density, or in consequence of pressure exerted by the stethoscope, giving rise to a bellows murmur.

In making the examination, the recollection of the following circumstances will materially tend to facilitate the diagnosis :—

1st. That tumours contiguous to, and receiving pulsation from, the aorta, obtain more frequently than aneurism of that vessel.—2nd. That the impulse propagated through a tumour is more feeble than when occasioned directly by an aneurism.—3rd. That the murmur of a tumour, compressing the artery, is weak, short, and whiffing, often ceasing on change of position. 4th. That both impulse and murmur are not unfrequently susceptible of undergoing temporary suspension by applying the stethoscope laterally, and displacing the tumour from off the aorta. In the case of aneurism, both the lateral impulse and murmur will remain unaffected by this proceeding.—5th. That tumours simulating aneurism, arising from fecal accumulation, will be entirely dissipated by full and free purging.—6th. That the previous history of the case, the age of the patient, and especially the existence of malignant disease in other and external parts of the body, will materially co-operate in directing the diagnosis.—7th. That the patient be examined in the horizontal posture, with the knees well drawn up towards the abdomen, instituting at the same time a carefully conducted antero-posterior, as well as lateral investigation.

Nervous pulsation of the abdominal aorta, occurring in dyspeptic and anæmic subjects, especially if it obtain in connexion with a circumscribed flatulent distension of the intestine, closely resembles, on a cursory examination, and has been frequently mistaken for, an aneurism of that vessel. This functional disorder will be recognised by its concomitant, nervous, or anæmic symptoms; by its aggravation on slight exciting causes, and want of permanency; by its sound and impulse being short, abrupt, and jerking, neither heaving, as in aneurism, nor confined to any particular portion of the artery; by the frequent co-existence of venous murmur in the neck; and, lastly, by the generally successful result of treatment.

In bringing to a close the consideration of the more important physical phenomena, with which it is both the duty and advantage of every medical practitioner to make himself acquainted, I cannot refrain from once more urging the necessity of establishing, (particularly in obscure and doubtful cases,) a full and complete investigation of every circumstance, collateral and direct, in connexion with the disease, prior to hazarding a decided opinion. By neglecting this precaution, the medical observer not only risks his own reputation, but brings the important diagnostic aid derivable from auscultation and percussion, into unmerited disrepute.

CASE OF COMPOUND FRACTURE OF THE LEG, IN A PATIENT OF THE HÆMORRHAGIC DIATHESIS.

By W. DRUITT, Esq., Surgeon, Wimborne, Dorsetshire.

Henry Hanson, aged 27, a tall and not very muscular man, a harness-maker by trade, was admitted into the hospital of the Union Workhouse in this town, under my care, on Sunday, the 24th of September, 1843, with a very severe compound fracture of the left leg

about its middle. I found both bones broken, the tibia obliquely, and the upper portion protruding about three inches on the inner side of the leg, through a wound five inches in length. The man was faint from loss of blood, but as far as I could gather from him, his general health was good, although he was decidedly of the scrofulous diathesis.

My colleague, Mr. Place, being too ill to attend, I had to decide on my own responsibility whether or not the leg could be saved. On the one hand was the little trouble of an easy operation, and the enormous trouble required to save the limb; but on the other, was the grievous injury to the patient. I determined therefore, if possible, to save the leg, seeing no surgical reason why it should not be done, even in the hospital of a Union Workhouse, notwithstanding the low estimation such establishments are held in by his Grace the Duke of Richmond. The protruding end of the tibia was so wedged in by the skin, that in order to return it to its place I found it necessary to remove about half an inch of it with the saw, and a small splintered portion with the cutting forceps, after which I was enabled to bring the edges of the wound together. I placed the man on his left side, applied a piece of lint dipped in blood to the wound, and put up the leg in a many-tailed bandage, with two splints, keeping the leg constantly wet with cold water. The further treatment was such as is usual in similar cases of severe injuries.

The man went on well, the leg remaining in a most excellent position, till the 21st of October, when I was suddenly called to him early in the morning in consequence of considerable hæmorrhage from the wound. I found that the blood welled out at one corner of the wound, and that he had lost at least a pint. I ordered the constant application of cold water, and two tablespoonfuls of the following mixture every three hours :—Dilute sulphuric acid, one drachm and a half; tincture of opium, twenty drops; water, six ounces.

These measures had the desired effect of stopping the hæmorrhage, but on several occasions during the next month I was much troubled by similar attacks which, although not so severe, greatly impeded the progress of the case, and at last reduced the strength of my patient to an alarming degree.

After one or two of these attacks I was led to make particular enquiries of the man on the subject, and found that when he was in good health he always experienced the greatest difficulty in stopping the bleeding, from even the smallest cut, not being able to remove the dressings from it for ten days or a fortnight, without the recurrence of the bleeding, and that, on one occasion, he lost nearly a quart of blood from a small cut in the wrist before it could be stopped.

