ST. THOMAS'S HOSPITAL.

SEPARATION OF THE HEAD FROM THE SHAFT OF THE HUMERUS, THE RESULT OF A FALL FROM A HEIGHT, COMPLICATED WITH SINGULAR CHEST SYMPTOMS.

(Under the care of Mr. Le Gros Clark.)

As involving the shoulder, the following case will prove a companion to that preceding it; and it will be interesting to watch hereafter whether the injury sustained may ever give rise to disease that shall require the same mode of procedure as that adopted by Mr. Ferguson.

J. H., aged twelve, hodman's boy, was admitted Dec. 2nd, having fallen, half an hour previously, from a height of forty or fifty feet. The chest, indeed, was broken; the injury was to the shoulder, with the exception of some bruises about the trunk; but there was no localized pain on inspiration. The injury to the shoulder was at first difficult of diagnosis, in consequence of the swelling; but afterwards it became apparent that the epiphysis was separated from the shaft of the humerus, the length on the injured side being nearly an inch shorter than on the sound side, measuring from the acromion to the external condyle. There was no very marked falling in of the deltoid; but the upper extremity of the shaft of the bone penetrated between its fibres, and threatened to pierce the superficial bruised skin. It was found impracticable to restore it to its direct and accurate relations with the head of the bone; but good union and free mobility were ultimately regained.

The interest of this case is, however, especially associated with the following condition which supervened on the afternoon of the day after he was admitted. On examining him Mr. Le Gros Clark found his face flushed, his respiration hurried and oppressed; but though the dyspnoea was urgent, there was no lividity or coldness of the lips or extremities. The heart's action was forcible and frequent, but the sounds were normal. Over the left side of the chest there was complete dulness on percussion, and also absence of respiratory murmur, or, indeed, of any sound but of the heart's action, except, perhaps, a scarcely perceptible murmur under the clavicle. Vocal thrill was equally audible on both sides. On the right side, there was the normal resonance on percussion, and the respiratory murmur was very distinctly audible—indeed puerile. No cough nor expectoration.

Four leeches were applied to the upper part of the chest, and relief almost immediately followed. On the following day the boy was breathing quietly; and in less than forty-eight hours all the above symptoms had disappeared, and the respiratory sounds, on percussion and auscultation, as well as the heart's action, were perfectly normal.

Mr. Le Gros Clark remarked on the peculiarity of this case in its medical aspect. The symptoms seemed so anomalous and inexplicable that he sought the assistance of Dr. Clapton, who was in the hospital at the time, and he entirely confirmed the diagnosis, or rather the existence of the abscess, although he was at a loss to account for them satisfactorily. The entire left lung was the seat of suspended respiration; but from what cause? The extremely excited action of the heart seemed to indicate serious obstruction in the pulmonary circulation, and the result of the treatment, assuming it to be a "proper hoo," seems to point in the same direction. If not engorgement of the lung from the violence done to the chest by the fall, what could it be, consistently with the rapid disappearance of the symptoms? As regards the surgical part of the case, the impracticability of replacing the upper extremity of the shaft of the humerus must have been due to the interposition of some tendinous fibres, or, supposing the bone was fractured, to the impaction of the shaft in the head. The injury to the chest, and relief almost immediately followed. On the normal resonance on percussion, and the respiratory murmur was very distinctly audible—indeed puerile. No cough nor expectoration.

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