root, of about half the bulk of the hand. The pleura pulmonalis was firmly adherent to the pleura costalis, and both much thickened. Opposite the points where the tumours had presented externally ulceration had taken place, extending in the upper situation through the intercostal muscles. The extremities of the bronchial tubes were found blocked up with coagulating lymph; thus accounting for a remarkable feature in the case, the absence of expectoration: this symptom, as I have noticed, not having presented itself until a few days before death, and then only in a moderate degree. The left lung was perfectly healthy; but a considerable effusion of serum was found in the cavity of the corresponding pleura. The pericardium was also filled with serous fluid; and there was a large deposit of fibrine on the outer surface of the heart, otherwise that organ was in its normal state. No change was observable among the abdominal viscera, with the exception of a considerable enlargement of the liver; partly the result of hypertrophy of structure, and partly of congestion of the hepatic veins. I am, Sir, your obedient servant,

WILLIAM THOMAS BORTHWICK.

Orsett, Essex, Sept. 23, 1841.

CASE OF

EXTENSIVE SCROFULOUS DISEASE OF THE KNEE-JOINT.

AMPUTATION. — RECOVERY.

By B. W. HOLT, M.R.C.S., &c.

ALICE CROSS, a young girl of strumous habit, having been suffering from scrofulous disease of the left knee-joint for eight months, during which time she had been under the treatment of several surgeons, applied to me on the 3rd day of July, when the disease presented the following appearances:—Knee-joint considerably enlarged; skin shining and tense, having congested veins running over the whole extent of surface; a small ulcerated spot on the inner side, with sloughing edges; intense pain upon the slightest movement, accompanied with grating of the bones one against the other, the cartilages having become ulcerated; countenance pale and emaciated, both limbs very much wasted, but no cough or symptom of diseased lungs. Thinking there was not a possibility of saving a limb in such a state, in a few days I proposed its removal, but the mother, of course anxious that every chance should be given to her child, would not consent; I therefore requested Mr. White to see the case with me, which he kindly did. He thought the limb might possibly be saved; the operation was consequently postponed. As much nourishment as was necessary was ordered to be administered, the limb to be kept perfectly quiet and poulticed. I saw the patient from time to time; the leg gradually

got worse, ulceration extended; numerous abscesses formed in the limb, which were opened, and a free discharge of pus allowed to take place. This state of things went on until the 28th of August, at which time the knee presented the following appearances:—Lower part of the femur and upper part of the tibia entirely exposed; the leg perfectly contracted on the posterior part of the thigh; ligaments in an advanced state of ulceration, with unhealthy flabby granulation; around the joint an abscess running for some little distance up the thigh, and the girl's health evidently beginning to suffer.

Fearing we had deferred the operation until it was too late, I had a careful examination of the lungs made by an experienced friend of my own, who assured me that at present there was no disease, but it was impossible for him to say how soon deposit might take place, the patient being so extremely strumous; I therefore immediately called on Mr. White, who, after seeing the girl, proposed that the operation should be performed the next day. Every chance and opportunity having been given the limb, as far as was consistent with the life of our patient.

On the 29th of August I removed the limb by the circular operation, it being necessary to begin high up the thigh to get beyond the diseased part: some little difficulty was experienced in extending the limb sufficiently to allow the hand to be passed under the thigh, but through the kind assistance of Mr. White it was effected with trifling pain to the patient. The operation having been completed, and three arteries tied, the edges of the flap were brought together by adhesive plaster, and the patient placed in bed.

Upon seeing her in a few hours after, I found a perfectly moist skin, clean tongue, and quiet pulse; countenance slightly flushed; stump laying quiet, and not inclined to jump.

30. Has passed a good night; slept well; does not complain of any pain; tongue clean and moist; pulse tranquil; countenance cheerful. She is evidently fast recovering the shock of the operation; bowels have not been moved; skin cool, with slight moisture. Ordered her merely to take a little tea, and toast and water.

8, p.m. Going on favourably.

Sept. 1. Has passed a good night; symptoms of slight discharge on the outer side of the stump; bowels have been freely open; tongue clean; skin moist; and countenance cheerful.

8, p.m. Going on well.

2. Upon my seeing her this morning she complained of slight pain on the outer side of the leg, and upon examination at the time of removing the dressings, I found that, for about an inch and a half, there was slight discharge, the whole of the inside having healed by the first intention. She complained of very little pain while the dressings were being completed; countenance cheerful.

