the inguinal region, by the most careful examination at nine p.m., of the 9th.

2nd. The *total cessation* of the vomiting, and relief as expressed by the patient for five hours, following the use of the remedies first made use of.

3rd. The thorough manner in which the bowels had been relieved.

4th. The character of the tumour felt between two and three p.m., on the 10th, being so like that of an inguinal gland, not receiving the slightest impulse from the coughing of the patient, that if we had not seen it at the *post-mortem*, we could not have believed it to have been part of the bowel, though we were partly prepared to find some omentum in the ring.

5th. The absence of hiccup to the last; also of any pain in the inguinal region, as well as of twisting or dragging sensation in the abdomen.

The question is, how far the abdominal pains, vomiting, &c., were due to the presence of the intestine in the ring, from the beginning. Had it not been for the thickened state of the neck of the sac, forming the stricture, I should be inclined to suppose that the bowel had not even entered the ring, previous to the commencement of the sickness; the latter might have been caused by the quantity of indigested food in the bowels. Not being allowed to examine the abdominal cavity generally, it is impossible to say what was the state of things there. Supposing there was nothing but the extension of the inflammation from the strangulated bowel, I cannot help thinking, that had the hernial tumour been discovered on the morning of the 10th, the life of the patient might have been saved by an operation.

CASE OF COMPOUND DISLOCATION OF THE ANKLE: REDUCTION AND RAPID RECOVERY.

By EDWARD COPEMAN, Esq., Surgeon, Coltishall.

When we are enabled to adduce instances, not of triumphs of art effected by mutilation, but of recoveries from severe injuries accomplished by the wonderfully restorative powers of nature, the task is an agreeable one; and also instructive, for the purpose of shewing us how duly to appreciate the value of the art we practise as surgeons, and how not to abuse it, to the loss of limb or life of the unfortunate objects of our care. The following case exemplifies, better than any that has come under my own observation, the repair of a severe injury, without other assistance from art than that of placing the injured parts in a favourable position, and afterwards of guarding against counter-acting or disturbing causes.

A young man, aged 21 years, not of remarkably steady habits, a shoemaker by trade, was assisting in the hay-field, on Saturday, June 20th, 1846, and met with the following accident:—On driving a load of hay through a gateway, his foot became entangled against the post, and the waggon wheel coming in contact with the outside of the foot, forced it inwards, so as to dislocate the joint, the gate-post being the point of resistance. I found the foot very much turned inwards, the inner malleolus fractured off, and, with the astragalus, resting against the inner side of the tibia, some way above its extremity. The external malleolus was crushed by the wheel, and the lower

ends of the tibia and fibula, minus the two malleoli, projected through a wound in the integuments, to the extent of more than an inch, at the outer side. There was a free oozing of blood, but no large vessel opened. The cartilage covering the lower end of the tibia was visible, being exposed outside the wound, and the wound in the integuments was more than two inches long. With the assistance of my partner, I made several attempts to reduce the dislocation, but failed. In order to give the man every chance, I requested a consultation with Mr. Crosse before proceeding to any other means of relief.

Several hours elapsed before Mr. Crosse could reach the house; on his arrival, he advised another trial at reduction, and then, if not successful, the removal of the projecting portion of the bones. However, in our next attempt, we fortunately succeeded in restoring the bones to their natural position; the wound was then closed with two sutures, and covered simply with a piece of lint. A splint was applied along the inside of the leg and foot, secured by a few separate pieces of bandage, and the limb placed on a box in the same position as when reduced—viz., the thigh almost at right angles with the body, and the leg at right angles with the thigh, resting on the calf and heel. Cold water to the leg, and an opiate.

24th. Up to this time scarcely any local or general disturbance; bowels acting; no fever; no medicine; limb in very good position, and not painful; kept cool with water, and occasionally fanned; wound favourably situated, being, after reduction, somewhat above the level of the joint.

27th. Removed the sutures; health quite good; limb easy and not inflamed.

July 2nd. No illness, pain, nor swelling; no suppuration. All going on marvellously well.

24th. Just in the same quiet state; wound healed.

In six weeks from the accident, the splint was removed, and he got down stairs; and to-day, August 17th, I found him walking in his garden, able to bear considerable weight upon the limb, and possessing a good deal of power to move the joint, so much that I believe in a short time he will suffer no inconvenience whatever from the accident. There is neither swelling nor deformity of the ankle, and the man has really not suffered an hour's illness since his dislocation was reduced.

Sir Astley Cooper has drawn particular attention to the probability of recovery from compound dislocations of the ankle, without amputation; but he remarks that, "under the most favourable circumstances, three months elapse before the patient can walk with crutches; in many instances a greater length of time is required." The same surgeon states that, "the dislocation of the tibia, at the outer ankle, produces much more injury and danger than that at the inner, and amputation will be more frequently required for it, because both the bones and soft parts suffer more than in the dislocation inwards."

The case I have quoted is an example of a very rapid, uninterrupted, and perfect cure of the kind of dislocation which is thus said to produce the greater amount of injury and danger, and is well calculated to corroborate the now prevailing opinion, that amputation is not necessary in a majority of compound dislocations of the ankle-joint.