., minute extravasation in various parts of the cerebral substance. The reason that this appearance is not more frequently met with, I imagine to be that, at the period at which such cases usually prove fatal, the small ecchymoses have had time to become absorbed, or sometimes are merged in more extensive alterations of structure.

This state of the brain has been well described by Sanson, but was, I believe, first pointed out by a distinguished London physician.

I have endeavoured, knowing the value of your space, to abridge the report of the cases as far as possible, without omitting necessary particulars.

CASE I. Concussion of the Brain; Slight Laceration; Small Ecchymoses of Blood in the Cerebral Substance; Effusion of Blood into the Cellular Tissue of the Orbit, from Fracture of the Facial Bones. This was the case of a gentleman who was thrown from his horse, and admitted into St. George's Hospital very shortly afterwards. He was then completely insensible. There were two very small wounds over the left eye, and one of them led down to the bone, which felt roughened. The left orbit was full of blood, pushing the eyeball forwards, and making the lids very tense. On opening the lids, the ocular conjunctiva was seen to be full, but not chemosed. There was no paralysis; the breathing was quiet; the pulse very weak, 84. The feet and legs were drawn up spasmodically every now and then. Next day, the ecchymosis in the orbit was increasing; and the jactitations had also increased; they affected the right arm more than any other part. The left arm was not moved, but the muscles retained their tone. The pulse was getting weaker, and was irregular.

It is unnecessary to go more minutely into the symptoms, which presented nothing further worthy of particular mention. As the weakness increased, the spasmodic movements became less violent, and soon ceased altogether. He died exhausted, on the fourth day after the accident.

On *post mortem* examination, no fracture of the skull could be traced on the most careful inspection. The source of the bleeding into the orbit was proved to be a fracture which had separated the angular process of the left malar from the frontal bone, and displaced it inwards slightly into the cavity of the orbit. A linear fissure extended also through the orbital process of the malar bone to the suture between it and the spheroid. There was a small extravasation of blood in the edge of the fornix, at its anterior part; and another on its posterior and under surface. A few minute extravasations were found in the superficial part of the optic thalamus. Some blood was poured out in the meshes of the pia mater, here and there; and the subarachnoid fluid was in great quantity. The brain was "wet", and its convolutions somewhat flattened by the fluid above mentioned.

CASE II. Severe Concussion; Ecchymosis of Blood in the Membranes of the Brain; Effusion of Blood in the Orbit, from Injury to the Face. The patient had sustained a severe injury of the head, by falling from a height of about forty feet. The lower jaw was fractured, and the face much bruised. He was quite insensible. There was abrasion of the skin in the neighbourhood of the right eye, and considerable ecchymosis in the right orbit; chiefly, however, confined to the lids. The pulse was very weak; the breathing regular; the pupils round, fixed, and of the usual size.

Next day the weakness was more alarming, but he had partly recovered consciousness. The effusion of blood had increased, especially at the right side of the neck; and the eyelids were very prominent. The pulse was extremely weak.

On the third and fourth days, he improved still more in consciousness; the ecchymosis was diminishing, and he could answer questions rationally. He had, however, occasional fits of restlessness, though no convulsions; and the pulse would sink from time to time in an alarming manner. The treatment consisted in the administration of small doses of calomel.

On the fifth day, he became less conscious; the pulse sank rapidly, and did not rally; and he died in the evening, comatose.

On *post mortem* examination, the extravasation of blood was found to be limited to the face and eyelids; there was no fracture of the bones of the skull or upper part of the face. Blood was effused on both surfaces of the visceral arach-

noid, but none was seen in the substance of the brain. There were several small scrofulous tubercles in the substance of the left cerebral hemisphere, two of which had become softened.

London, October 1855.

Taunton and Somerset Hospital.

CASE OF COMPOUND FRACTURE OF THE UPPER PART OF THE FEMUR: AMPUTATION AT THE HIP JOINT: DEATH ABOUT EIGHT HOURS AFTER THE OPERATION.

By HENRY ALFORD, Esq., Senior Surgeon to the Taunton and Somerset Hospital.

CASE. Robert Rugg, aged 20 years, May 19th, 1831, was admitted into the Taunton and Somerset Hospital under the following circumstances.

While driving a small wagon with one horse through the streets of Taunton, the horse ran away, and, in endeavouring to stop it, his left thigh was crushed between the nut of the wheel and a lamp post; the violence was so great that the post was loosened in the ground, and the framework on the top shaken off. He was immediately taken to the hospital. On examining the thigh there was found to be a comminuted and compound fracture of the upper third of the femur, with very considerable injury of the soft parts; the wound was on the inner edge of the anterior part of the thigh, about three or four inches from the groin; there had been a good deal of venous hæmorrhage; the wound, which was small, was enlarged sufficiently to allow a full examination of the injured parts, the muscles were very much lacerated and bruised, and in some parts almost reduced to a pulpy state, so as to allow of the finger being freely passed through the thigh, and moved about in all directions; the femur was fractured about three inches below the trochanters, and there were two loose fragments between the upper and lower portions; the integument, although not much injured itself, was extensively separated from the subjacent tissues, and a quantity of blood and air was infiltrated in the subcutaneous cellular tissue, as high as an inch or two above Poupart's ligament, causing swelling and a soft crepitous feeling to the touch; the hæmorrhage appeared to proceed from the saphena and some of the profunda veins.

When brought into the hospital he was in a state of collapse; the pulse feeble and rapid; countenance very pallid, shrunk, and anxious, with some restlessness; brandy was given him, and the venous hæmorrhage restrained by a compress and pressure.

On a consultation being held, it was determined to amputate at once at the hip joint, as the only probable means of saving the man's life; it was feared that he would not rally, and it was hoped that the stimulus of the operation, and the removal of the shattered limb, if it could be done without much hæmorrhage, might give him a better chance of recovery. From the state of the soft parts, amputation below the joint was impossible.

The femoral artery was first ligatured a little below Poupart's ligament; from the infiltration and swelling of the cellular tissue it would have been difficult to have effectually compressed it.

The operation was then performed after Larrey's method; a long catlin was thrust through the thigh, just internally to the lesser trochanter, and then cut out, making an internal flap about three inches long; the extensive injury to the soft parts on this side of the thigh prevented its being made longer; the rest of the soft parts were then cut through on the inner side of the joint, the capsular ligament divided, the head of the femur dislocated, and the knife being carried behind the head of the bone, and cut outwards, an external flap was made longer than the inner one; there was very little hæmorrhage; several ligatures were applied; the wound was kept open for a short time to