lating ointment; the general health was at the same time remaining extremely good.

Ten weeks after the accident, the wound of the knee was nearly healed, and both fractures firmly consolidated. The two limbs being compared, the left was found a quarter of an inch shorter than the right, and the lower fragment on the left side could be felt somewhat prominent on the outer and back part of the thigh. The knee-joint looked still large, but was free from tenderness. At this time both legs were bandaged, and the patient was allowed to sit up; he dressed, and moved off the bed on crutches, without inconvenience. On the 16th of December, thirteen weeks after admission, the patient was walking with a stick, and had perfect use of his joint.

Incised Wound of the Knee-joint.

(Under the care of Mr. Holt.)

CASE 2.—James B—, aged twenty-six, a cooper by trade, was admitted, June 23. It appears that while he was working with a draw-knife, the block slipped, and the knife wounded the knee-joint, making a transverse incision below the patella, dividing its ligament, and opening the joint extensively. On the patient's admission, the wound was immediately closed with adhesive plaster and sealed with collodion, the limb being fixed on a splint in a slightly flexed position. These dressings being opened a few days afterwards, it was found that little attempt at union had been made, but the edges were carefully kept together until all hope of closing the wound had ceased.

In spite of the strictest antiphlogistic regimen, the joint became violently inflamed; large collections of matter formed, which required free incisions, and at the end of one month the patient's condition was further complicated by an enormous bed-sore, which necessitated his removal to the water-bed. Previous to this change, the man had become so low that stimulants and nutritious broths were constantly administered.

On September 1st, nine weeks after admission, the patient was greatly reduced, and evidently suffering from hectic, night-sweats, and violent pains in the limb. The joint was, in fact, so exquisitely painful, that the slightest touch on any part of it gave excruciating pain. Purulent matter was discharging copiously from three openings, one of which was the original wound, and the two others were the result of the incisions which had been made on the outer side of the articulation. The leg was permanently extended, and the patella slightly elevated and moveable. Over the sacrum was a large, deep bed-sore, about three inches in diameter, fully exposing the bone. The appetite was very capricious, the principal sustenance being wine and beef-tea.

For three weeks the patient's condition did not vary materially, except that the sore on the back gradually diminished; the bowels were, however, very often confined, and the movements necessary for an alvine evacuation caused much suffering. From this time, the patient having now been about twelve weeks under treatment, the extreme sensibility of the joint rapidly diminished, and the man's strength and appetite began to improve, allowing him to take a little solid food. At the end of another week, a straight splint was by great care introduced beneath the leg, and the bedding changed. For a few days the fixed position gave great relief, but he soon began to complain of pressure on the leg; the bandages were therefore cut, and the limb allowed gradually to slip off the splint. When the leg was again extended on the bed, the patient expressed himself as feeling very easy; and with careful attention to his diet, he improved so much, that about four months after admission, a gutta-percha splint was applied, and he was removed to an ordinary bed. Previous to this, a sore had formed on the ankle, which complication gave much uneasiness.

When a little more than four months had elapsed, the wounds of the knee were all closed, and the form of the joint was not much altered. The patella was moveable, and it might be inferred that the other portions of the joint might be made to move, though, from their sensitiveness, their capability in this respect could not be ascertained. The sores on the sacrum and ankle were at this period nearly healed. The leg and thigh were lying on their outer side, this being evidently owing to eversion at the hip, a natural effort intended to take the weight of the foot from the knee. The patient was now getting stout, his appetite improving, and the functions were all normally performed.

As it was found that the gutta percha splint caused pain, it was removed, and the limb placed on pillows; the thigh and leg being of course very much wasted. Five months after

admission the patient's health had remarkably improved, and he was able by his own efforts to move the limb from side to side without experiencing any pain. On December 16, 1851, six months after admission, the patient had still some slight pain in the joint when the latter was moved incautiously, though all active mischief had passed away. The joint is now partially ankylosed.

The report of the foregoing cases, though far from being prolix, is of such an extent, that we are precluded from indulging in some of the reflexions which the cases naturally suggest. We would merely mention that we are deeply impressed with the value of such histories, as showing the possible course of events in severe lesions of joints when amputation is not performed. Such cases are almost as instructive as would be the description of all the symptoms of some internal disease up to death or recovery, where no treatment whatever had been used. Will such histories as the ones above narrated lower the value of prompt measures? We apprehend, not; but they will show how cases of injury to a large joint may now and then terminate. Had amputation been performed in either of the two instances, the operation would have been quite justifiable, and doubly so in the case of the draymen—a class of individuals well known for sinking very rapidly under acute inflammation of any important portion of the frame. But it is now plain that even a drayman has a chance under the circumstances above detailed, though it should be borne in mind that many patients of good constitution have rapidly died under the effect of much slighter articular injuries. No invariable rule can therefore be framed; the matter must be given up to the judgment of the surgeon, which judgment is the more necessary, as the very next analogous case which might be treated on the strength of the foregoing might terminate very differently. We shall shortly continue this series of cases of injury to knee-joint by calling attention to a case, now under the care of Mr. Thomas Wakley, at the Royal Free Hospital, which presents various features of great interest.

