jury. There is no constitutional irritation.

Considering the tumor as formed by the dislocated lens, I passed a cornea knife through the distended conjunctiva, when the lens was easily removed entire; it was perfectly transparent, and of the yellow color usually found in advanced age. Its removal was not attended by any escape of either vitreous or aqueous humor, and the lids were kept closed by court plaster, in the usual manner.

Oct. 28th.—The progress of the case, up to the present time, is very favorable. He can now distinguish objects, and there is no appearance of opacity in the pupil; but when the extent of injury and the age of the individual are considered, it would not be judicious to expect that even the present degree of vision will remain. I shall reserve a more accurate report of the case until I am enabled to state the condition of the eye when a considerable period has elapsed since the occurrence of the accident.

II.

AMPUTATION OF THE HIP-JOINT.

By JOHN MACFARLANE, M.D.,
Senior Surgeon to the Glasgow
Royal Infirmary, &c.

ELIZABETH KERR, two years of age, was admitted about 11 o'clock of the forenoon of 6th July last, on account of a compound fracture of the left femur, in its upper third, with extensive laceration of the muscles and integuments. This severe injury was produced, an hour and quarter before, by the wheel of a loaded waggon passing obliquely across the upper part of thigh. The bone was fractured transversely, a little below the tro-

chanter, and completely denuded of integuments and muscles anteriorly, to within an inch of its condyles. Posteriorly the soft parts were also dreadfully lacerated and contused, especially at the upper boundary of the popliteal space, where the limb was only retained by a narrow flap of integument and muscle. The femoral artery and vein were torn across, opposite the fracture, but the bleeding was trifling, and consisted only of a slight oozing from the latter vessel and from the lacerated surface. There was also a compound comminuted fracture of all the phalanges of the left little finger.

The child was carried to the hospital from a distance of two miles, the injured limb being extended on a pillow. The countenance was pale and anxious, the pulse rapid and feeble, and the body cold. The usual expedients for exciting reaction were promptly adopted; heat was applied to different parts of the body, and warm wine negus administered. A consultation was immediately called, and I saw her for the first time at a quarter to 12. She still lay in a state of collapse, but was quite sensible, and cried bitterly when the limb was examined.

From the nature and extent of the injury, it was sufficiently evident that the child's life could only be preserved by amputation at the hip-joint. This operation I was anxious at once to perform, but from the absence of my colleagues it had to be delayed, and a second consultation summoned at 1 o'clock. At this hour I was favored with the presence and assistance of my friend, Dr. Perry, with whose concurrence I immediately proceeded to the operation.

An outer and an inner flap were

formed by transfixing the limb with Lisfranc's knife, which was passed so closely around the head of the femur as completely to divide all its muscular coverings; the capsular ligament was opened with a scalpel, the bone disarticulated, and the limb removed; the femoral artery was effectually compressed by an assistant, and not more than six drachms of blood were lost; five vessels were secured by ligature, after which the flaps were brought together, and retained in apposition by adhesive plaister, compress, and bandage.

During the operation the child was exceedingly weak, and before the wound could be dressed it was in a state of syncope, and appeared to be dying; the pulse at the wrist was imperceptible, and it was even with difficulty the pulsations of the femoral artery in the wound could be discovered; the face was deadly pale, and covered by clammy perspiration; the body cold; the eyes fixed in their sockets; the pupils dilated; and the breathing hurried, interrupted, and laborious. Stimulants were freely administered, and the child was removed to bed, having been about twenty minutes on the table. She lay in a state of collapse and insensibility till 7 P. M. when, after vomiting once or twice, reaction was gradually established. At 8 the stimulants were discontinued; the pulse was 130; skin hot and dry; the fractured finger was now removed and a poultice applied.

Ol. Ricini, 3ij. et post hor. duas enema domestic. Mistur. Diaphor. c. Vin. Antimon. 3tia q.q. hor.

7th.—The child is not weaned, and has been sucking freely; was much annoyed with startings during the

night; pulse 140; skin hot and dry; respiration hurried; no oozing from wound.

Submur. Hydr. gr. ij. et rept. post hor. quatuor. Contin. Mistur.

Half-past 7, P. M.—Has been in a drowsy state since two o'clock, from which she can with difficulty be roused; eyes clear and sensible to light; pupils contracted; increased heat of skin, and flushing of face; troublesome startings; pulse 160, feeble; no stool.

Enema domestic. Abrad. Capill. Bladder with iced water to head. Contin. alia.

8th.—Is more alert, and answers questions readily; respiration still hurried, and there is mucous râle in trachea; pulse 160; bowels free.

9th.—Had rather a quiet night, with less starting; tongue cleaner. On undressing wound, flaps were found adhering throughout, except a small portion at upper angle, which is sloughy.

Omit. Medic. Four ounces beef-tea.

11th.—Pulse still very rapid, but febrile excitement diminishing. Edges of wound clean, cut granulations pale.

Vin. Rubri, 3j. in dies.

13th.—Was more restless last night, and is troubled with cough, dyspnœa, and occasional vomiting. Mucous râle is heard over the whole thoracic parietes. Countenance rather sunk; frequently refuses the breast; pulse very rapid and weak.

Mistur. Mucilag. c. Træ Opil. Calomel, gr. ij. 4ta q.q. hor. Contin. Vin.

