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Bristol Royal Infirmary.

SECONDARY HÆMORRHAGE AFTER AMPUTATION.

By AUGUSTIN PRICHARD, Esq., Surgeon to the Infirmary.

Cases of secondary hæmorrhage after amputation give much anxiety to surgeons, and decisive measures are generally necessary to stop the bleeding. I mean, of course, to allude to hæmorrhage following the separation of the ligatures, at the interval of a week, ten days, or a fortnight after the operation, when the stump is more or less healed, and not to the hæmorrhage dependent upon insecure ligatures occurring within thirty-six hours of the operation. I do not believe, as has been asserted, that secondary hæmorrhage is more common after flap amputations than after operations by the circular incision.

The mode of arresting the bleeding is determined partly by the degree to which union of the flaps has advanced, and partly by the place at which the amputation has been performed. This latter point has not been sufficiently insisted upon by surgical authors.

The following three cases, which were under treatment some time ago at the Bristol Royal Infirmary, will illustrate my meaning. The first in order of time was under my own care.

J. C., aged 20 years, received a gun-shot wound of the right forearm, shattering the bones and nearly separating the limb. He was brought nine or ten miles from the country without a tourniquet, and had bled profusely. I amputated the forearm (by double flap) just below the elbow. Upon the thirteenth day, the stump was almost healed, and all the ligatures but one had come away. There were one or two apertures upon the face of the stump not perfectly filled up. At 11 o'clock in the night of this day, there was sudden and profuse hæmorrhage, and arterial blood rushed out of all the openings.

Considering that the stump was nearly healed, and that ligature of the brachial artery would certainly stop the bleeding (kept in control by the tourniquet until my arrival), I at once placed a ligature upon that vessel in the middle of the arm, and there was no more loss of blood. The ligature came away on the twelfth day, and the patient recovered perfectly.

A parallel case in the lower extremity was under the care of my colleague, Mr. Harrison. He had amputated the leg just below the knee, and the stump was almost healed when hæmorrhage came on. The bleeding was arrested for a day or two by plugging the wound, and by pressure; but it invariably returned. The femoral artery was tied in the usual place, and the man recovered.

The third case illustrates the other mode of treatment. My colleague, Mr. Clark, amputated the thigh of a man for severe compound fracture and dislocation of the knee, by a circular incision. The case went on well for a considerable time, but afterwards blood began to ooze from the stump, and the patient lost a considerable quantity. It was now a question of tying the femoral artery or not; but we considered that as the case was amputation of the

thigh, the bleeding vessel, as far as we could determine might be a branch of the profunda femoris; and not only so, but that the probabilities were against the idea of hæmorrhage from the femoral itself, as this vessel supplies the leg and foot, and not the thigh, with blood; and therefore, that the ligature of the femoral at the usual place would probably not control the bleeding. The risk of tying the common femoral artery of course put that operation out of the question. Under these circumstances, Mr. Clark put the man under the influence of chloroform, and stripped open the stump, and applied turpentine freely to the surface. The hæmorrhage was arrested, and the man recovered perfectly.

Thus, in cases of true secondary hæmorrhage, if the arm or the thigh have been amputated, a ligature upon the main trunk is very likely not to arrest the bleeding; but if the forearm or leg have been amputated, a ligature of the main trunk is certain to command it. In the latter cases, if union be at all advanced, the femoral or brachial should, in my opinion, be tied. In the former, I should use other means: such as laying open the stump, and searching for the bleeding vessel, or the free application of styptics, of which the spirit of turpentine is the best.

In neither of the cases above mentioned, where the brachial and femoral arteries were tied, did the altered circulation interfere materially with the process of healing.

Royal Free Hospital.

ULCER OF THE STOMACH TREATED SUCCESSFULLY: RELAPSE.

By WILLIAM BRINTON, M.D., Physician to the Hospital.

CASE. T. P., an athletic day-labourer (an "excavator") aged 45, applied at the above Institution on the 26th of June, 1855.

He had always been very healthy. Like most of his class, however, he was in the habit of drinking large quantities of beer: often from three to ten pints in the twenty-four hours.

Four years ago his attention was gradually called to a pain in the epigastric region. This pain was most intense about one and a half inch below the apex of the ensiform cartilage, but it extended downwards, with diminishing severity, to the neighbourhood of the umbilicus. It never reached to either hypochondrium, and was quite unattended by any pain in the back. It was greatly increased by eating, and it enforced an habitual decubitus on the right side; fifteen or twenty minutes being the extreme period that he could lie on the left side, owing to the increased severity of the pain while he was in this posture.

The medical treatment to which he submitted himself for this attack effected its cure in the course of a few weeks.

About seven weeks ago, he was suddenly seized with vomiting, and brought up half a pint of dark clotted blood; and about a week after this hæmatemesis, the pain returned, with much the same symptoms as those he suffered from four years before.

At present he appears to be a strong man, of ruddy complexion, and muscular conformation. But his face has a worn expression of habitual pain, and he states himself to have lost flesh during the last few weeks. His pulse is about 70 in the minute, firm, and regular. His tongue is loaded