found that the womb is irregularly contracted, or divided as it were into two parts by a drawing together of its centre, for in proportion to the strength of the spasm will the operation be rendered more or less difficult.

CASE OF COMPOUND FRACTURE OF THE RIGHT LEG,

WITH SEVERE LACERATION, SECONDARY AMPUTATION, AND DEATH.

By E. GYLLES CROOKE, M.D., EDIN.,
M.R.C.S., Ed., and L.A.C.

I WAS hastily summoned about half-past five P.M., April 1st, to visit Catherine Bamber, aged 10 years, whose leg had been severely injured in the cog-wheel of a bark grinding mill at a tan-yard.

On my arrival I found an enormous wound, involving the flesh of part of the anterior, the internal, and posterior aspects of the right leg. The course of the wound was diagonal, from the outer side of the patella to the back of the ankle. The internal surface of the tibia was denuded three or four inches, as also the whole patella, with its ligament. The fibres of the gastrocnemius muscle were considerably lacerated; the detached flap at the central and broadest part was seven inches in width, and had the appearance of having been crushed after laceration. Synovial fluid appeared to escape from the inner side of the knee-joint, but no distinct wound was apparent. The anterior edge of the tibia was fissured, but as the inferior portion of the bone was covered with the tumid integument it was impossible to ascertain with accuracy the extent of fracture. A great quantity of blood had been lost, and there had been considerable vomiting before my arrival, which was about two hours and a half after the injury. The hæmorrhage had, however, then ceased, the surface of the body was cold, the pupils slightly dilated, but the pulse was between 90 and 100, of moderate tone and equal in rhythm. As reaction appeared to be commencing, with the exception of the application of warmth, I did not think it prudent to administer stimulants. As far as the irregularity of the laceration would allow, by means of sutures and adhesive plaster, I brought the compound fracture into the condition of a simple one, applied a bandage tolerably firmly over the whole limb, and placed it in Liston's double-inclined splint, with foot-piece. The leg was ordered to be kept continually moistened with cold water, and the following medicine was prescribed:—*R. Hydrarg. cum Cretâ, gr. iv.; Ext. Hyoscy., gr. ij., fiat pilula statim sumenda. R. Liq. Ammon. Acetatis, oz. j.; Tinct. Hyoscyami, dr. ij.; Mist. Camphoræ, oz. iij. M. Cap. coch. j., mag. omni secundâ horâ.* At the same time I expressed my opinion to her friends that mortification would supervene, and render amputation imperative.

April 2nd.—The child has had no sleep, is very restless from the excruciating pain, and complains of the limb feeling numb. The leg is not much swollen,

but has an inflammatory blush, extending some distance above the knee, especially in the ham; there is much thirst and headache; the pulse is full but soft, and about 120; the bowels have not been moved; drink is rejected. Warm applications were ordered to be substituted for the cold. Five grains of calomel, with a tablespoonful of castor oil, were prescribed immediately. Of an eight-ounce effervescent mixture, containing twelve minims of hydrocyanic acid (P. L.), and three drachms of the solution of the muriate of morphia, a tablespoonful is to be taken every hour.

3rd.—The limb is more swollen and less sensible to touch; the blush is of a more livid hue, and now occupies the whole ham; the pulse is about 120, soft, small, and irregular; the vomiting is very troublesome; the skin dry and hot; the pupils irregular, one dilated, the other contracted; the bowels have not yet been moved; the tongue is but very slightly furred; the child dozes a little, and has been very delirious and restless through the night. The features are putting on the Hippocratic expression. A tablespoonful of a warm aromatic aperient is to be taken every hour until the bowels are opened, the dose of morphia to be decreased one-third, the effervescent mixture continued, and a tablespoonful of port wine and water to be given every three hours. The sutures were taken out to-day, and warm poultices applied.

4th.—The bowels have been opened three times; the sickness is not so urgent; the delirium is less; she has slept four hours at once, and complains of no pain; the facies Hippocratica is now evident. She has asked for and eaten some bread and butter. The thirst is not so troublesome; the pulse about 130, weak and small; the surface of the body is cooler, and the girl expresses herself as more comfortable, but the temperature of the leg has increased; it crepitates under pressure; the wound gapes and discharges a foetid sanious pus; sensibility has diminished; a distinct line of demarcation is forming immediately above the patella in front, from the commencement of the ham posteriorly, to within four inches of the foot anteriorly, and behind down to the ankle. The quantity of port wine is to be increased, and tonic medicine, with the opiate, prescribed. Yeast poultices are ordered, to be changed every four hours. The father is informed that amputation is indicated.

