the maceration with acidulated water, the object of which is to render the *kinate* of *chinchonine* more readily soluble. You will find this tonic economical, and quite as efficacious in the convalescent periods of most acute diseases, as the more expensive preparation of quinine.

CURSORY REMARKS ON RECOVERY FROM ACCIDENTS AND SURGICAL OPERATIONS.

By EDWARD COPEMAN, F.R.C.S., Coltishall.

The case of compound dislocation of the ankle, lately reported in the *Provincial Journal*, is a striking instance of rapid recovery from accident, effected by the *vis medicatrix nature*, but it would not be difficult to adduce numerous proofs of the power of this mysterious agency. One other instance which lately occurred in my neighbourhood, it will not be impertinent to relate.

A middle-aged man, thin, and not of very healthy constitution, met with a frightful accident when attending to a cow that had just calved. Whilst he was stooping to give her some water, the animal tossed up her head suddenly, and one of her horns entered the man's mouth, tearing up the cheek in a jagged and irregular manner, from the angle of the mouth to the malar prominence in one direction, and across the top of the nose in another. The wound was a very unsightly one, implicating the entire thickness of the cheek. There was free bleeding, and considerable contusion. I closed the wound accurately with eight or nine interrupted sutures, covered it with lint, and applied cold water to the whole side of the face. I did not disturb it for several days, and, at the end of a week, there was scarcely anything to be seen but a linear cicatrix, marking superficially the course and extent of the wound. It healed beautifully, without any deformity.

Were we to speculate upon the reasons for the exemption from severe symptoms enjoyed by many who meet with grave injuries, I think we might fairly assign a prominent position to a country residence, and after this to the non-removal of the patient from his family and home. The subject of the dislocation of the ankle above referred to, positively refused to be sent to the county hospital, owing to a prejudice that is not uncommon amongst certain of the lower classes, against those excellent institutions, and it added no little to his comfort and tranquillity to be nursed and attended, during his confinement, by his friends and relations. What is true with respect to recovery from accidents, is also equally certain with respect to recovery after surgical operations; the causes above referred to seeming, as it were, to compensate for the smaller degree of surgical skill necessarily attainable by those whose lot it is to practise in rural districts. A few instances I shall proceed briefly to describe:—

I. In April, 1839, a man, aged 76, had his fore-arm severely injured by cart-wheels; soft parts considerably lacerated; ulna broken in several places; lower end of radius fractured; wrist-joint open, and filled with gravel and dirt; muscles, nerves, and interosseous ligament extensively torn. When I saw him, a few hours after the accident, the injured integuments were of a greenish hue; the pulse very feeble; the patient

much prostrated; and I looked upon the case, under any treatment, as quite hopeless. I gave him brandy and laudanum, and he then somewhat rallied; but he suffered severe pain, and begged hard to have the limb removed at all hazards; his friends also were in favour of the operation; and, apparently with very little probability of success, I amputated below the elbow. In order to get the operation over as quickly as possible, I retracted the integuments forcibly with my left hand, and cut directly down to the bones with a single circular incision. Scarcely any blood was lost, and to my great satisfaction he was relieved by the operation, and said the removal of the limb was "as good as a dose of laudanum." This was on the 1st of April. The stump healed by the first intention; and on the 16th of May I met him in the road driving a cow. I believe he is still alive and well, at 83 years of age.

II. May 13th, 1839. A very stout, plethoric drayman, had his right hand severely lacerated by the bite of a stallion which he was leading. I amputated below the elbow at midnight, before inflammation supervened, and the man recovered without a single untoward symptom.

III. May 14th, 1845. I amputated the arm of a lad, 13 years old, on account of a very severe gun-shot wound of the fore-arm. On the 12th of June the stump was quite healed, although his health had been disturbed by inflammation and suppuration of the right eye-ball from the presence of a shot.

IV. May 4th, 1846. I amputated the thigh of a young man of scrofulous diathesis, aged 26 years, for long-standing disease of the knee-joint. He had suffered a year or two before from a large abscess over the sternum, and had since lost one eye from purulent ophthalmia. He had no illness after the operation, took no medicine but an opiate and one dose of castor-oil, and by the 26th the stump was healed. The patient had, some little time before, been actually admitted into the Norwich hospital, but left again in the afternoon of the same day, owing to an impression that he could not recover away from home.

V. June 12th, 1846. I amputated a gamekeeper's leg below the knee, for extensive and long-standing disease of the ankle-joint. He was 38 years of age, much emaciated and hectic. A night or two after the operation, the perspiration, which had been profuse for many weeks, entirely ceased; and although the stump was obliged to be opened on account of hæmorrhage occurring some hours after amputation, it was healed, and the patient's health restored by the 24th of July.*

* In vol. XIII of *Braithwaite's Retrospect*, page 245, I find as follows:—"The most painful and tedious part of circular amputations is the dissecting back the skin to form a sufficient covering to the stump. Dr. Hanney recommends that an assistant should dissect back the skin on one side, whilst the operator does that of the other, and thereby shorten materially that most painful and unseemly part of the operation." This appears to me an extraordinary proceeding to advocate, and I imagine the assistance here recommended must prolong, rather than shorten, the time of the operation. In none of the five cases above reported did I dissect back the skin; yet I found that by employing an assistant to draw up the integuments before and during the first incision, and doing the same myself with my left hand, I obviated the necessity for making any dissection of the integuments, except dividing a few bands of cellular membrane, in order to secure a sufficient supply of covering for the stump, even in the thigh, when the retracted parts were again drawn forward after the removal of the limb.

