siderable quantity of gelatinous matter, and several small hydatids, and at the bottom of the sac was a large tumor filling the greater part of the pelvis, and containing a large quantity of fatty matter, some hair, and a quantity of shapeless bones. The uterus was hard, and pushed forwards by the tumor; the bladder was capacious and natural; the rectum empty, and the colon distended with scybalæ from the tumor pressing on the rectum, and preventing the passage of solid fæces; the other intestines were natural. The liver was paler than usual, but not much altered in texture; the remaining viscera were healthy, except the stomach, which was considerably inflamed, and the left ureter was also considerably enlarged. There was a considerable quantity of bloody serum in the pericardium, otherwise all the viscera of the thorax were healthy. On a more minute inspection of the contents of the tumor at home, three teeth were found, each complete of its kind—viz., one incisor, one bicuspid, and one molar tooth. The preparation I have now in my possession.

CASE
OF
COMPOUND FRACTURE,
IN WHICH
REUNION WAS INTERRUPTED BY GESTATION.
By H. R. OSWALD, Esq., Surgeon.

Several reasons induce me to consider the following case of compound fracture of the bones of the leg worth recording, and to place it at your disposal.

A compound fracture is at all times a dangerous injury, but this case is uncommonly interesting from considerable portions of the tibia having been removed at the first dressing, and from the fact that it occurred during the eighth month of pregnancy, and furnished a satisfactory proof that a fracture during pregnancy does not reunite till after gestation has been completed; and even after that period is past, remains long flexible, and deficient in hardness and strength.

On August 27, 1839, Mrs. R—, aged twenty-eight, and a native of the West Indies, in excellent health, received, whilst sitting in a gig, a kick from a vicious horse, which fractured both the bones of the right leg about their middle part. I visited this lady immediately after the accident, and found the foot and ankle doubled outwards, and a spicula of bone protruding through the thin integuments that cover the shin. This spicula was a loose portion of the lower end of the fractured tibia, and was surrounded with other loose and comminuted portions of the same end. The discharge of blood was inconsiderable, and swelling and reaction had only just commenced when I arrived; but owing to the importance of the case, and its occurring in a female large in the family way, I requested a consultation, and Mr. Garrett, of Douglas, was soon with me. We agreed to remove the loose and comminuted portions of bone, and consequently the wound of the integuments was immediately enlarged, and two fragments, consisting of the outer solid plate of the anterior surface of the tibia, one an inch, the other one inch and a half in length, besides other smaller portions, were removed. The limb was then extended to its proper position, and carefully

set in a smoothly scooped wooden splint, without any bandaging whatever, the splint being only secured on a pillow, moulded into a form which embedded it; water dressings were then applied, and assiduously persevered in for many days.

During the first week of the case, Mr. Edward Thompson and Mr. Stubbs, of Liverpool, who happened to be in the island, visited our patient, and were much pleased with the appearance of the wound, the position of the limb, and the general state of the case. Indeed, the very moderate degree of reaction, and the absence of constitutional as well as of local irritation and pain in the limb, were, from the first day, very remarkable, and I never saw a case so free of them. The consequences were, we had no difficulty in keeping the limb in position, and the case went on beautifully under the use of the water dressings and the usual attention to diet and regimen. Though I dreaded the formation of abscesses where the broken ends of the bones had caused considerable injury to the soft parts of the calf of the leg, and in the large cavity out of which the comminuted portions of the tibia had been dissected, yet none such took place. The wound digested kindly, and symptoms of the adhesive process, and of granulations filling up the cavity, were strikingly remarkable towards the close of the second week; and the tumefaction of the whole limb, which had been considerable, began to subside, and pit on pressure about the fourteenth day. It was, therefore, bandaged by the many-tailed bandage, and a portion of spirits added to the water dressings; a more generous diet was prescribed by allowing an addition of an egg or a slice of ham to breakfast, and a cutlet of meat or a basin of broth at dinner.

On the 23rd of September, being twenty-eight days after the accident, we removed the leg out of the splint for the first time, and found, as we suspected would be the case, the fracture quite flexible, as much so as it was on the first day. On examining the site where the callus ought to have been formed, we found the whole space soft and pulpy. The external wound, which had never given us any trouble, was now filled up and healed to the size of half an inch or less, and the swelling of the limb almost quite gone. The newly-formed cicatrix seemed to cover a large mass of granulations. There was no puriform discharge of any consequence, nor any sinus leading to deep-seated cavities; but no progress had been made to reunion by bone, and we were under the necessity of being as careful in keeping the fracture in position as we were the first day it occurred. The many-tailed bandage was again applied, and, as labor was now daily expected, the limb was more firmly secured by splints all round. It may be remarked that, after the first week to the end of September, our patient suffered three exacerbations of fever of an aguish character, with intervals of eight days between each, but which produced no bad consequences beyond the uneasy sensations and loss of appetite for two or three days, which usually attend such attacks. On inquiry, I learned she had formerly suffered from ague, and considered that the present return of it was owing to the exhalations from the low meadow lands, and the streams of water which surrounded the cottage she occupied.

