ON A CASE OF COMPOUND DISLOCATION OF THE ANKLE.

By JOSEPH G. THOMPSON, Esq., M.R.C.S., Launceston.

J. M—, aged thirty-one, is the wife of the waiter at an inn, a handsome, well-proportioned woman, of sanguine-nervous temperament, and hysterical tendency, and enjoying, for the most part, tolerable health. On the 22nd of December, 1849, between three and four o'clock, the mail-coach, in passing around a corner, struck against a large wooden crate of turnips, and upset it with great force upon her left leg. The blow lighted just above the ankle, on the inner side, and drove the crural bones through the outer skin and the boot against the ground.

On examination, there was found a transverse wound, about four inches in length, across the outer ankle, and through it the tibia and fibula protruding. The foot being inverted to a right angle, completely opened the joint, so that all the articulating surfaces were exposed, except the inner side-face of the tibia. From the outer side-face, a small piece of bone was chipped off, and the end of the outer malleolus was bruised. The soft parts were, of course, much lacerated; the external lateral ligament was torn, the peronæal tendons and some nervous filaments were laid bare, and all the exposed surfaces covered with dirt and straws. There was no fracture of the crural bones, but the soft parts of the leg were much injured, and the system laboured under severe shock.

The question of amputation now arose, but it was determined, in consultation with Dr. Pethick, to give the patient her chance, and see what Nature could accomplish. There being very little hæmorrhage, the first thing to be done was the removal of the dirt and straws, which was effected by picking away the larger pieces, and washing out the rest with a stream of tepid water. After some muddy, bruised, and hanging fibrous structure had been cut off, the parts were very easily reduced, the wound was brought together with plaster, some soft lint gently wound around, and the whole placed on a soft support, with a suitable elevation.

During the evening, several doses of opium were given to quiet the most agonizing pain, but with very little benefit.

On the 23rd, the foot was not much swollen, but extremely painful, and that in paroxysms. The system was labouring under a low form of excitement, with hot skin; thirst; pulse 150, small and weak; furred tongue; headach; soreness; tears, tremors, and agitation.

By the morning of the 24th, there was more swelling, and the leg was very tender. The lips of the wound were gangrenous throughout, for about an inch on either side, and the pain somewhat mitigated. Simple water-dressing was applied, and small doses of opium were given occasionally.

On the 25th, reddish-brown discoloration appeared on the inner side and back of the calf; and the day after, a large bladder on the inner ankle.

By the evening of the 28th, her leg had become greatly swollen, red, tense, glistening, and at one point in the mid fore-part semi-fluctuating; sensations of faintness passed over her, and her weakness was so great as to make it a labour to breathe or open her eyes; restless delirium also greatly disturbed the early hours of the night, but afterwards she fell into a little sleep.

The 4th of January, 1850, found her leg in a very much worse condition; the bladder on the inner ankle had burst, disclosing a circular slough of the size of a halfpenny, and, this separating, left a deep ulcer, with the malleolus at its bottom, and communicating with an immense abscess in the front of the leg; diffuse suppuration had broken down the cellular tissue from the ankle to the knee, and from the fibula to the opposite side of the calf; matter was discharged in such abundance as to lie in a pool around the leg, and run over the bed upon the floor. In the meantime, vomiting and inflammation of the mouth came on, white shreds hanging from the palate, and the throat was so sore that it was difficult either to swallow or speak, and the tongue could not be put out; the pulse beat 120, very weak, and her state was extremely precarious. A tincture of myrrh and nitric-acid gargle was ordered for the mouth; an incision made at the middle of the leg, to give free vent to the matter; the foot lowered, to keep it from gravitating to the knee, and her diet was improved, meat, jelly, and porter being added to the list.

For a few days before the 14th there was a little improvement, and the inflammation of the mouth had subsided; but now occurred an increase of fever, and the suppuration extended two or three inches above the knee, so as to require an incision on the inner side of the joint, and a poultice after-

wards. The back also became sore, and pads were used to equalize the pressure.

By the 6th of February she was much improved; two openings had ulcerated in the upper part of the leg, but the pus was much less in quantity, the abscess contracting, strength rallying, mind cheerful, and sleep refreshing. Sulphate-of-zinc lotion had been substituted for the simple water dressing, and nitrate of silver occasionally employed; gentle pressure was made about the ankle; a grain of quinine and a drop of sulphuric acid ordered twice a day, and wine added to the diet.

On the 24th there was an increase of fever, and an abscess opened behind the outer ankle; strips of lint were placed in the incisions, to keep them open, and a roller was applied around the leg.

About March 6th, another small abscess formed at the inner ankle, and the cavity in the leg had greatly contracted. She now began to be taken out of bed, and placed in a chair, for a short time, every other day.