VI. One other case I shall briefly refer to. I was called to a man about 40 years of age, suffering from the following symptoms:—There was pain and considerable hard swelling in the perineum; scrotum very large, œdematous, and of a purplish red colour; hurried pulse, and severe constitutional disturbance. I was at a loss to ascertain the cause of all this mischief. He had not suffered from retention of urine, and on passing a catheter I found no stricture. He had had no blow on the perineum, and positively denied having run the risk of venereal infection. I could feel indistinct fluctuation, and on cutting into the perineum at some considerable depth, opened a very large abscess. I made a free opening on either side the raphe, and ten or twelve incisions through the skin of the scrotum. Next day there was escape of air and ill-formed pus, and a sloughy appearance in some of the wounds. I gave Decoctum Cinchonæ, and generous diet, and the case went on afterwards uninterruptedly towards a cure, without the loss of any portion of integument, although, from his circumstances, he was debarred from many of those attentions as to cleanliness and nursing, which I have been accustomed to witness in perfection at our excellent county hospital.

The success of such cases is a strong argument in favour of the country surgeon being educated for something more than the *ordinary ministrations* of his art,—of his being able, indeed, to act in the *greater emergencies* of surgery. Such qualifications *may* even be of more importance to him than to many who practise in towns, where able assistance is always to be procured in case of need, and where there are often opportunities, by means of hospitals and dissecting rooms, of remedying defects of education in early life. Be his education what it may, the country surgeon can never hope to acquire the sound judgment, confidence in his own powers, and the manual dexterity which the hospital surgeon possesses, because the means of obtaining these qualifications,—namely, familiarity with surgical disease, and frequent opportunities of exercising his hand, are not within his reach. If, however, he be in possession of a certain degree of skill and knowledge, he may be encouraged by the conviction, that the condition of his patient, with a body refreshed by country air, and a mind cheered by the kind attention of his friends, will be favourable to the success of his operations; and the result will reward him for the anxiety with which he undertakes the management of an important surgical disease.

Coltishall, October, 1846.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHEB BIRD, one of the Resident Medical Officers.

CASE VII.

PHLEBITIS.

John Knight, aged 24, policeman, admitted into the Queen's Hospital on Saturday, February 14th, 1846. He states that on Sunday last, between one and two o'clock, a.m., while on his beat, he was called into a

public house by the landlord to clear it. On his entering to do so he was knocked down by some one with the leg of a table, and was afterwards set upon by the rest, three or four in number, who severely kicked him about the loins and back. He succeeded at last, with a little assistance, in securing two, and conveyed them to the station. He then returned to his beat, when, he states, he vomited full a pint of dark-coloured blood. On the same day when at home, about two o'clock p.m., he passed with his urine about a quarter of a pint of dark fluid blood. He felt no pain until Monday; the pain was then referred to the left hypochondriac region. On Thursday, February 10th, he was bled by the surgeon of the force. Pills and castor oil were abundantly administered, but no effect was produced on his bowels until Friday, when they were once opened.

On his admittance into the hospital he complained of much pain in the left hypochondrium, aggravated by pressure and by lying on that side; pulse 90, rather feeble; tongue normal.

R. Pil. Calom. cum Colocynth., ij.; hora somni sumend. Empl. Canth. lateri. Broth diet.

15th. Bowels well opened, pain less, appetite bad; the blister has not yet risen; has passed no blood with his urine, which is quite clear; he complains of pain and heat in his left arm. On examination there was a slight discharge from the orifice of the vein which was opened four days previously; considerable swelling and redness extending towards the wrist; he feels thirsty; tongue coated; pulse quick.

To have a bread poultice applied; ordered to keep his arm quite still.

16th. Swelling and redness increasing, extending upwards towards the shoulder and downwards as far as the wrist. There is a slight swelling in the axilla, which gives a sense of fluctuation to the fingers; great pain down the arm, extending to the fingers, which feel stiff, so that he cannot readily bend them; he is unable to raise his arm; the ulnar vein in its course to the extent of about three inches feels hard like a cord; it is attended with pain when pressed upon and when the arm is extended; tongue rather coated; feels thirsty and sick; the blister rose well; still slight pain in the side; bowels open; pulse quick, rather small; the orifice of the vein discharges freely.

Continue the poultice to the orifice, and cold applications to the rest of the limb. To take an ounce of the Mistura salina every four hours.

17th. Improving; the vein feels rather softer; not so much pain and redness; arm and fingers do not feel so stiff; discharges more freely; pain in the side gone; the blister discharges well; he is very thirsty and complains of a nasty taste in the mouth. Continue the medicines.

18th. Vein getting softer; discharges freely; redness and swelling quickly subsiding; pain much less; no stiffness in the fingers; can raise his arm; pulse slower; tongue clean; not so thirsty; appetite improving; swelling in the axilla disappearing.

19th. No redness except at the orifice of the vein, which still discharges; hardness in the tract of the vein gone; swelling subsided; no pain to be complained of; the swelling in the axilla quite gone; feels better in all respects; tongue slightly coated; pulse 88; bowels open; appetite much improved. Continue medicine.