5th.—The detachment of the slough has commenced; the hamstring muscles are visible, and it is evident that the whole of the integuments—probably the muscles as well—will slough off. The pulse is as yesterday; the tongue clean; the skin cool; the vomiting has ceased; the appetite is improved; and the bowels have been moved twice since yesterday. The necessity of amputation was now urged upon the father, but was refused. The medicine, wine, and poultices are, therefore, to be continued.

6th to 13th.—The process of detachment has proceeded, and is this morning completed; the whole limb is bare to the extent before mentioned, the muscles both of the anterior and posterior region are involved, and can be detached piecemeal with a sponge. The

child is rapidly sinking, in spite of arrowroot, port wine, broth, and the tonic medicine. To-day (13th inst.) the father has requested me to operate, if I see any, even a slight chance of recovery. I consented to do so, provided the child had not materially altered by my visit on the morrow.

14th.—The child is in very great pain; the pulse is 120, soft and small; the bowels are not loose; the surface of the skin moderately cool, but the appetite has failed; she has slept a little through the night; is not at all delirious, is perfectly conscious and converses with her family. Confident that from such a source of irritation nature must soon yield, I considered it incumbent to have recourse to amputation even at the eleventh hour. I amputated the thigh through the centre, by the lateral operation, this morning; the hæmorrhage was exceedingly slight. Four ligatures were required. The flaps brought together in the usual manner, and the child placed in bed. During the operation, which lasted but a few minutes, she fainted, but speedily rallied upon the administration of some port wine. For about half an hour afterwards she appeared to be doing well, her pulse was the same as before the operation. She suddenly jumped up, and when laid down cried loudly to be raised. Complained of pain about the heart, and coldness of the belly. The pulse became smaller, and almost imperceptible. The pupils dilated. In spite of stimulants, external and internal, the body became cold, pneumonia of the dying was evident, and she expired just one hour after the operation.

Remarks.—Had the patient been an adult, I should have performed primary amputation, but knowing the reparatory power of nature in young children, I felt anxious to give her every chance of struggling through the consequences of the injury. I believe, had the operation been consented to four days afterwards, when it was urged upon her parents, that the girl would, in all probability, have recovered.

Leyland, Lancashire, April 17, 1850.

CASE OF

SUPPOSED SPINA BIFIDA SPONTANEOUSLY CURED.

By TOM GUY, Esq., M.R.C.S., THORNE.

LATE in the evening of the 11th December last I was requested to visit F. H., aged 25, a miller, who had from birth a tumour, the size of an infant's head, extending over the spinous and transverse processes of the whole lumbar vertebræ, and from the chafing during the past few days of his illness had caused a small ulcer, which burst, and allowed its contents,—“thin watery fluid, uncommonly offensive,”—to escape. When I saw him he made no complaint, but was low and very weak, and the sac was gradually emptying itself; from time to time it filled again with thicker fluid, and then opened again, at each period getting

smaller, until at last the sides of the sac became closely adherent, and the integuments covering it shrivelled up, so that now nothing remains to appearance but a little hard and thickened skin. I should observe that this patient always had full command over his discharges, but that there was diminution of sensation as well as motion in the lower extremities, and occasional wanderings. The skin covering the tumour delicately thin, and somewhat transparent, and when entirely empty of fluid, an opening, about two inches long, and the sixth of an inch broad, could be felt running down its centre. The gait was awkward, a sort of waddling.

This case was always looked upon as spina bifida, and as soon as an opening occurred, death must inevitably follow.

Observations.—Now, my impression is, since the man has recovered, and without ever having had bad symptoms, that this affection must have been purely local, or if it did ever communicate with the spinal cord and brain, the original opening must have closed years ago, otherwise it could not have terminated so happily for the patient; but nature I apprehend set up the adhesive process, and the sides of the small aperture had become united, so that the channel had ceased to exist. As Sir Astley Cooper suggested, it ought to be attempted by art, should nature not do it. Once I understand he practised this method with advantage and success, yet it is an extremely dangerous experiment.

April 10, 1850.

Provincial Medical & Surgical Journal.

WEDNESDAY, MAY 29, 1850.

THE *Medical Times* again makes us the subject of animadversion in its frantic efforts to bolster up the National Institute. To this we have no manner of objection, as we do not see that the approval of our contemporary is of very vital importance; but we should much prefer, that in any future observations with which he may honour us, he do not accuse us of feelings and motives which exist only in his own imagination. We have long been aware that this *Journal* has been an eyesore to our metropolitan brother, and the suspicion has crossed our minds that he would not be unwilling to replenish a not over-luxuriant exchequer with a slice of the goodly list of subscribers, of whose support we are justly proud, not simply on account of their numbers but in reference to their professional and social weight. We can, however, assure our contemporary that he sadly mistakes the character of the provincial surgeon, if he thinks he is to be seduced from his allegiance by the