the operation more difficult, and must often fail, as it did in Case I. Moreover, it seems probable that the presence of the patella after the operation, by covering in the front of the wound, and preventing the free escape of purulent and other fluids, may do harm.

ST. MARY'S HOSPITAL.

FRACTURE OF FOUR BONES, WITH CONCUSSION OF THE BRAIN: RECOVERY.

Under the care of WILLIAM COULSON, Esq., Surgeon to the Hospital.

SHADRACH W., aged 15 years, a plasterer's assistant, was, on December 3rd, 1855, engaged on a scaffold carrying material for building, when his foot slipped, and he lost his balance, falling from a height of sixty feet to the ground. During his fall, he came in contact with some steps, and then with a pile of slates. He was thereby rendered insensible, and was at once brought to St. Mary's Hospital, where he was admitted under the care of Mr. Coulson.

The boy was suffering from concussion of the brain, and was, when admitted, and for a little time after, insensible. On examination, it was found that no less than four fractures existed. In the first place, there was a compound fracture of the left arm, just above the elbow-joint, the wound being on the outer side. The wound attending this fracture was not very large. In the next place, the right leg was fractured at the junction of the upper with the middle fourth of the leg, the fracture involving both the tibia and the fibula. The left external malleolus was also broken across, and the ankle-joint strained and contused. Bleeding from the urethra to a slight extent was present.

The complication of injuries was therefore great. After a short time, the boy recovered his mental faculties, and seemed much better. The arm was set, and wet lint applied over the wound, the arm being kept at a right angle as much as possible. A long external splint was adjusted to the right leg, and cold lotions to the left ankle, with a splint to the inner side.

Dec. 6th. The boy is doing remarkably well. He complains of pain, but there is no symptom present which need occasion uneasiness. The cold lotions are continued to all the injured parts. A slight oozing of blood from the left arm occurs from time to time. The arm was soon after put up with splints.

Jan. 5th, 1856. Between this date and the last, nothing has occurred calling for mention. Union of the fractured bones is proceeding satisfactorily. The leg is now put up with starch bandage, and the injury to the left ankle-joint is apparently quite recovered from.

Jan. 9th. Feels well. The arm has still a right angle splint applied to it.

Jan. 23th. Sitting up. No complaint of pain. But little motion of the elbow-joint has yet been allowed, but the union is proceeding as well as can be expected. The boy will soon be discharged, quite well.

This case is interesting, as showing the great amount of injury which may be sustained with impunity by individuals who are little advanced in years. The great height (sixty feet) from which the boy had fallen was certainly quite enough, according to the doctrine of probabilities, to have produced a fatal result. As it was, however, the fatal result did not take place, although very severe injuries were produced by the fall. These injuries were, as is seen above, happily recovered from; and this case shows, in addition, what a short space of time will suffice to establish the reparative process, and produce such an amount of union as is compatible with a certain degree of motion of the affected members.

Original Communications.

AUTOPLASTIC SURGERY OF THE EYELIDS.

By AUGUSTIN PRICHARD, Esq., Bristol.

THE free vascular supply to the skin of the face, and the consequent easy union of clean cuts; the great deformity arising from injuries and scars; the frequent occurrence of the cases, and the great inconvenience attendant upon impaired power in the external organs of sense, have conspired to make this region of the body an especial favourite with autoplasmic surgeons.

Of the following cases of restoration of the lids, some are like those which other surgeons have narrated, but the rest present certain peculiarities in the mode of relieving a very troublesome condition of the eye and lids, following burns, which I do not remember to have seen recorded, and to which I should like to draw the attention of the readers of the JOURNAL.

I have introduced a series of these cases, that they may be complete; but I do it as briefly as possible, in accordance with the judicious plan lately adopted in the JOURNAL of the Association, of curtailing lengthy contributions.

CASE I. *Notch in the Upper Eyelid from Accident: Cure by Operation.* E. G., aged 20 years, had a deep triangular notch extending through the lid, almost as far as the upper edge of the tarsal cartilage, in consequence of a cut. The margins of the notch were quite healed, and the eye and lids were in every other respect healthy. I pared the edges of the opening, and brought them together with a fine German silver pin, which I removed on the third day, when the wound was quite healed, and the patient cured.

CASE II. *Fissure of the Lid from Accident: Operation.* F. S., aged 19 years, met with a gunpowder accident eight years before he came under my care. He exploded an ink-bottle full of gunpowder, by which his right eye was lost. When I first saw him, the eye was almost sunk, the upper lid divided, with adhesion between the sclerotic and the margins of the fissure. The conjunctiva of the lower lid was swollen, and his eyebrow much cut and disfigured with the scar. The eyelashes and the adherent lid kept up constant irritation and discharge, so that he was scarcely able to use his uninjured eye.

I first divided the adhesion between the sclerotic and the edges of the cleft, so as to free the lid; this required some careful dissection with the scissors. A fine pin was then passed in along the edge of the lid, to bring the two portions of the fissure in apposition with a twisted suture, which was satisfactorily done; and, as the wound gaped a little above, I inserted a single suture of fine thread. The remains of the eye were left untouched.

He suffered intense pain for some time after the operation, but the next day was much more comfortable. I removed the upper stitch on the third, and the pin on the fourth day; and found the patient quite comfortable, the wound healed, and the left eye already much stronger than it has been for a long time. A few days afterwards, with a tenaculum and scissors, I removed all the projecting red conjunctiva of the lower lid, and divided a little frenum, which still passed from the edge of the lid to the remains of the sclerotic.

This patient went home nine days after the first operation, with a small notch still existing in the margin of the lid, but with his left eye strong, and both much more comfortable in every respect.

The operation just described was performed five years ago; and the case well illustrates the sympathetic irritation of an otherwise sound eye, and its speedy cure on the removal of the cause.

CASE III. *Complete Eversion of the Upper Lid, cured by Operation.* H. B., about 18 years of age, came under my care as long ago as the year 1848, with the following