A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, GREENWICH.

NECROSIS AND NON-UNION FOLLOWING COMPOUND FRACTURE OF FEMUR; AMPUTATION OF THIGH; SECONDARY HÆMORRHAGE; LIGATURE OF COMMON FEMORAL ARTERY; REMOVAL OF REMAINDER OF FEMUR; RECOVERY; REMARKS.

(Under the care of Mr. JOHNSON SMITH and Mr. TURNER.)

In this case, where an unsuccessful attempt had been made to save a compound fracture of the femur, there are several points of interest. The chief one is, as Mr. Turner remarks, the secondary hæmorrhage from the stump after amputation of the thigh, an operation which was only resorted to after the removal of much necrosed bone and the failure of attempts to cause union. The hæmorrhage was very profuse, and there was considerable difficulty in arresting it before the common femoral was ligatured. In cases of hæmorrhage from a stump such as this, the course open to the surgeon, provided the wound is too sloughy to permit the application of a ligature to the bleeding point, is to ligature either the external iliac artery or the common femoral. At one time the external iliac was ligatured by preference under such circumstances, but the greater ease with which the common femoral can be reached is an important consideration, and this case is an evidence amongst others of its efficacy. The cases of varicocele are an illustration of a method of successful operation for that disease. Although no injury to the joint followed aspiration of the knee in the case of fracture of the patella, so little good has been produced by it, in the operator's experience, that he is opposed to the practice.

William M—, aged eighteen, a sailor, was admitted on Sept. 12th, 1882, under the care of Mr. Johnson Smith. Four months before admission the patient fell down the hold of his ship and received a compound fracture in the middle of the right thigh-bone. The wound healed at sea. On admission there was about two inches shortening, and the femur was bowed outwards. There was but slight union, and the apposed ends of the upper and lower fragments of the shaft were much thickened by the deposit of new bone. Over the most prominent part of the outer surface of the thigh was a sinus leading down to the bare bone. Several sequestra were removed from this on Oct. 24th by Mr. Makins. During the winter and spring the patient suffered from renewed osteitis of ends of fragments, with much pain, and free discharge from the wound. In consequence of the necrosis, continuous pain, and exhausting discharge, amputation of the thigh just above the seat of fracture was performed by Mr. Johnson Smith in June, 1883. The soft parts were sodden and inflamed. A silk ligature was used for the femoral artery. This came away on the sixteenth day. Three days afterwards—i.e., on the nineteenth—very profuse bleeding, evidently from the main vessel, came on. This was temporarily arrested with considerable difficulty by Dr. Penny, by pressure on the stump and common femoral artery, until assistance arrived. Mr. Turner, in Mr. Smith's absence, tied the common femoral artery three-quarters of an inch below Poupart's ligament. A chromicised catgut ligature was used. There was no recurrence of the hæmorrhage, and the patient, as far as ligature of the artery was concerned, did well.

In August, 1883, the man came under the care of Mr. Battle, to whom we are indebted for the further account of the case. The patient was then complaining of much pain in the stump. There was a good deal of purulent discharge from the end of the stump, through three sinuses situated in the line of the incision; a probe passed into these came across carious bone extending for some distance up the remainder of the femur, which was considerably thickened. He was sallow and losing flesh, his appetite was bad, and he called out loudly for morphia injections to

relieve the pain at night and give him sleep. On Aug. 28th he was placed under ether and the bone examined. This was found to be in a dry carious condition for a considerable distance, and was removed at the hip-joint. An attempt was made to reflect the periosteum, but was only partially successful. The wound was dressed antiseptically. He did well afterwards, having much less pain, and was soon able to do without morphia. An abscess formed over the front of the stump, but evacuated without incision. He got up towards the end of September, and left the hospital in October. The wound has since continued closed, and the stump is firm. Now (January, 1886) he is strong and muscular, and able to get about with considerable facility, wearing a stop-action artificial leg, and walking with the aid of a stick.

Remarks by Mr. TURNER.—The interest of the above case consists chiefly in the secondary hæmorrhage following the amputation of the thigh. The bleeding was so excessive that it is probable it was caused by an extension of sloughing and ulceration to the main vessel, above the seat of ligature, and that some considerable part of the artery had given way. Pressure or ligature near the spot was obviously out of the question; the tissues, even at the time of the amputation, were sodden and inflamed, so that the arterial coats on the occurrence of the secondary hæmorrhage must have been softened and diseased for some little distance above. The parts around the common femoral artery were healthy, and the catgut ligature easily applied.

TWO CASES OF VARICOCELE IN WHICH THE VEINS WERE LIGATURED BY KANGAROO-TAIL TENDON; REMARKS.

(Under the care of Mr. TURNER.)

A. B—, aged thirty, a sailor, was admitted in June, 1884, with a considerable varicocele on the left side. He complained of much testicular pain, amounting almost to neuralgia, and had been twice operated on before at other hospitals; on one occasion the veins had been subcutaneously divided between two hare-lip pins, in the manner advocated for varix by Mr. Henry Lee, and on another, a twisted silver wire had been applied round them. He was given ether, and an incision was made over the upper part of the scrotum exposing the cord. The vas deferens having been separated from the other constituents, an aneurysm needle was passed round the dilated veins and threaded with a kangaroo-tail tendon. The latter was then tied tightly round the veins in a double knot, cut off short, and the wound united with silver sutures. He did very well, and except for a little œdema of the scrotum he made a rapid recovery. He was admitted about six months afterwards for another cause, and was then free from all testicular pain, and there was no return of the varicocele.

The second case—also a sailor—requires no lengthy description. The patient had, however, not been operated on before. The veins were tied with kangaroo-tail tendon, as in the first case, and the wound united almost by first intention. The varicocele was cured—at any rate, for the time,—but he has not reported himself since. In both cases antiseptic precautions were employed.

Remarks by Mr. TURNER.—The above method of treating varicocele I first saw practised by Mr. Holmes. It has the advantage of simplicity; the wound can be closed and may unite at once; the operator can see exactly what he is doing; the vas deferens and attendant spermatic artery run no risk; and it is easy not to include the whole mass of veins, and consequently, the testis is in no danger of sloughing.

CASE OF FRACTURED PATELLA TREATED BY ASPIRATION OF THE JOINT.

(Under the care of Mr. TURNER.)

R. S—, aged sixty-six, was admitted on Dec. 11th, 1884, with a transverse fracture of the patella. There was considerable swelling of the joint, and the fragments were separated some two inches or more. Aspiration of the joint was performed, but only about half to three-quarters of an ounce of blood could be abstracted, although the bottle was repeatedly exhausted. There was no appreciable difference in the swelling after the operation; during its performance the tube was several times obstructed by blood-clot, which required removal. Martin's elastic bandage was applied, and no bad results of any kind followed. On the subsidence of the swelling the fragments were approximated by means of Malgaigne's hooks and strapping, and the patient made