3. Slight but perfectly healthy discharge on the outer side, but in all respects going on favourably.

10. Stump nearly all healed; she is perfectly well in health, enjoying the more generous diet she was ordered a few days back.

20. I will not take up more of your valuable space than to say that the girl is quite well, and goes out every day. I may, however, remark, that I think the case interesting as illustrative of the great extent to which you may go in young persons, when the precaution is taken of carefully watching the lungs.

1, Broad Sanctuary, Westminster.

"CURVATURE OF THE RADIUS WITHOUT FRACTURE."

To the Editor of THE LANCET.

SIR,—Having read a communication from Dr. Mantell, on partial fractures of the radius with curvature, in your Journal of the 11th instant, and also two letters in your Journal of the 25th instant, I beg to mention that I have had several cases of a similar description, as regards external appearances, which have occurred during a practice of nearly fourteen years, and which I call curvature without fracture. I have had both the ulna and radius, and the radius alone injured; and in one case the tibia in an infant 9 or 10 months old from a fall, and in the same child in a few days afterwards the ulna and radius from being carelessly taken up by the arm; it has always occurred in children. I have always considered and treated them simply as curvatures of the bones resulting from a softened state; for at the period of life at which it occurs, the bones are sometimes soft enough to bend without breaking; a tough twig will oftentimes, by bending, crush on the concave side, without a fracture on the convex, and yet remain permanently curved. I have usually applied splints and cold applications, and, by keeping up a moderate pressure by means of the tapes round the splints, found in a week or ten days the limb to have regained its natural state, and able to be used. The reason I would give in support of my opinion, is the absence of any formation of callus, which must, I conceive, be formed in every instance of fracture of the bones of which I am speaking. On referring to the "Cyclopædia of Anatomy and Physiology," Part 5, page 438, Dr. Benson says,—

"In early life, when the animal material preponderates in quantity, the bones are highly vascular, and comparatively soft, flexible, and springy, and though liable to many serious diseases, they are very apt to escape the effects of injury. Fracture is uncommon in infancy and in childhood; the bones *bending rather than breaking*, often exhibit that partial fracture which has been likened to a "branch of a tree that yields to an attempt to

break it, while it still retains its sap." This I consider bears out my opinion on the above cases. Your obedient servant,

G. J. S. CAMDEN, M.R.C.S.

Hounslow, Sept. 27, 1841.

R E M A R K S

OF

MR. BODINGTON ON THE LETTER OF "A LOOKER-ON."

To the Editor of THE LANCET.

SIR,—By your favour I have a few remarks to offer in answer to the long letter of "A LOOKER-ON," in THE LANCET of September 18, a large portion of which consists of gross personalities levelled at me, and as coming from one wearing a mask, the readers of THE LANCET will, I feel assured, appreciate it as it deserves. If I have succeeded somewhat in setting right the questions discussed for the public advantage, at the expense of some personal abuse, I shall hold it cheap indeed. Your readers will not fail to cull from the verbose epistle of "A LOOKER-ON," the following admissions:—First, "*that the working of the moral system may exist in an asylum of comparatively few inmates*;" secondly, and as a consequence of the adoption of this principle, he recommends to the counties of Gloucester and Hereford to remove their wealthy from the pauper patients into a distinct establishment, that they may have the advantage arising from a smaller society. Here, then, "A LOOKER-ON" himself confirms the opinions I expressed in my former letter.

Your correspondent "A LOOKER-ON" labours hard to make it appear that I alluded only to large licensed private asylums, and not to county asylums, when speaking of abuses in treatment which had come to my knowledge in my last letter; but your readers will recollect that I spoke distinctly of county asylums only where gross abuses had existed, and I know of no *particular instances* of abuse in private licensed houses, further than what has of necessity arisen from the too great mingling together of masses of lunatics in one house, and from the necessary delegation of authority over them in that case to serving-men and women: and I repeat, in these large communities nothing is known of the system so commonly practised in the smaller institutions of receiving a patient as a visitor, or a friend, and practising upon him the praiseworthy deceit that he is come to take up with you a temporary abode for the benefit of his health, and thus, in fact, he may come and go, and never be aware (in many instances this occurs) that he has been in an asylum at all. Can this be done in large county asylums, where everything is formal, cold, and forbidding, too much in the barrack style, splendid, no doubt, in some instances,