to make my acknowledgment to Dr Thomson, who saw the patient with me several times in consultation; and likewise to my friend Dr Ballingall and Dr Donald M'Intosh, who took considerable interest in the case.

25, Castle Street,
Edinburgh, 25th November 1822.

IV.

Case of Sphacelus from injury, Successfully Treated by Amputation, with Observations. By WILLIAM MATHEWS, Licentiate, Royal College of Surgeons, Edinburgh.

THE treatment of that kind of mortification, which is the consequence of severe local injury in sound constitutions, has of late, amongst many eminent surgeons, become the subject of particular attention. Before the observations of M. Larrey, no distinction in practice was generally made betwixt this species of the disease, and that which arises in consequence of constitutional or internal causes; and most practitioners never amputated in cases requiring that operation, till the progress of the disease was arrested, and a distinct line of separation formed betwixt the dead and living parts. M. Larrey stated the case under consideration as an exception to the general practice; and the cases which he records sufficiently justify him in endeavouring to establish the important principle, "that when mortification arises in consequence of violent mechanical injury of the extremities, and puts life in danger, amputation should be performed, although the sphacelation has not ceased to spread." The success of early amputation in the cases alluded to, is very decided; and though probably insufficient to induce many surgeons to lay aside a practice strengthened by custom, and sanctioned by the authority of Sharpe and Pott, has however had the effect of directing their attention more particularly to the subject; and as it will thus be submitted to the scrutiny of experiment, Larrey's proposal will be either corroborated, or rejected as useless or hurtful. More lately, the favourable issue of the cases of Mr Lawrence has added strength to Larrey's practice, and promises to make it more generally adopted.

Mortification, from mechanical injury, is at its commencement, unequivocally of a local nature; but the rapidity with which it advances and affects the system, is often very surprising. From the celerity with which the system is affected,

it is obvious that amputation will not be done under favourable circumstances, unless promptly performed; as by the delay of a very inconsiderable space of time, the powers of the constitution may be irreparably exhausted; nor would it be fair to deduce unfavourable conclusions from an operation undertaken at that period. That amputation may be successful, it is necessary that it be early performed; and, even were it sometimes to fail, under favourable auspices, we ought not to draw from thence an insuperable argument against the practice; as, in a disease of such a fatal tendency, not the general, but the most frequent success is sufficient to establish the mode of treatment. In the present case, amputation ought the more readily to be concurred with, as the other resources of medicine are scarcely sufficient to afford a hope of stopping the progress of the disease, or of enabling the system to withstand its effects.

The authors who support the propriety of delaying the operation till the line of separation be distinctly formed, seem to be much afraid of it inducing additional irritation and debility, when performed before that period. This objection seems more specious, than well grounded; for if properly performed, and in due time, the system is not likely to suffer much from the mere effects of the operation. In the cases which Larrey and Lawrence record, amputation seems to have been followed, with the similar good effects, subsequent to that operation, performed in consequence of incurable white swelling. In the following case, the operation was attended with the most quick and beneficial effects.

Early in the morning of the 16th May, 1821, I was called in consultation, on the case of a young man, who had ten days previously received a violent compound fracture, of both bones of his leg. It appeared, from the account that I obtained, that the end of a weighty cask had fallen from some height on the outside of his leg, above the middle, had penetrated the soft parts to the bones, and forced their upper fractured extremities through the integuments of the opposite side. The wounds thus occasioned were extensive, and bled profusely; and the anterior tibial artery having been divided, required to be secured.—The bones much comminuted, the soft parts extensively contused and divided, the second artery in the limb tied, and the situation of the patient, who was on ship-board, all formed a complication of unfavourable circumstances, which precluded any well founded hopes of saving the limb, and seemed to indicate the necessity of its speedy removal. Amputation was accordingly proposed; but the man refused to submit to it, with persisting obstinacy. The leg was therefore laid in as easy a posture as possible, and the usual treat-

ment of compound fractures adhered to. Notwithstanding every attention, the inflammatory symptoms became severe, the leg much swollen, and the discharge from the wounds thin, profuse, and of a bloody colour. 15th May (9th day after the accident), was marked with an aggravated severity of the fever, and a considerable increase of the pain, which he described as being of the scalding kind. On undoing the bandages, the discharge was noticed to be more profuse than usual, and of a very offensive smell. A considerable portion of the limb displayed a dull leaden appearance, and the cuticle was found to be detached from the skin, by the intervention of a thin ichor. True sphacelation had succeeded these precursors, and, I was informed, was rapidly extending.

