

day after the operation, when the bowels acted naturally, the opening having nearly closed."

Six months before the boy's present illness, he had received an injury from the falling of a piece of timber on the abdomen, from which the adhesions discovered in the operation resulted. The boy was well nine months after the operation, and was exhibited at the meeting of the Society.

The reporter advocates the operations in similar cases, and in support of his views adduced the following case:

"Dr. Wilson, of this county, was called to attend, in conjunction with several others, a negro man, who was supposed to be labouring under intussusception. All remedies had been used to procure evacuation of the bowels which ingenuity could suggest, but in vain; and the patient was reduced to the last point of life. Gastrotomy was determined to be the only means of affording relief. It was performed by Dr. W., and the intestines drawn out of the cavity of the abdomen until the point of obstruction was arrived at. About one inch of the ileum was found to be invaginated; and the attempt to relieve the intussuscepted portion, discovered the fact that adhesions had been formed between the receiving and received parts of the intestine. The adhesions were dissected loose, and the bowels returned into the abdomen. Natural passages immediately took place, and the patient was rapidly restored to perfect health. It is not unreasonable to suppose the chances of recovery would have been much enhanced, had the operation been performed before the adhesions were established."

We much fear that such fortunate results are not likely to often follow in similar cases.

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*Ununited Fracture of Femur successfully treated by the Seton.*—By CHARLES A. POPE, M. D., Prof. Anat. in Univ. of St. Louis. (*St. Louis Med. and Surg. Journ.*, July, 1845.) A man 26 years of age, had his right thigh fractured May 15th, in three places, by a horse, which he was riding, running against a tree. He was conveyed home, and Desault's apparatus applied to the limb, which was not bandaged. He remained in bed six weeks, at the end of which time, the fracture at the middle third of the thigh had not united. The limb was then bandaged, and the splints were reapplied. Extension and counter-extension were not now, as before, made use of, on account of the limb having been found longer than that of the opposite side. The splints and bandages were again removed on the 1st of August, and still there existed motion at the seat of fracture. The patient was then advised to get up, and to use his leg, having his thigh supported by a broad strong leathern belt. This was worn for several weeks without any improvement, as he could bear little or no weight on the limb, and was compelled in consequence to go on crutches. The patient now consulted two other surgeons, one of whom recommended pressure and rest, with bathing the limb in salt and water, and the other tight bandaging, giving direction at the same time, that he should use his limb as much as possible. He persevered for some weeks in this course, but experiencing no improvement, he had abandoned all hope of an amelioration of his condition.

In the following October, the patient came under Dr. P.'s care. At this time the right lower extremity was a little longer than the left. The right leg was also much smaller than its fellow,—the thigh somewhat curved, and presenting a convexity outwards. Irregular swellings, the callous tumours of ununited fractures could be felt along the bone for five or six inches below the trochanter major. Midway the thigh, there existed considerable motion, which was greatest, when the thigh was deviated outwards or forwards. Slight pain was experienced when such deviations were impressed upon the limb, and at the seat of the non-united fractures, the upper fragment projecting like a rounded point, could be discerned through the skin and muscles. From the position of the fragments so far as they could with difficulty be ascertained in a thick and fleshy limb, and from the circumstance of motion being greater in certain directions than in others, Dr. P. inferred the plane of fracture to have been oblique from above downwards, and from within outwards, and that fibro-ligamentous bands extending between the fragments, more or less partially united them.

The patient went about on crutches, with his limbs shrunken and hanging useless by the side of its fellow.

Frictions, electricity, and blisters were successively resorted to without success, and Dr. P. then determined to have recourse to the seton. Accordingly on the 5th of Feb., nearly nine months after the accident, he introduced, without a previous incision down to the seat of the preternatural joint, a long seton needle armed with French tape, through the thigh, and between the ends of the fragments. It soon produced some trouble. Large abscesses formed in the thigh and around the knee joint, which either discharged through the orifice, or required separate openings.

The tape was allowed to remain in five weeks, when the local inflammation and suppuration, and the constitutional irritation became so alarming, that it was deemed prudent by Dr. P.'s colleague, Dr. Prather, who kindly attended the case during Dr. P.'s absence from the city, to withdraw it, and substitute a smaller seton, which consisted of a single thread of saddler's silk. This was left in for eleven weeks longer, when Dr. P. withdrew it altogether. During the whole time, the limb was bandaged, splinted, and maintained in a state of as perfect rest and quietude as the dressing of the seton and abscesses would allow. All necessary attention was of course paid to the general health, which became greatly impaired, and remedies, with wine and a generous diet directed, calculated to allay constitutional irritation, and support the system under the profuse and wasting suppuration. After withdrawing the seton, the patient remained in bed eight weeks, during which time the most perfect rest was observed. He at length got up, and all discharges from the openings in the thigh soon after ceased. The limb was now found to be stiff, and there was an abundant callus thrown out around the point where motion had previously existed. There was also considerable stiffness of the knee-joint. From this time on, his limb became stronger and stronger, until he was enabled to lay aside his crutches and walk pretty well. He was in this respect improving daily, and consolidation seemed still to be going on, when on the 13th of November last, he was accidentally thrown from his cart, while driving along the uneven pavement on Main street; the wheel passing directly over the "same old fractured thigh, and broke it over again." The patient was a fifth time laid upon his bed, and the limb was splinted and kept at rest for five weeks. He now again mounted his crutches, and in twelve weeks more was able to walk without a cane. From that until the present time, this limb has been getting stronger and stronger; the knee, by use and frictions, has nearly regained its mobility, and the patient can bear his whole weight on the affected limb, such being now the size of the ossific deposit around the point of the two successive fractures, that it would seem less likely than any other part to yield to a fracturing cause. To his great delight the patient now walks very well, and limps but slightly, which is owing less to his femur than his knee, which, doubtless, in time, will regain its wonted functions.

*Gun-shot Wound,—secondary hemorrhage,—ligature of both carotids at an interval of four and a half days.* By JOHN ELLIS, M. D., of Grand Rapids, Michigan. (*New York Journ. of Med.*, Sept., 1845.)—A man, 21 years of age, was accidentally shot with a rifle, the ball from which "struck him near the centre, and immediately above the spine of the scapula of the left side, passing out, after making a flesh wound of about two inches and a half, towards his neck, and after about the same space it entered his neck over the centre and posterior edge of the sterno-cleido-mastoid muscle, passing up through the centre of his tongue, and out of it to the right of the median line, struck the lateral incisor, enspidatus, and bienspidatus of the right side, knocked them out, and the alveolar process, external to them; passed then through the upper lip, leaving a ragged opening through it." Dr. E., who saw him a few hours after the accident, brought the edges of the wound in his lip together with adhesive plaster and two or three sutures and dressed the other wounds with cold applications. The patient suffered but little pain but an entire inability to swallow, even liquids, which appeared to be owing to the injury and swelling of his tongue. At the end of three days, Dr. E. introduced a flexible catheter into the patient's œsophagus, and injected some water and nourishment; the next day the patient was able to swallow, with difficulty, some liquid, and soon afterwards regained his power of swallowing.

On the night of the seventh day, hemorrhage from the wound in the tongue