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Hospital Reports.

WORCESTER GENERAL INFIRMARY.

TWO CASES OF COMPOUND DISLOCATION OF THE ANKLE.

Under the care of H. BUDD, Esq., and F. MALDEN, Esq.,
Surgeons to the Infirmary.

[Reported by Erlin Clarke, M.B., House-Surgeon].

CASE I. Fred. Price, aged one year and nine months, was admitted under the care of Mr. Budd, July 7, 1855. He was brought in by his mother, having been just knocked down by a cart, the wheel of which passed over the ankle-joint: the mother states that he has been dry nursed, and is a very weakly child.

There is a contused wound opening the front of the right ankle-joint, extending from the inner to the outer malleolus, and dividing the anterior tibial artery: the fibula is fractured about an inch from the malleolus, and the foot is thrown outwards, the inner edge resting on the ground; the cartilages of the joint are fully exposed, but the bones entering into its formation do not appear to be otherwise injured. The child is pale and faint from the shock and loss of blood. The artery was at once secured, the parts brought into position, and secured by strips of wet lint, and the whole limb laid on a pillow. It appeared very doubtful whether the child would survive the shock of the injury; it however rallied, and passed a restless night, and the following morning a small splint was adapted to the leg: it was now discovered that, in addition to the foregoing injuries, the femur of the same leg was fractured at its middle third; this was secured in splints also, and tinct. camph. co. given to control the irritability and restlessness. In a few days sloughs separated from the edges of the wound into the joint, and healthy granulation sprung up; and as the splint irritated the skin it was removed, and the leg simply laid on a pillow, the water dressing being continued. The child usually lay on the right side, with the thigh so flexed on the pelvis that the knee lay in the axilla, with the leg also flexed on the thigh, and this appeared to keep the parts in very satisfactory position.

By the 28th of the month the child had much improved, took meat daily, and was much quieter: on this day a piece of cartilage, seen lying loose on the wound, was removed, and appeared to be that covering the tibial surface of the astragalus. After this the suppuration rapidly diminished, and the wound began to cicatrise. Water dressing was used throughout, and on the 25th of August the child was discharged with a straight thigh, no shortening of the limb, and considerable motion in the ankle-joint.

I saw the child again October 15th, when the foot had recovered almost its natural form: the movements of the joint were perfect, and the child would run about as well as anyone of its age.

CASE II. John Kings, aged 38, was admitted August 31st, 1855, under the care of Mr. Malden. The accident occurred at some distance from the Infirmary. He was riding on a load of hay, when the waggon was overturned, and he fell, with a great weight of the hay on him. On examination we found a transverse wound on the inner side of the left ankle, with the tibia projecting through it, the fibula also fractured about three inches above its lower

end, and the foot thrown outwards. The man did not complain of the manipulations used; indeed, he was of a remarkably placid temperament, and I believe did not suffer anything like the amount of pain that most would from a similar accident: there was no unusual spasm of the muscles, still it was found impossible to reduce the displacement without removing the protruding bone; this was accordingly done, the portion removed being the inner malleolus and part of the articulating surface of the tibia, the remaining part of the tibial articular surface being separated from the shaft of the bone by a perpendicular fracture of the lower end of the tibia into the joint, and retained *in situ* by the lower interosseous ligament. The limb was placed upon a Liston's splint, and cold lotions applied, the wound, whose lower margin had been much pressed upon by the protruding bone, being covered with a pad of wet lint.

Everything went on well till the night of the 8th of September, when he had a rigor, and was delirious through the night. There was an inflammatory blush about the wound; pulse 100; tongue dry and brown. He was ordered carbonate of ammonia in effervescence, thrice daily, with an opiate at night. He improved during the two following days, and on the 12th the wound was freely enlarged, giving exit to a considerable quantity of pus, much to the relief of his symptoms. Subsequently to this time his general health was not much affected; the wound suppurated freely, and two or three abscesses—which pointed in different aspects of the joint—were early and freely opened; the joint became firmer, and careful bandaging, with tonics and stimulating injections, were used, which succeeded in closing all the sinuses about the middle of November. He now began to use the limb moderately. Though the joint was stiff and somewhat unshapely, considerable motion was gained among the tarsal joints, and he was able to bear his weight on the leg, and being provided with an elastic sock for the support of the ankle, he was discharged December 1st, able to walk well with the aid of a stick.

BRISTOL ROYAL INFIRMARY.

CASES OF BRONZED SKIN.

By WILLIAM BUDD, M.D., Physician to the Infirmary.

THE attention of the profession having been drawn to this singular disease by Dr. Thomas Addison's monograph, and by the valuable series of observations now publishing in the *Medical Times and Gazette*, I send a brief account of two cases of it, which have fallen under my own notice. While adding nothing to our knowledge of its morbid anatomy, they present, as contributions to its natural history, points of interest, which are perhaps deserving of record.

CASE I. Martha Staddon, a married woman, aged 42 years, and the mother of seven children, was admitted into the Bristol Royal Infirmary on the 4th October, 1855, when the following notes were taken of her case:—

Always enjoyed good health until last July twelvemonth, when she was laid up for three weeks; her illness being pronounced by the medical man in attendance to be "typhous fever". She must at this time have been in the first month of pregnancy, as she gave birth to a fully developed infant on the second of March following. For some little time prior to the attack of "fever", her skin had begun to put on a brown tinge; a change which she attributed at the time to being sunburnt: her occupation