Upon examination, it was found that the sphacelation had extended beyond the place of fracture, and had reached within a short distance of the knee-joint. The skin above the completely sphacelated portion, exhibited a dull leaden appearance, which insensibly terminated further up in the natural colour. The insertion of a director from the wound in the inner side, could distinguish the detachment of these discoloured integuments from the subjacent muscles, up to the tuberosity of the tibia; the muscles being doughy and soft, and the cellular substance distended with gas. The sphacelus was of a dark brown appearance, except in the vicinity of the wound, which was of a dirty red, and of a very soft consistence, as it was forced into a pulp by a very moderate degree of pressure. The pulse quick, in a state of compressed hardness; heat of the surface variable, and the face and the breast partially bedewed with a clammy moisture; the tongue dry and furred; thirst urgent; his eyes were sunk; he was afflicted with great restlessness, and at times delirium.

Such being the circumstances of the case, the mortification rapidly extending and wasting the powers of the patient, amputation was resolved on, as affording the best, if not the only chance of saving life; and as the sphacelation had involved the parts almost as high as the knee, it was done as near above that joint as possible. After the operation, a full opiate was administered, and the patient directed to be kept as quiet and easy as his situation would admit.

17th May.—Has passed a good night; restlessness considerably abated; pulse still frequent, but softer than yesterday, tongue furred, bowels costive. *Habt. statim ol. ricini ʒvi.* light diet; opiate at bedtime. 19th.—Considerably improved. Castor oil excited some fetid stools of a black colour. Tongue more clean; bowels regular; some desire for food;

little thirst or heat of skin. 20th.—Continues to improve. Dressed the stump; discharge gleety, and some sloughing in the cellular substance. Appetite good.

I was sorrow that I was deprived of an opportunity of observing the further progress of the case. However, no bad symptoms supervened; the sloughing soon subsided; the ligatures were all detached before the 20th day; and on the 27th June, when I saw the man, he had greatly regained his former healthy appearance, and declared that he felt as well in health as ever he was.

Hatfield, by Doncaster, 26th October, 1822.

V.

Case of Tic Douloureux, successfully treated by Purgatives. By ANDREW WILSON, M. D., Senior Physician to Kelso Dispensary.

IN my Letters on Morbid Sympathy, published in 1818, when remarking on the subject of chronic rheumatism; having there expressed an opinion, that the disease designed tic douloureux, is a morbid sympathy, depending on a primary cause, seated in the digestive organs; mentioning, at the same time, some instances of recovery, by a treatment founded on that principle. In corroboration of this idea, I take the liberty at present of transmitting to you the accompanying case, as a further demonstration of the origin of that excruciating and unmanageable disease, if you choose to give it a place in the Medical Journal.

1822, July 5th.—Peter Storry, a farm servant, æt. 18, is affected with tic douloureux in a most severe degree. He describes the pain as always commencing at a point in his upper lip, on the right side, where it is joined by the alæ of the nose, from which it spreads upward with great violence, shooting along his cheek to his temple, and over the whole side of his head, the pain being so violent as to make him cry out in great agony. It attacks him repeatedly in the course of the 24 hours, in paroxysms of several hours duration; and even during the intervals, the pain remains with very considerable severity. He has been subject to occasional attacks of the same kind, in an inferior degree, for 16 years, of shorter duration than the present, and with intervals of some weeks, and even many months at a time; and he has observed, that exposure to cold and wet weather very readily excite a return. The present fit of the dis-