On the 8th and 17th, respectively, a small piece of dead bone was discharged from the outer ankle.

On April 7th she grew feverish; and on the following day the whole back of her calf was covered with white pustules, from a pin's head to a hemp-seed in size, surrounded with an areola, both scattered, and grouped in twos and threes. This was soon put to flight by acetate-of-lead lotion and disuse of the bandage. A few days afterwards, three grains of sulphate of iron and three of extract of gentian were ordered with each dose of the quinine.

May 21st.—Found the wounds and cavities of the leg all healed, those of the ankle only remaining. This part had gone through a various succession of changes, sometimes diminishing in size, and feeling comfortable, at others, inflaming, swelling, suppurating, opening, pouting, and then subsiding again. On this day a piece of dead bone was discharged from the inner wound.

This wound was the only one that remained unhealed on August 1, and from it was then removed a dead piece of bone, of the size of a hazel-nut. Cure went now rapidly on, and by the end of the month, no breach of substance could be seen in the limb. The joint was perfectly stiff and immovable, but the tarsal articulations allowed considerable and increasing flexure. There was not much deformity, and, by the aid of crutches, she walked about briskly every day, presenting, in her personal appearance, the bloom and vigour of returning health.

The only splint made use of in this case was a pillow, covered with oil-cloth, and turned up at the sides, so as to form a groove, with a little band fastened to it, to support the foot. Nature seemed to take this opportunity of showing what she could do, and of reading a lesson on the impropriety of removing limbs while any, however remote, chance of saving them remains.

Launceston, Sept. 16, 1850.

REPORT OF A CASE OF HYPERTROPHY OF THE KIDNEYS IN A STILL-BORN INFANT.

By T. B. OLDFIELD, Esq., M.R.C.S.E. & L.S.A., Heckmondwike.

ON the 11th of May last, I was summoned to attend Mrs. C—, aged twenty-six, in labour of her fourth child. On my arrival, I found, by examination per vaginam, the head commencing to press on the perinæum, and in about a quarter of an hour, the labour, which had been quite natural, terminated. The child, a full-sized male, had the umbilical cord somewhat tightly entwined around its neck; it appeared to be in an apoplectic condition, with a rather purplish face, and incapable of breathing, no doubt in consequence of compression by the cord. The pulsation of the heart continued for some time; but although I allowed blood to flow from the divided vessels of the cord, and used the warm bath, along with artificial inflation of the lungs, respiration was never established.

Upon more minutely examining the child, I was struck with the extremely large size of the abdomen, especially on the right side. This I at first supposed to arise from some undue development of the liver; but on further manipulation, this conjecture proved incorrect, for I discovered two firm and solid bodies, occupying principally the lumbar regions, and which I at once decided were the kidneys, enormously enlarged.

After considerable reluctance on the part of the patient

and her friends, I obtained permission to open the abdomen, when my opinion was verified, for both kidneys were found in a state of hypertrophy. The right one was removed, and it presented, externally, rather more irregularity than is usually observed. It was composed of numerous lobes, differing in size, and not so thoroughly commingled as is generally the case. The weight of the organ was eight ounces. The blood-vessels were larger than natural, and the investing capsule was denser. The left kidney presented the same appearance, it did not seem to differ, either in size or weight, from the right. The supra-renal capsule was in a normal condition.

The examination was necessarily brief, from the impatience of the lying-in woman and her attendants, which prevented me from taking a more minute account of this singular case. I am sorry that in this part of the country there is great opposition to post-mortem examinations by all classes of society; and this is to be regretted, especially as it is densely populated, and many interesting cases are constantly occurring, which would doubtless furnish many important pathological specimens.

In conclusion, I may just mention that I had to treat my patient for a severe attack of nephritis, during her pregnancy. Heckmondwike, Yorkshire, Oct. 16, 1850.

ON THE

DANGER OF TYING UP THE LOWER JAW IMMEDIATELY AFTER SUPPOSED DEATH.

BY C. J. B. ALDIS, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND LECTURER ON MEDICINE AT THE HUNTERIAN SCHOOL.

VARIOUS well-known practices are resorted to by the public immediately after the supposed death of their relatives or friends, such as placing shillings on the eyelids, a plate containing salt on the abdomen, touching the body, closing the nostrils, and tying up the lower jaw. Some of these peculiarities are harmless enough; but the two latter may be the means of destroying life, either wilfully or through ignorance.

C. —, an infant, aged two months, was brought to me at the London Dispensary on a Friday, a short time since, by its mother. It became atrophied soon after birth, and continued in that state for two months. The mother having taken away the child, returned with it in a few minutes, told me that it was dead, and asked for a certificate. I examined the neck, and found the lower jaw tied up so tightly, as to prevent its being moved. I immediately set the jaw free, and asked why she had fastened it up so quickly? She replied that a woman at the dispensary seeing the jaw fall, and thinking the child was dead, had done it up. I declined giving a certificate then, but kept the mother in conversation for a minute or two, in order to see if any change took place in the countenance of the child, when the right eyelid began to move, and soon after the infant was restored to its usual state, and did not die until the following Monday.