ROYAL INFIRMARY FOR CHILDREN,
WATERLOO-ROAD.

*Stone in the Bladder; Lithotomy; Sloughing of the Rectum;
Recovery.*

(Under the care of Mr. Forster.)

"It is much more agreeable to contemplate the cases in which our art is successful, than those in which it fails; but the study of the latter is not less instructive than that of the former; and I should be guilty of a serious omission if I were to dismiss the subject of lithotomy without endeavouring to explain the circumstances which render the operation hazardous; under which it is likely that it will shorten the patient's life, instead of leading to his cure."—Sir B. Brodie's Lectures on the Diseases of Urinary Organs, p. 339, 4th edition.

Our readers will doubtless concur with the eminent author of the above passage, and allow us to direct their attention for a moment to one of the *circumstances* which, after the operation of lithotomy, may lead to a fatal result. The subject of the case we are desirous of recording, was a child, this fact rendering the subsequent complication somewhat surprising, as these little patients generally bear the operation well and recover quickly. We should not omit to state that we have known one or two instances of death occurring in children who had been cut for stone, but the untoward event was generally the result either of hæmorrhage, of powerful febrile reaction, infiltration of urine, or peritonitis; death taking place a few days after the operation. But in the case which we are going to relate, matters proceeded very differently, as will be seen below; the unfavourable symptoms appeared at a time when it might fairly be supposed (16th day after the operation) that the healing process was almost completed.

From the very numerous successful cases which occur, it would, *primâ facie*, appear that young subjects have a better chance of escaping the complications of lithotomy than adults; and yet it would be very dangerous for surgeons to neglect any of the many precautions which, either in the operation itself, or the subsequent treatment, may ensure success. Among these precautions we would mention that of not making the incision of the neck of the bladder too large. This accident, which is very likely to occur when the operation is performed with rapidity, is almost sure of being followed by infiltration of urine, sloughing of cellular tissue of the perinæum, severe febrile symptoms, and a speedy dissolution. The wounding of the rectum appears less hazardous than this, for rather extensive wounds of that intestine are

often recovered from without any permanent communication remaining between the bladder and rectum. We saw, however, a few days ago, at Guy's Hospital, a case showing very forcibly that the rectum should be carefully avoided in children as well as in adults. The patient is now twenty-three years of age, and was cut for stone when seven years old; the rectum was then wounded, and to this day a fistulous communication exists, which is the source of great inconvenience. It is hoped, that by the prone position, and subsequent cauterization, the patient will eventually be freed from this very distressing disorder. Not long ago there was a young man in Job Ward, of the same hospital, who had been operated upon in London at the age of twenty; here the rectum had likewise been wounded, and the discharge of urine per anum had persisted for several years. No immediate prospect of relief existed when he left the house.

It is generally held that these unpleasant results may be avoided, when the intestine has been accidentally wounded, by freely laying open the sphincter, and establishing a free communication between the wound and rectum; this practice has frequently succeeded, and shows what may be expected from incisions carried freely from within outwards, and the complete escape of irritating fluids. But this same incision is frequently resorted to for infiltration, and subsequent fever and peritonitis. Sir Benjamin Brodie mentions one case, in the work above mentioned, where it acted very favourably.

The last complication to which we shall just allude, is hæmorrhage; and it may be regarded as a strange fact, that loss of blood, which children in general bear very badly, seldom occurs at or after lithotomy to an alarming extent. Compression almost always commands the hæmorrhage, and it is but seldom that children perish from secondary loss of blood. But we return to Mr. Forster's patient, and beg to adduce a brief sketch of the case. The operation is the first that has been performed at this Institution since the committee have decided that it should be converted into an hospital.

F. M.—, aged eight years, was brought to the Infirmary on the 12th of August, 1851; he has been residing the last nine weeks at Lambeth, but previously he lived in the country. The child's parents appear quite healthy, and have always been enabled to supply him with nourishment, and half a pint of beer daily for some time. The mother states that the boy was quite well until eight months old; since that time he has always been suffering more or less from pain in passing his urine. Six years ago, when being drawn along in a chaise, he first complained of the shaking giving rise to pain about the pubes and penis; and two years afterwards he began to pass blood, at intervals of five or six weeks, for the space of two years. The little patient is a pale, delicate-looking boy, and now labouring under all the symptoms of stone. He has been under medical care, but no instrument has ever been passed.

