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Hospital Reports.

ST. GEORGE'S HOSPITAL.

CASE OF NECROSIS OF THE ULNA FOLLOWING DIFFUSE INFLAMMATION AFTER INJURY (AND PROBABLY SIMPLE FRACTURE): REMOVAL OF A SEQUESTRUM INVOLVING THE WHOLE SHAFT OF THE BONE FOR SEVEN INCHES OF ITS LENGTH.

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A YOUNG man of very dissipated appearance and habits, who gave the fictitious name of Fitzwallynge, was admitted some time ago, under the care of Mr. Cutler, on account of an injury to the right elbow. This had occurred about a fortnight before, when he was drunk. He could therefore give no account of the affair; but it was gathered from what he said that it was a blow or fall received in some drunken quarrel. He was positive in asserting that, before that date, his arm was healthy. When admitted, there was great swelling about the part, with an erysipelatous blush on the surface; and the cellular membrane was extensively undermined. It was thought likely that a fracture existed about the seat of injury; but the swelling rendered an accurate diagnosis impossible. Free incisions were made on the ulnar side of the forearm into the cellular membrane, which was sloughy. Bark and acid, opiates, and a liberal allowance of spirits, were ordered. He seemed in danger of an attack of delirium tremens during the first few days of his stay in the house, but this passed over. Three weeks after his admission, it is noted that very large sloughs had come away, exposing the ulna to a great extent. Six weeks after his admission (speaking accurately, on the forty-third day), the carpal extremity of the exposed portion of the ulna separated, thus causing a transverse fracture about one inch from the wrist. The shaft of the bone for a great distance was exposed, and evidently dead; but, as it was firmly fixed, it was decided to allow it to exfoliate without any operation. He improved much in health during the remaining period (one month) of his stay in the house, which he then quitted for change of air.

Very shortly after his discharge, and eleven weeks after his admission, the piece of bone separated. It measured seven inches in length, and included the whole thickness of the shaft of the ulna. Some bone was still left exposed at the upper part of the wound.

The patient returned to his old dissipated habits, and was seen no more at the hospital.

REMARKS. I was reminded of this case, which occurred a long while ago, by observing in the ASSOCIATION JOURNAL of November 22nd one reported by Mr. Jones, of Jersey, at the Medical Society of London, in which the whole shaft of the ulna had perished from disease. The present case is perhaps more remarkable, as being an example of the same result following an injury. There seemed no reason to suspect the accuracy of the man's history; nor did the appearance of the bone, when separated, indicate any long standing disease.

There are several points of interest about the case. The

first is the confirmation which it affords of the doctrine, now, I suppose, universally admitted, of the danger of deferring to make incisions in diffuse cellular inflammation. Here there was no very severe injury,—not more, as far as could be seen, than is inseparable from a fracture about the elbow; yet a fortnight's delay and neglect, in a person of feeble habit of body, was sufficient to cause destruction of all the soft parts (including the periosteum), and subsequent gangrene of the bone.

Another interesting feature in the case is the short time required for casting off so extensive an exfoliation. Whatever might have been the case at the upper end, it seemed certain that there was no fracture of the lower end of the ulna; still, so rapid was the process of separation, that it was complete only six weeks after his admission, and eight after the receipt of the injury.

Unfortunately, the most interesting part of the case was lost by the patient's neglect of attendance,—I mean the process which Nature would have adopted to remedy as far as possible the loss of parts. As far as I could see at the time, this process could hardly be said to be then commenced. No new bone was discovered in the cavity left by the extraction of the old; nor was the formation or growth of new bone from the lower end sufficiently advanced to attract attention. Although the periosteum covering the subcutaneous surface of the bone was destroyed, that of the deeper surface was probably left, at least partially; and some repair of the bone from that source might be looked for; otherwise it is probable that the radius might have become hypertrophied, or the interosseous membrane ossified in part, to afford support to the muscles of the limbs.* It would have been very interesting also to notice what interference remained to the action of the numerous muscles which take their origin from the ulna. Our patient, however, had no sooner left the house than he began to make amends for so long a restraint by indulging in his old habits, and was then probably ashamed to show himself again. The case, imperfect as it is, I thought worthy of record, especially as a companion to that reported by Mr. Jones.

Hospital Gleanings.

INJURIES OF BRAIN AND NERVOUS SYSTEM.

A CURIOUS but instructive case recently in St. Bartholomew's Hospital has just ended fatally. The patient was under the care of Dr. BURROWS, with what appeared to be apoplexy, attended with well marked paralysis of one side of the body. At the inspection after death, the internal carotid artery of the side opposite to the paralysis was found totally occluded or obliterated by a firm fibrinous clot. The preparation, with the clot extending into the middle cerebral artery (which artery, it will be remembered, passes along the fissure of Sylvius, and is distributed to the corpus striatum), is preserved in the museum at St. Bartholomew's. The corpus striatum, in a word, must have died for want of blood.

In a very suggestive case in Guy's Hospital, Dr. GULL drew attention during the month to the character of the

* An instance of hypertrophy of one bone to compensate for removal of the other, in a dog, is mentioned by Stanley. (*Dis. of Bones*, p. 102.)