On the 28th of September labor set in very natu-

rally, and she was safely delivered of her first child, after a very regular and steady labor of eight hours.

October 1. Case doing very well. Opened the dressings to-day; fracture quite flexible. On rotating the foot, the substance that occupies the site of the callus exhibits a pulpy movement.

4. Any attempt to suckle the child strictly forbidden, to the great grief and annoyance of the mother. Febrile reaction, and other sequelæ of parturition, give no trouble; complains now more of pain in the fracture than before; she describes the pain as a palpitating and lancinating soreness.

11. Wound cicatrised; fracture still flexible, but feels rather stiffer and firmer in the deep-seated parts of the limb, as if from a degree of reunion in the fracture of the fibula; callus is so pulpy that it appears to fluctuate to the touch. Some change in the position of the leg has occurred, for the toes are more turned outwards than natural. Applied the splints with still greater care to accuracy. Continue a generous diet, and let her have a glass of port wine or of porter twice a-day.

25. Callosity of fracture considerably increased since last dressing, which took place twelve days ago. An ossific firmness is perceptible to the touch in the proper site of the callus. Our patient is in good health and excellent spirits, but thin almost to emaciation.

November 6. Leg still bends at the fracture, but will not rotate now.

16. Though the callus still bends slightly, it is stiff and elastic.

December 5. There is now a prominent node of bone formed where the loss of substance took place, and the leg will not now bend.

Early in January, 1840, reunion was so complete that our patient began to walk a few steps with the aid of crutches; but, for many months after, we took care to give the limb all the support that well-adapted splints could afford it, for I have on several occasions known a well-cured fracture disfigured by using the limb.

June 10. The limb is quite straight and precisely the same in length as the other; and I am happy to say the cure may be considered complete, for our patient can now walk several hundred yards without the aid of a stick, but says she could not walk any distance, for she gets so soon tired.

The foregoing facts appear to me to establish the old observation, that fractures will not reunite during pregnancy. I never before the present occasion had an opportunity of verifying this fact. Fractures during pregnancy are so rare, or are so frequently followed by premature labor, that the opportunity of observing the phenomena is seldom met with. Indeed, I cannot recal to memory having ever seen a similar case recorded, nor of having seen the fact otherwise remarked upon, than as problematical; so far the present case is curious and valuable. There can be little doubt that the cause of the want of reunion in such cases must be the growth of the fœtus "in utero," and especially the growth of the bones of the fœtus giving rise to a demand for ossific matter prejudicial to the supply necessary for the reunion of the fracture. It was in accordance with this opinion that our patient was prevented from suckling her child, and I have no doubt that, had she been allowed to do so, reunion would

have gone on very slowly, and perhaps would have passed into that state of structure which would have rendered an operation necessary at some future period, for the purpose of inducing a deposition of bone.

I do not think that the febrile attacks which occurred during the first three weeks could have had much effect in producing the phenomena above described. They were too ephemeral to be followed by consequences so important. The process of gestation and the great demand for ossific matter in the system of the mother must be considered the only causes of the slow formation of callus in such cases as this.

The absence of pain and the unusual exemption from local irritation and of suppuration which this case exhibited, is another feature of it worthy of notice. There must have been some physiological cause for this, and the excellent state of health which our patient enjoyed is not sufficient to account for it; for powerful reaction is the consequence of robust health in all accidents. The appearance of pain in the fracture after gestation was over, and which continued many weeks when the general health was in good condition, is a proof that the symptoms of pain and reaction did not depend upon any condition of good or ill health, but upon a specific process going on in the system at the time, and this process must have been gestation, for no sooner was it over than the sanative process commenced more efficiently in the fracture. It is curious to observe how the absence of local irritation and pain during gestation resulted in a very imperfect process of reunion, and how, as soon as delivery was accomplished, that pain became the concomitant of a sanitary process in the fracture, which resulted in complete reunion of the osseous structure, thus forming another illustration among many I have met with in my experience, that pain, unattended by fever, is by no means a bad symptom; on the contrary, it is often an indication that the *vis medicatrix naturæ* is in active operation.

Douglas, Isle of Man.

CASE OF CHOLERA MORBUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should you consider a second case of cholera morbus, which has occurred in my practice since last I wrote to you, sufficiently interesting to merit a place in your Journal, I beg you will give it an early insertion. It may be, probably, interesting to those gentlemen who are engaged in collecting information on the endemics and epidemics of the current year, to know the particular situations where such diseases are most prevalent, and the mode of treatment most frequently successful.

I am, Gentlemen,

Yours obediently,

JOHN WICKENS WEST, M.R.C.S.L., &c. &c.
Poole, August 29, 1842.

Mrs. Corderoy, aged sixty, married, and the mother of a small family, usually experiencing good health, was attacked, during the night of Thursday last, the 25th instant, with violent pains in the epigastric region; cramp in the legs and arms, which was so