Clinical Observations
ON
Surgical Cases.

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(Concluded from p. 3.)

CONTRACTED KNEE-JOINT WITH GREAT DEFORMITY.

In THE LANCET of May 24th, 1879, I published a few cases of tenotomy of the hamstring tendons, with antiseptic treatment by Callender's method, of this joint. In one of these cases I had a splendid result, the other child, though the joint was straightened, sank ultimately from tabes and prolonged discharge. Recently I had such a case in which aspiration of the joint, abscess, and subsequent washings out with disinfectant solution, and final enlargement of the opening, with complete rest to the joint and gradual extension without tenotomy, was dismissed from hospital cured. But the most remarkable instance of perfect recovery after extreme deformity I have ever known, is that one briefly referred to in THE LANCET of the above date. I reproduce the short notes of the case with the original drawing made before operation, which in reality gives but a faint idea of the horrible state of the limb when I operated.

FIG. 2.

On admission a sinus extended from the popliteal space to the gluteal region, in the cellular tissue of which there was a large bag of pus. The boy had a temperature of 101° and a rapid pulse. He was extremely emaciated, having suffered with his limb for nine months. Abscesses had been opened outside. The mischief began by a twist of the joint (a history rather of Hey's luxation). He had been on a trapeze, had a fall, gave his knee a twist, fell fainting to the ground, when a bystander by forcibly extending and pulling on the leg set him so far right that he was enabled to get on to the trapeze again. From this time there was a long history of inflammation and abscess. But the bone appeared to have escaped, the chief mischief being in the soft textures about the joint. Finding that pus was concealed here and there I determined to open up all the sinuses, and thoroughly antiseptically the wounds, at the same time to divide the hamstring tendons, and endeavour to get the limb into a better position. I operated on the second day after his admission to hospital. I found that pus had gravitated here and there in pockets and false canals in the cellular tissue from below the popliteal space to the gluteal region. A large number of sponges could be packed into the cavity in the thigh. The external popliteal nerve lay open for over three inches of its course; the popliteal vessels were quite exposed. Subcutaneously at the inner side I divided the semi-membranous, and at the outside cut the biceps, but it was impossible to bring the limb more than moderately down without danger to the nerves and vessels. All was thoroughly antiseptised; the dead tags of skin were cut away, the cavity well cleansed, the whole being conducted under the steam spray. A carbolised sponge was stuffed into the cavity in the side of the joint.

FIG. 4.

NOTES.

I exhibited this lad not long since at the branch meeting of the British Medical Association, with the other case I have described. He has perfect use of the limb; he has returned to his original employment, there is no lameness, his general health has completely recovered, and he can walk long distances without fatigue. The photograph was
in his bed with a vacant look, "rolling his eyes wildly." Immediately after he fell out of the bed in a convulsion, in the evening he again complained of severe frontal pain. At 4 o'clock A.M. Sunday, the nurse found him sitting up, temperature, but the tongue was loaded, and the pulse was however, he did not feel well, and towards the evening he
and difficulty in moving it. This stiffness and pain (without
explained suddenly of great pain in the right shoulder-joint,
all wounds had now healed perfectly, and he was
and became more severe to open up the frontal wound and
had evidently, from the night nurse's description, a slight
convulsive attack, and could not speak for a minute or so.
in the adjoining bed, who found him "talking queerly," but before the
nurse or resident could be summoned he had quite
directed him to be closely watched. He had two
and became more severe to open up the frontal wound and
was in this state when I saw him. It was impossible to say
orbit, but with the probe no fracture could be detected. He
considerable ecchymosis quickly appearing in these parts.
considerable effusion working in convulsions. There was considerable effusion
in the subarachnoid space, and in the longitudinal sinuses, there was a quantity of pus, also in the subarachnoid spaces at the base of the brain, and on raising the
thalamus a large collection of pus was found between it and the posterior lobes. Altogether about two ounces of pus must have accumulated. The brain, which I had placed in solution for further examination, was unfortunately destroyed during my absence from home. That such an amount of pus should accumulate without producing marked symptoms until within forty-eight hours before death, was the strange feature in the case. It adds another
to the many recorded instances of grave brain lesion and
without the membranes without the produc-
duction of alarming symptoms.

CASE 2.—The patient, a sailor aged nineteen, was ad-
mitted at 4 P.M. to the County Hospital, on June 28th,
having fallen on his head, directly on the vertex, from
a fall. After the accident he became unconscious and there
had evidently, from the night nurse's description, a slight
convulsive attack, and could not speak for a minute or so.
These attacks alarmed me, and I determined if they recurred
might control the convulsion by the hypodermic injection of
o trephine for depressed bone. They ceased; he became much
better; his tongue was quite healthy; his circulation and
temperature were normal; he craved for food; was anxious
in the evening. He admitted at 4 P.M. to the County Hospital, on June 28th,
emience, and then bracketing off at right angles to run parallel with the edge of the road.

