weak; complains of stump, which was dressed; it looked pretty well, but was sloughy.

Rept. omnia.

27th. Slept well, and is easy; sweats; appetite returning; bowels confined; stump dressed; profuse sanious discharge.

Contin. Capt. Pil. Rhei., ij. hora somni si opus sit.

28th. Pretty easy, but requires an opiate during the day occasionally. To continue, and to have as much wine as he wishes.

29th. Recruiting a little; pulse 120 and firmer; emphysema gone from the thigh; considerable sloughing of the stump, which is dressed daily.

30th. Very feeble; hectic sweats and restlessness; great thirst; pulse 130. Has as much wine and porter, with beef tea, &c., as he can drink.

31st. Strength decreasing, and sleeps little; bowels confined; sloughs separating, and granulations can be seen. To continue, and to have brandy.

November 1st. Died at five a.m., exhausted, having been occasionally delirious.

Shortly after the amputation of the limb it was dissected; the line of demarcation was fully formed on the skin, that of the parts within was not distinct, but would have taken place two or three inches higher up; no show of suppuration was found; underneath the skin of the lower part of the thigh, knee, and leg, there was considerable ecchymosis; the ends of the bone were riding in the popliteal space, surrounded by a small clot of blood, and had the vessels lying loose and unconnected over them. The popliteal artery was impervious; it had been torn by the injury; the middle, with the inner tunic, was abruptly lacerated across, and the ends separated from each other for the distance of an inch and a half, but connecting them was the stretched and partially-lacerated outer coat, which had not altogether given way like the others; there was a discoloured coagulum plugging the upper extremity of the lacerated inner coats. The vein presented marks of having also been violently stretched; it was impervious, but was not so much lacerated as the outer coat of the artery. The knee-joint contained about two ounces of fetid sanious pus. The muscles of the leg and foot were nearly of their natural colour and consistence, as also the vessels, which were empty.

After death an examination of the body was obtained. The dislocated shoulder presented nothing particular on external inspection, except that its movements were lax, and the skin a little ecchymosed; the cellular tissue in the axilla was found infiltrated with bloody pus; the capsular ligament had, at its inner part above the insertion of the uninjured subscapular tendon, a slit-like opening, formed by the separation of its fibres, and sufficiently large to allow the head of the humerus to escape; the joint contained about an ounce of pus similar to that in the knee, and presented no marks of inflammation; the long head of the biceps was natural; the supra and infra-spinatus, with the teres minor muscles, were detached from the humerus, and had torn off the bony surface of the great tuberosity; the postero-inferior attachment of the capsular ligament was lacerated, and had allowed pus from the joint to lodge between the triceps and the bone. The liver was greatly enlarged from chronic disease, and several black tumified glands were situated

in the course of the left iliac vessels; there was no union of the tibia, and a bed-sore was on the sacrum.

Remarks. The dissipated habits of this patient had undoubtedly so weakened his system, that it was unable to encounter an exhausting suppuration, more seriously debilitated as it was by the shock of the accident and of the operation. The dissection of the limb sufficiently accounted for the occurrence of the gangrene; the stretched and lacerated condition of the vessels can only be supposed to have been produced by the inferior end of the fractured bone having been greatly displaced by the injury, and thrust backwards with the vessels upon it, which of course would violently extend and stretch them, for no rupture or laceration of the surrounding tendons existed to show that the limb had been forcibly lengthened by the accident; that there had been no bleeding from the artery was not surprising, as its state resembled exactly that which is induced when a limb is torn off by machinery, and where generally there is no hæmorrhage. The examination of the dislocated shoulder presented nothing peculiar beyond what has been recorded in other cases, except that it contained pus, which however was most probably a mere deposition from the depraved blood, as no trace of inflammation could be found. The fracture of the great tuberosity appears to be a rare occurrence, and is a good illustration of the immense power these muscles sometimes exert in attempting to prevent a dislocation.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF DISLOCATION OF THE SPINE.

(Reported by Mr. W. H. COLBORNE.)

Thomas Young, labourer, was admitted into this Hospital, under Mr. Liston, October 27th, for an injury to the spine. The patient is about 22 or 23 years of age, stoutly made, of florid complexion, and general good health; he gives the following account of his accident:—On the 23rd, whilst standing on a high ladder, a sudden sensation of giddiness came over him, and losing his hold he fell to the ground: he was not rendered insensible in consequence, and though he says he felt much shaking, he was able to walk home soon afterwards; next morning on leaving his bed-room, being at the stair-head, he was again seized with vertigo, and having fallen to the bottom, was taken up insensible, and continued so for some time; on awaking from his stupor, he found that the power of motion and sensation was lost in both of the lower extremities. A medical attendant was called in, who sent him into the Hospital on the 27th.