Without continuing the diurnal reports, I may shortly state, that the symptoms of bronchitis continued rather urgent till the 19th, when they began gradually to diminish. From the 22d till the 6th of

August, although the wound continued steadily to heal, there existed a good deal of irritability of the bowels, accompanied by diarrhoea, and an aphthous state of the mouth. During this period, three molar teeth cut the gum, and ultimately gave relief to the symptoms. The wound gradually healed; the child improved daily in strength and spirits, and was dismissed cured on the 13th of August.

There were several points in the history and progress of this case which rendered the prospect of its ultimate success extremely problematical. The extensive nature of the injury, and the alarming collapse which it produced, might have reasonably deterred almost any surgeon from undertaking, in circumstances so apparently hopeless, the performance of so severe and formidable an operation as that of amputation at the hip-joint. On first examining the injured limb, I was induced to view the case as almost, if not altogether, hopeless. It was only, however, by amputation that the child's life could be preserved; and although I was aware that this operation might, in a subject so young, and already so much sunk by the shock of the injury, be productive of immediately fatal consequences, I considered that I should have failed in my duty had I not recommended and adopted it. I regretted at the time the delay that took place in obtaining a consultation. The child was in a more favorable state for amputation at eleven than at one; and had it been performed two hours sooner, I am convinced that the shock to the nervous system would have been lessened by its nearer approximation to, and by its becoming in some measure blended with, the shock of the injury. It was evident that the collapse

which existed before, and for about five hours and a half after amputation, was not occasioned by loss of blood, but depended on the depressed condition of the nervous system, produced by the injury and aggravated by the operation. With the view of lessening as much as possible the injurious effects of the operation upon the nervous system, I was anxious to perform it rapidly, and with little loss of blood. Both these objects were in part attained. The formation of the flaps, disarticulation of the femur, and removal of the limb, did not occupy a minute and a half, and not more than six ounces of blood were lost. I am no advocate for the hurried performance of operations: nevertheless, it must be admitted that when the pain and irritation of a tedious and protracted operation come to tell, as they must do, injuriously on a constitution which has already sustained a violent shock, the most serious consequences may be anticipated; and we are certainly warranted, in such circumstances, in expediting the operation as much as is consistent with its safe and efficient performance.

The youth of the child was also inimical to the success of the operation. The physical irritability which exists during the two or three first years of childhood is so great as to render the performance of any capital operation extremely dangerous. I am not aware that there is any case on record in which amputation of the femur at the cotyloid cavity has been performed on so young a subject, and I have been chiefly induced to communicate this case to the profession, in order to show, that in serious injuries inflicted on young children we ought not altogether to despair of success, even in the most desperate circum-

stances, but to proceed with those operative measures which the peculiarities of the injury may demand. I must state, however, that I have witnessed amputation of the hand twice on children under three years of age, and in both cases convulsions supervened, and proved fatal in less than twenty-four hours. We would not willingly select such cases for operation, neither should we decline to use the knife when it is absolutely called for.

We had not only the immediate dangers of the operation to deal with in the case of Kerr, but we had also to contend with a series of untoward occurrences during the progress of the cure. 1st. The collapse was unusually severe and protracted; and, as generally happens, was productive of excessive excitement. 2d. The continuance of this febrile excitement, for eighteen hours, produced an affection of the brain, accompanied by partial coma. 3d. The occurrence of bronchitis, which was rather protracted and severe, was another source of danger; and, 4th, the existence of troublesome diarrhoea, with dentition. The child not having been weaned was, I think, also detrimental to its recovery. The continued anxiety of the mother; her absence from her family, and her close confinement in the hospital, occasioned a continued diminution, and, occasionally, an almost complete suspension of the secretion of milk; and as the child refused spoon-meat of all kinds, it must be obvious that she was often imperfectly nourished. Since she was dismissed from the Infirmary, she has completely regained her health and strength, and she is now able to move about the house with the aid of crutches.

III.

CASE OF OVARIAN DROPSY COMPLICATED WITH PSOAS ABSCESS AND PREGNANCY, SPONTANEOUSLY SUBSIDING.

By THOMAS FEREDAY, M.D., Dudley.

Mrs. HALL, æt. 40, of naturally healthy constitution, and fresh-colored countenance, had a child in the year 1810, ten months after marriage, and in the twentieth year of her age. Her husband died, and she again married in 1814, and eighteen months afterwards had a second child.

About eight years ago she had uterine disturbance to such a degree as induced her medical attendant to tell her she would bear no more children. What this affection was I cannot satisfactorily learn, the practitioner to whom she applied being dead. She says that the purulent discharge continually issued from the neighborhood of the uterus, and that a large bougie was occasionally introduced up the vagina. From this and the attendant constitutional symptoms she recovered in about four years.

Menstruating regularly, she again conceived about Midsummer, 1830, sixteen years from the birth of her last child, attended, during the early months, with an aggravation of the usual symptoms of pregnancy.—These subsided, but recurred towards its close, accompanied with pain in the loins, a tenderness and tumefaction in the right iliac region, pains in the hips, numbness of the right thigh, a disagreeable taste in the mouth, and slight fever.

March 10th.—The predominant symptoms are the shooting pains in the loins, the numbness of the thigh, and the nauseous taste in the mouth, compared by the patient to rotten eggs. There is an enlargement,