

recognised. I would urge the most careful examination of all patients suffering from visual derangements where there are no ocular changes to account for them. It is only by the painstaking analysis of symptoms and the careful recording of such cases, followed, where possible, by pathological examination, that we can hope to gain any further knowledge of the complex cerebral processes involved in vision, of which at present we can only form a very faint and imperfect conception.

ON THE TREATMENT OF IMPACTED FRACTURE OF THE NECK OF THE FEMUR BY BREAKING DOWN THE IMPACTION UNDER ANÆSTHESIA.

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IN THE LANCET of Nov. 17th, 1894, I called attention to the unsatisfactory result which attends the usual method of treating impacted extra-capsular fracture of the neck of the femur. This consists in simply keeping the limb at rest, no attempt being made to correct the characteristic deformity—the shortening and eversion (rarely inversion) of the limb, always present in a greater or less degree—for fear that if the impaction is broken down the fracture will not unite. The result is that the patient remains with the limb shortened and everted, and consequently more or less crippled for the remainder of life. A case of this injury occurring in a male aged twenty-seven years was described, where the fragments were loosened by forcibly breaking down the impaction under anaesthesia, and, the shortening and eversion having been corrected, perfect union took place without any deformity resulting. Three cases have since been treated according to the same method in the Manchester Royal Infirmary (two under my own care and one under my colleague, Mr. Whitehead) with satisfactory results, especially as regards the correction of the eversion, and as the patients were aged respectively fifty, sixty-five, and seventy-five years, a brief record of each may, perhaps, be interesting, for they illustrate the fact that advanced age is in itself apparently no bar to this procedure, the fracture in each instance readily uniting with an abundant formation of callus after the impaction had been broken down.

CASE 1.—A woman aged seventy-five years was admitted to the infirmary under my care on Dec. 20th, 1894. She was examined on admission by Mr. J. H. Ray, house surgeon, who found that the right lower extremity was shortened to the extent of an inch and a quarter and well everted; the trochanter was thickened; crepitus was absent, and the limb could not be inverted. The patient having been anaesthetised the fragments were loosened by Mr. Ray, who felt the bone give way with a “crunching” sound; the limb could then be inverted and moved freely about a point just internal to the great trochanter. A straight splint reaching from the hip to the ankle was bandaged to the outside of the limb, and extension was applied in the usual way by means of a weight (8 lb.). As some slight chest symptoms developed the patient was allowed to sit up in bed after a few days, and at the end of three weeks she was placed on a couch during the daytime with the limb between sand-bags, the extension being only applied at night. On Feb. 5th she went home. The limb was shortened to the extent of about half an inch and was very slightly everted. As she lay in bed she could flex the thigh to an angle of 45°, and the movements at the hip-joint were quite free. With support she was beginning to bear her weight on the limb and walk about the ward.

CASE 2.—A woman aged fifty years was admitted to the infirmary under my care on July 2nd, 1895. On examining her the following morning I found that she presented all the usual signs of an impacted extra-capsular fracture of the left femur—viz., shortening to the extent of about half an inch with slight flattening over and thickening of the trochanter in an antero-posterior direction, also marked eversion, the toes pointing directly outwards. There was an absence of crepitus. Attempts to correct the deformity by rotating the limb inwards caused great pain and produced no effect. Under anaesthesia the impaction, which was very

firm, was broken down with a grating sound, though it was not until the thigh had been flexed to an angle of 45° and the knee bent to a right angle that enough force could be brought to bear upon the limb to loosen the fragments sufficiently to completely correct the eversion. On making traction upon the leg after the fragments had been loosened it could be restored to the same length as the other. A Liston's long splint was bandaged to the outside of the limb and extension (9 lb.) applied. On July 29th the splint and extension were removed and the limb was fixed in a plaster-of-Paris bandage. When this was taken off at the end of a month the fracture was firmly united without any perceptible shortening or eversion of the limb. The movements of the hip-joint were quite free, and in the course of a few days she was able to walk without assistance.

CASE 3.—A man aged sixty-five years was admitted to the Infirmary on Sept. 8th, 1894, under the care of Mr. Whitehead (who has kindly allowed me to include the case with the preceding). On examination the left lower extremity was found to be shortened to the extent of two inches; there was well-marked eversion, which could not be overcome by ordinary passive movement; crepitus was absent; and the trochanter was thickened. The patient having been anaesthetised, the impaction was broken down by Mr. J. W. Smith, resident surgical officer, assisted by Mr. Ray, and, the deformity having been corrected, the limb was fixed on a Liston's long splint, with 5 lb. extending weight. The patient was kept in the recumbent position, which was well borne, until Oct. 1st, when the splint and extension were removed; it was then found that firm union had taken place, the limb being very slightly everted and shortened to the extent of three-quarters of an inch. It was put up in a plaster-of-Paris bandage, and the patient left the hospital on Oct. 4th. He has since resumed his former occupation, that of a waiter, and though he walks with a limp and the limb slightly everted, wearing a thick sole to the boot, he is able to rotate the foot inwards and has good movement in the hip-joint.

I am indebted to Mr. Ray for notes of Cases 1 and 3.
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MORTALITY FROM EMPYEMA IN CHILDHOOD.

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THE publication of the interesting statistics by Mr. Wightman in THE LANCET of Nov. 30th, 1895, has induced me to collect the cases of empyema which have been under my own care since May, 1879. The statistics alone, when read in connexion with the paper referred to, must be of value, because the percentage of recoveries at all ages is more favourable than in the lists supplied by Mr. Wightman. All my cases have been treated by free incision with the exception of two, where, owing to the grave condition of the child and the extent of the effusion, it was deemed to be wiser to relieve the chest by a limited aspiration some hours before proceeding to free incision. This I believe to be a very useful precaution, it being impressed very much on my mind in the case of an adult female who had an enormous left-sided collection after parturition. The total number of my cases was forty-five, the deaths being seven. In the foregoing list I find that only seven cases were under three years of age, and of these two died, one child being a year old and the second a year and nine months. The method of treatment in every case may be briefly summarised as follows: (1) free incision; (2) a single tube in infants, but a double-barrelled tube in all above the third year; (3) the complete emptying of the chest of fluid for the first week twice daily by turning the child on to his side as one would empty a barrel, this being assisted by an effort of coughing when the child is old enough to understand what is needed; (4) the early removal of the tube—i.e., at the end of the first week; and (5) allowing the patient to sit up and move about as soon after the first week as possible, thus helping the expansion of the lung. I may here add that I have never found it necessary to remove a portion of a rib in an acute case.

In connexion with the deaths the following facts are distinctly noteworthy: (1) that with one exception all the