With the exception of this bleeding, every thing went on favourably till the 7th of January, when my patient was attacked with scarlet fever. At this time the wound in the leg was smaller than a fourpenny piece, and in every respect the man was progressing as well as I could wish. The fever was mild for the first three days, when it assumed a typhoid type, and the man became insensible, and remained so for ten days. The effect of the fever on the leg was most striking; the healed portion of the wound, nearly five inches in extent, turned quite black, and the cuticle peeled off; the bones, which were by this time firmly united,

became disunited, and the leg one bag of pus. The fever was treated by the usual means, tonics and stimulants, and very large doses of opium, which I found it necessary to continue for some time after his recovery from it. The pus I evacuated from his leg by counter-openings, and dressed the wound with dilute nitric acid lotion and poultices. I was rewarded for all my trouble and anxiety by my patient's gradual recovery from this frightful state of suffering and danger.

Towards the end of May I removed a loose portion of bone, which was an exfoliation from the sawn end of the tibia, and in a few days the wound in the leg was quite healed.

At this time I permitted my patient to get up, but in putting his leg to the ground, although it was firmly bandaged, two or three small vessels in different parts of the cicatrix gave way. The sore caused by one of these extravasations of blood under the new cuticle at the lower part of the wound, did not heal, and in a fortnight a portion of bone made its appearance, but it was very firmly attached to the surrounding parts. My patient had, up to this time, gone on improving in health and strength, and continued to do so; but in consequence of his still being unable to walk after so long a time, the Board of Guardians thought it right that a consultation should be held by the other medical officers of the Union, and a report of the man's present state be furnished by them, in order that the authorities of the parish to which he belonged might be satisfied that everything which was proper to expedite his recovery was being done. To this of course I could not have the least objection, and the meeting took place on Friday, July 13th. One of my colleagues gave as his opinion that the leg should be amputated, first, because the man was in a fit state of health for the operation; secondly, that he would never be able to walk; and, lastly, that if he did, he would always have a wound in his leg. The other quite disagreed from these propositions, seeing no reason, from the state of the man, why he should not walk, and considering that the question of amputation could not be for one moment entertained. The result was, that they both signed a report that nothing more was at present to be done for the man. I should have stated that at this time the bones were firmly united, and that the piece of bone, which I have before mentioned, was become quite loose; there was also a very shallow sinus at the upper part of the cicatrix.

July 16th. I removed the loose portion of bone, about two inches in length, which was an exfoliation from that part of the tibia, at which I cut off a small bit with the forceps. The wound quickly healed, and in ten days I permitted my patient to get up, the leg being previously well strapped and bandaged.

February 26th, 1845. The state of my patient is as follows:—His general health good; the small sinus at the upper portion of the cicatrix obliterated by the strapping and bandaging; the leg quite firm and strong, and much increased in size; but the knee having been kept some time in a bent position, it is not yet quite straight, but when it is so I am confident there will not be a difference of more than half an inch in the length of the two legs. He is able to walk on level ground with one stick.

I think a few observations on the treatment of this case will not be considered misplaced. The first

question which might be raised is,—Should not the leg have been amputated at the time of the accident? I considered, from the state of the man's health, and from the cases of compound fracture which I have seen and attended, that there was no reason why the leg should not be saved. The sources of difficulty were—first, the hæmorrhagic diathesis, the frequent occurrence of the bleeding in considerable quantity from a small portion of the wound, and which at last reduced the man so much as to place his life in imminent danger; secondly, the attack of scarlet fever, which was raging in the neighbourhood in its worst form, and which placed my patient in the greatest danger from its effects, both on the general health as well as on the leg.

In this stage, however, nothing was to be done but wait the result; and now the question arises,—Should his leg have been removed on the 13th of July, 1844, when my colleagues met in consultation, and one of them held that the man was in a fit state for the operation, &c.? I was most decidedly opposed to amputation, first, because I considered that after all the suffering of my patient, now that his leg was firm, and only a piece of bone to come away to enable him to get about, it would be an act of cruelty not to give him a chance of retaining his limb, which, although it might be nearly half an inch shorter, was by no means such a mass of deformity as to condemn it without a fair trial; secondly, had the limb been in such a state that the chance of its being any use was most improbable, still I should have objected to amputation on account of the hæmorrhagic diathesis, which in a wound, even in the inner side of the leg, only through the integument, nearly cut off the man's life. The result shows the advantage of giving the leg a trial, the man being able to get about now with one stick, and although it may be some months before his knee becomes quite straight, from his occupation giving him so few chances of using it and his habits being very dissipated, and he is able entirely to lay the stick aside, still he can now follow his employment, and feels most thankful for the preservation of his limb, without which he would have been unable to do so.

Wimborne, Dorsetshire, April 4, 1845.

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WEDNESDAY, APRIL 23, 1845.

The Council of the College of Surgeons, if we are to consider the manifesto recently issued, in answer to the resolutions and protest transmitted to them by the Committee of the National Association, as their deliberate and final decision on the question of admission to the fellowship, would seem to have made up their minds *coute qui coute* to disown and shuffle off the great body of the members of the college. They repudiate, (such is the term which best characterizes their proceedings,) their obligations to the members, but carefully retain the manifold advantages which the College has heretofore derived from its connexion with them, and now add insult to the injuries already inflicted, by