It is very probable that the child would have been destroyed on the Friday had I left the dispensary before the mother's return; and it is also probable that in another case, with more stamina in the constitution, life might have been preserved for a longer period. It is true that air would gain access to the lungs through the nostrils, though the mouth be firmly closed, but not sufficient to keep a very weakly child long alive, especially when we consider the pressure frequently made against the larynx on binding up the lower jaw, and the effort required to fill the lungs with sufficient air merely through the nostrils. Is it not, then, obvious that the public should wait until a medical man has seen the body, or at least for a few hours after death, without precipitately tying the lower jaw, and incurring the risk of committing murder?

Chester-terrace, Chester-square, 1850.

UNIVERSITY COLLEGE, LONDON.—We learn that Mr. Tuson, who has been medical librarian at this college for the last ten years, is about to resign that appointment. His numerous friends purpose to present him, on his retirement, with a suitable testimonial; and their intention ought to be joined in by every one connected with the college, where Mr. Tuson's urbanity and amiability have gained for him universal respect.

The Portrait of Dr. Clutterbuck, painted by subscription, by Mr. Jerome, has been presented by the subscribers to the Medical Society of London. Mr. J. H. Pulestone has also presented to this Society a portrait of Mr. Hancock.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

GUY'S HOSPITAL.

Tetanus from the laying open an Inflamed Bursa.

(Under the care of Mr. HILTON.)

It is very humbling for the profession in general that so little should be known regarding the nature of tetanus; but it would be erroneous to consider the disease as a perfectly sealed book; on the contrary, such obscure subjects as epilepsy, catalepsy, fever, the action of morbid poisons, the use of the spleen, thyroid body, supra-renal capsule, pituitary body, &c., offer an extensive field for the mental activity of the younger members of the medical body, whose energy and intellectual powers will find abundance of healthy exercise in these investigations. Tetanus, which has hitherto proved so fatal, ought to be especially studied, both for the love of science and the preservation of life. Of the various points connected with the disease, the best known is the peculiar kind of wound which is most likely to give rise to it; and yet cases will occur, where the affection is excited by a cause which, *a priori*, would hardly have been suspected of possessing such power. Mr. Hilton, for instance, had lately under his care a young woman, who fell a victim to tetanus after an incision made into an inflamed bursa, an operation which we have frequently seen performed with the best results. Will not such a case go far to prove that predisposition has an immense influence upon the development of the disease? Look at Larrey's patient, who was attacked with tetanus from a slight laceration of the throat by a fish-bone; or at another case, which occurred in a metropolitan hospital, where the patient had had his nostrils plugged for epistaxis: a catheter, armed with a stilette, was introduced into the nostril, to remove the plug; and as the instrument passed along the floor of the nares, it just scratched the turbinated bone; tetanus came on, and the patient sank. Must not these men have harboured a mysterious predisposition to spasmodic disease in their constitution, or rather in the intimate structure of the medulla spinalis? But why should these slight causes act more frequently in hot climates than in our temperate latitudes? Is it because the more rapid circulation renders the system more excitable? Yet we do not find, in this country, tetanus much more frequent in the summer than at other periods of the year,—especially if we may be allowed to judge from the number of cases we have lately observed in different metropolitan hospitals, one case having occurred, last summer, at King's College; another at St. Bartholomew's; and, this winter, one at St. Thomas's, and a second at Guy's. We proceed to give a few details of the latter, from the notes, very carefully and accurately taken by Mr. Pavy.

Mary-Ann B—, twenty-three years old, married, of a sanguineous temperament, an excitable, hasty disposition, and of great nervous susceptibility, was admitted September 25, 1850, under the care of Mr. Hilton, with an inflamed swelling over the anterior surface of the patella, attended with considerable febrile disturbance. Eight days afterwards, there being fluctuation in the bursal swelling, Mr. Hilton laid it open by means of a longitudinal incision, when a small quantity of pus escaped. Poultices were applied night and morning, but the wound did not put on a healthy action; the incision was then extended, in order to facilitate the removal of some sloughing disorganized matter which protruded through the aperture. After these measures the patient progressed pretty well, with little or no pain in the knee, until the sixteenth day after the first incision, when the part had lost all inflammatory appearance, but the wound was swollen and somewhat sanious, and unhealthy pus continued to be secreted.

At five P.M. of the above-mentioned day the patient complained of stiffness in the jaws and the back of the neck, there being also pain in the latter region. These sensations she