Case 3.—J. C., aged fifty-five years, in driving his car (in the dark) over a bridge, missed his footing and fell over the sides of the roadway into the river, alighting on the strand on his head. He was brought into the hospital about 9 p.m. on November 8th, 1880; he was quite sensible. There was an ugly ragged wound about two inches in length over the left orbit, the bone was driven in, the roof of the orbit being fractured, and severe hemorrhage ensuing from the wound. On examining the wound I found what I thought was a large piece of depressed bone deeply, and several other portions lying loose about. On removing these, with a little difficulty I abstracted a large piece of white delf, following it came several smaller pieces; about a week subsequent to the injury another portion about the size of a pea was washed out in syringing the wound. The case was treated by careful antiseptic syringation, daily repeated, and with ordinary dressings. He had not from first to last a bad symptom.

HOSPITAL OF ST. ELOI AT MONTPELLIER, FRANCE.

This hospital, now about to be commenced, was described in the "Annales d'Hygiène" by M. Emile Bertin, Professor of Hygiene, in 1879. After considerable discussion as to the incurable defects for the treatment of the sick, of the old hospital attached to the celebrated Medical School of Montpellier, it was determined to erect a new hospital a short way out of the town, but easily accessible from it; and the plan ultimately adopted was that of M. Tollet, upon a system of hygienic conditions. We operate in conditions which may be called antiseptic. The air of the sick rooms is as pure as the external atmosphere. We must add a remarkable fact gathered from the admission registers of the hospital, that not one of the four thousand soldiers quartered in the barracks built on the Tollet system was attacked by the prevailing disease, and that all the typhoid and contagious cases came from the other barracks. The ground on which the St. Eloi Hospital for 600 sick is to stand consists of nearly twenty-one acres, which could be subdivided into small and manageable numbers, lodged in single-storied buildings, distributed over a sufficient area to prevent undue pressure upon space, and yet so connected as to be facile of access and administration. His wards are built upon the plan of the gothic arch, to avoid all stagnation of air, or arrest of organic and other matters floating in it, by angles or corners of any kind; to be easy of heating and ventilation in winter and summer, without the adoption of expensive mechanical contrivances; to admit of the subdivision of ample and extended cubical space for each patient; to be constructed of materials capable of the most perfect cleansing, and to be as nearly as possible fire-proof; to be provided with verandahs, to which the beds can be transferred, with little or no disturbance of the sick, in fine weather; and to have the accessories of baths, water closets, and dependencies of all kinds so completely cut off as to be unable at any time to impair the purity of the atmosphere of the sick-room.

Provision is made in his distribution of the buildings for a careful classification of the sick and injured, and for the isolation of all infectious diseases, so that every kind and class of sickness may be effectually treated in the same enclosure, without any risk of undesirable complications, or infection either to the sick themselves or to the inhabitants in the vicinity of the hospital.

The hospital of St. Éloi is to contain 600 beds, which may be extended to 760 in the same enceinte. It has been approved by a special commission of the professors of the Faculty of Medicine of the University of Montpellier, by the Council and Hospital Commission of Montpellier, by the General Council of Civil Buildings at the Ministry of Public Works, and by the central authorities of the "Assistance Publique," in Paris. By a decree of March, 1881, it was declared to be a work of public usefulness, in exchange for the existing hospital, which is well calculated for other purposes connected with the university. The site was very carefully selected, and the buildings have been arranged in such a manner as to secure at the same time maximum light. This hospital is estimated to cost £100 a bed, and if extended to a large number would cost less. M. Tollet considers that for a hospital of 300 beds the cost would be about £108 each, and that in one of 600, with the suppression of the galleries of communication, the cost would not exceed £80 per bed. Friederichsbad, the cost would be a little less than £50 a bed. On this plan M. Tollet has already built large artillary barracks and a military hospital at Bourges, of which theDean of the Faculty of Montpellier reported in November, 1880, "The hospital at Bourges, which I have just examined in all its details, consists of twelve pavilions, and the necessary administrative buildings, and is on the Tollet system. This system rounds off all re-entering angles, and is adapted to the art of public hygiene; it is not costly to build, and is protected by a belt of large trees, planted at the base of the general hospital, which also shelters it from the external atmosphere. We must add a remarkable fact gathered from the admission registers of the hospital, that not one of the four thousand soldiers quartered in the barracks built on the Tollet system was attacked by the prevailing disease, and that all the typhoid and contagious cases came from the other barracks."

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