State on admission.—There is a complete loss of sensation in all parts below the clavicles; the power of motion in the lower limbs is altogether gone; sensation is much impaired in the upper extremities, and though every movement can be performed by them, yet they are so much weakened as to be nearly powerless; no particular pain is complained of but a general sense of uneasiness, and he says he feels stupified. Respiration is purely diaphragmatic, not the slightest motion of the ribs being perceptible, and articulation slow, and during expiration, difficult. The bladder is distended, but he is unconscious of it, and has felt no

call to make water. The bowels have not been evacuated since the accident. Heat of skin in the paralysed parts natural, as ascertained by the thermometer; no symptoms of febrile excitement. The urine was drawn off and found to be natural, and a pill of croton oil and creosote given every four hours, until the bowels were opened, and forty minims of tincture of henbane, with forty minims of foetid spirit of ammonia were exhibited every six hours. The bowels were relieved freely by the medicine.

28th. On tickling the soles of the feet, twitchings of the muscles of the legs are produced; the penis is distended, and a discharge resembling semen distils from the urethra. Catheter passed twice to-day; no alteration in the state or sensations of the patient.

29th. Still the same; the abdomen is somewhat distended by flatus; retention of urine still continues.

30th. This morning febrile excitement came on; the pulse rose in strength and frequency; the tongue was rather foul; some intolerance of light, and increase of the sensation of general uneasiness were complained of. He was bled to twelve ounces, but continued to grow worse; the breathing became more difficult; and in the evening he died in the presence of the house surgeon, who had been called in to him. The heart's action continued for five minutes after all respiratory movements had ceased, and in a few minutes after death the skin became livid and mottled.

Secutio Cadaveris, twenty hours after death.—Though the body has been lying on the face, the posterior surface is much discoloured, especially about the neck and shoulders.

The sixth cervical vertebra was found to have been dislocated forwards, the fibro-cartilage being torn from the inferior surface, and the anterior and posterior common ligaments, and ligamenta subflava, were torn across; the tip of the right inferior articulating process was broken off; the tip of the right transverse process of the seventh vertebra was also fractured; the spinal cord was entire and uninjured, but was pressed upon by the body of the seventh, and the arches of the sixth cervical vertebrae, and there was but a slight degree of effusion on its surface; the lungs, kidneys, and brain, were all examined, and found engorged with blood, but with their structure healthy; the ventricles of the brain contained a small quantity of bloody serum; the bladder was distended, and its mucous membrane pale and softened.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 10, 1845.

A letter, which requires from us a few words of explanation, appears, at the request of the Council of the Association, in another column. The resolution to which the Council came in reference to the letter alluded to, while it affirms the responsibility of the Editor of this Journal, is every way sufficient to secure that independence which is essential to the discharge of the duties of the office. At the same time, as the author of the letter

evidently labours under a partial misconception of the objects of the Association, as he is apparently unacquainted with its past history, and as others may be similarly situated with himself, we think it desirable to advert to the opinions which he has advanced, so far as to make the subject clearly intelligible.

These resolve themselves into two main points,—the proceedings of the Annual or Anniversary Meetings, and the mode of conducting the Journal. The author is desirous of excluding the consideration of medico-political subjects from both, and he refers to the fifth of the enumerated principal objects of the Association,—“maintenance of the honour and respectability of the profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members; and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession,”—which he considers incompatible with such discussions.

Now we have before stated, and we again repeat, that we consider the prolonged discussion of the state of our Medical Polity, which the circumstances of the times have forced upon us, as an evil greatly to be deplored; and we shall hail with sincere satisfaction the period when an equitable adjustment of the questions which have now for some time past engaged the attention of the profession, shall allow of that attention being exclusively directed, and without distraction, into the more legitimate channels of advancing the progress of medical science, and improving medical practice.

But the objects of the Association are not only compatible with the consideration of every subject which concerns the interests of its members, but absolutely require that such important medico-political questions as the education of the future members of the profession—the guardianship of the public health—the suppression or discouragement of quackery—the medical relief of the poor—the exposure of existing abuses—protection of the interests of qualified practitioners, of whatever denomination, and especially of such as reside in the provinces—should occasionally come under its notice. Accordingly a reference to the records of the Association will shew that such subjects have engaged the attention of nearly every Anniversary and Branch Meeting which has been held since its first institution, that resolutions have been passed upon them, committees appointed for their investigation, reports presented, and the Council directed to watch over their progress. Such then has been the practice of the Association.

Now with respect to the management of this Journal, we have only briefly to state, that the principles advocated in it have been mainly founded