Upon introducing a sound the calculus was easily detected. Mr. Forster performed the operation of lithotomy with the straight staff, and extracted a stone composed of lithate and oxalate of ammonia. The parts afterwards bled rather freely, but everything went on most favourably for some time, the wound had almost entirely closed, urine passing per urethram, and the patient was rapidly convalescing, when, on the sixteenth day after the operation, he was suddenly seized with a rigor, several other premonitory symptoms of fever, and the wound put on a very unhealthy appearance.

On the eighteenth day, the whole of the urine passed again by the opening in the perinæum, which latter had sloughed, and some portion of the fæces also appeared at the wound; diarrhœa supervened, and the constitutional disturbance increased. For the space of three weeks very little change took place; during this time a portion of the fæces, as also the greater part of the urine, came by the perinæal opening, and its edges gave no indication of the reparative process going on; the patient appeared to be suffering under common continued fever. The treatment consisted in supporting the strength by a carefully regulated diet, with tonics, wine, &c.

At the end of these three weeks the patient began to rally, and gave some reason to hope for a favourable termination. The wound looked more healthy, and as the fever subsided, his strength improved; daily less and less of the urine and fæces passed by the wound, until at the end of three more weeks, the excretions came by their natural passages, and the opening in the perinæum healed. The boy now rapidly recovered, and was soon enabled to leave the hospital in a very satisfactory condition.

It must have been frequently noticed that persons, when first

arriving in London after a long residence in the country, are peculiarly susceptible of fever; the mother, and others of the children, sisters of this patient, had had fever previous to his coming to be operated on; had this circumstance been known, it would perhaps have been more prudent to have deferred the operation.

Mr. Forster considered that a remarkable occurrence connected with this case was, the passage of the fæces by the wound. Had the rectum been injured during the operation, fæcal matter would, without doubt, have shown itself at the perinæum long before the eighteenth day; but it did not appear until sloughing took place, and the matters ejected gradually increased in quantity as the slough more entirely separated. As the strength of the patient improved, the wound gradually closed, and as the latter had occurred spontaneously, it became cured in the like manner, without division of the sphincter ani, or indeed any means but that of improving the health of the little sufferer.

Whether the course which was here adopted should be imitated in analogous cases, could hardly be affirmed; for the division of the sphincter, which was omitted in this instance, has been known to do much good in cases where the rectum was wounded by the knife. Some distinction should, however, be made between solutions of continuity made in the rectum by the scalpel, and such solutions resulting from the process of sloughing. Perhaps it might be said, that where the opening of the rectum is a natural process, nature alone should be allowed to attempt the repair. However this may be, the facts of the case are clear, and there is at least thus much gained—that such a spontaneous cure has been recorded; the fact will certainly be of some value, when the line of treatment of parallel cases is being discussed.

It will of course strike many of our readers that a slight infiltration of urine might have given rise to the sloughing and typhoid symptoms, independently of any idiopathic attack. Whichever may be the cause, it is plain that the case affords an example of a severe lesion, and of nature's surprising powers of repair.

Foreign Department.

Compression of the Carotid Artery for the Relief of Pain in the Trunk or Limbs.

DR. TURCK, of Plombières, has published in the *Revue Médico-Chirurgicale* a series of cases where great relief was obtained by compressing, for a longer or shorter time, one or both carotids (or rather pneumogastric nerves). Severe colic, without diarrhœa, of fifteen years' standing, incipient phthisis, gastralgia, sciatica, &c. &c., were temporarily benefited by this compression. Dr. Turck was induced to try this peculiar therapeutical means, as it had, according to Parry, Liston, Preston, in England, and Bland, Trouseau, &c. &c., in France, rendered good service in facial neuralgia.

Successful Case of Induction of Premature Labour.

Dr. CHAILLY has published, in the *Revue Médico-Chirurgicale*, the following instance of induction of premature labour:—Mrs. W— presents the peculiarity of a pelvis measuring at the brim only three inches of antero-posterior diameter. In 1847, the head of the child arrived at full term, became locked at the brim, and was removed dead with the long forceps. In 1849, the same difficult labour was repeated, but the child was extracted alive by the same means. On a third gestation in 1851, Messrs. Malgaigne, Baron, and Dcsormeaux, called in consultation, decided that the present was a case proper for the induction of premature labour.

On the completion of the eighth month, prepared sponge was placed into the os uteri at nine in the morning. Mrs. W— spent the day in preparing for her confinement, took her accustomed meals, had a warm bath, and experienced not the slightest uneasiness. At five in the evening, the sponge was withdrawn, the cervix, though thick, was sufficiently dilated, and the membranes were ruptured without difficulty. A small quantity of amniotic fluid escaped, and no pain was complained of. Mrs. W— slept well, and had a slight discharge of waters during the night. She took her breakfast comfortably the next morning, and at half-past nine it was found, by making an examination, that the cervix was exactly in the same state as on the previous day, and no presenting part could be felt at the brim. She now took fifteen grains of ergot in three doses; twitchings were felt towards eleven; at half-past three very bearable grinding-pains came on, and