CUNNINGHAM HOSPITAL, ST. KITTS, WEST INDIES.

CASE OF ELEPHANTIASIS OF THE LEG; AMPUTATION;
SECONDARY HÆMORRHAGE ON THE TWENTIETH DAY;
LIGATURE OF FEMORAL ARTERY; DEATH.

(Under the care of Mr. A. BOON.)

S. G.—, a delicate-looking negro labourer, forty-five years of age, was admitted into hospital on Oct. 27th, with elephantiasis, and an extensive ulcer of the left leg. The elephantiasis extended up to the knee, and slightly above it; the ulcer occupied the lower third of the leg; it was deep and foul, discharging profusely, and of many years' duration. The right leg was not affected. Urine normal. Had had syphilis and dysentery several times. As the ulcer was very large and incurable, and therefore a great drain on his strength, and as his general health was better than it had been for some time, it was determined to amputate, which was accordingly done on the 30th, by the circular method, the bones being sawn through at a line about one inch below the tuberosity of the tibia. The elastic tourniquet, on being applied before the operation, broke, the india-rubber having been spoiled by the climate, so an ordinary tourniquet was put on. The venous hæmorrhage was pretty severe, which is often the case; several large veins and about a dozen arteries required ligature. The stump was swabbed with a solution of chloride of zinc, and enveloped in carbolised tow. Carbolised catgut ligatures and horse-hair sutures were used. After the operation all went well. By the end of the first week the flap had united, except at two points. At first there was the profuse watery discharge that is always seen in such cases; afterwards a small quantity of inodorous pus was found on the dressing which was renewed every two or three days. The patient's general health improved steadily; his temperature and pulse remained at normal; his appetite good; his bowels regular; his sleep unbroken. So things progressed; he was far in advance of a man in the next bed, whose leg had been removed a week before his for traumatic gangrene of the foot.

On the evening of the twentieth day the patient foolishly got out of bed on to the floor: frightful hæmorrhage came on; the alarm was given, and the resident assistant, Mr. Winter, was speedily on the spot and applied a tourniquet, which effectually controlled the bleeding, but in the few minutes several pounds of blood had been lost. Mr. Boon was sent for, and on his arrival found the man in a state of collapse. Stimulants were given, and he rallied to some extent. Mr. Boon then, with the assistance of Dr. Waldron, opened up the flaps, which were very firmly united except at the two points mentioned above, and sought for the vessel from which the hæmorrhage had come, but was unable to find it; the man was in such a condition that it was not safe to relax the tourniquet. It was, therefore, decided to tie the femoral artery in Hunter's canal, which was done. Though the vessel was empty, in consequence of the tourniquet being still on the limb, and the operation had to be done by lamp-light, there was not much difficulty in finding the vessel and applying the ligature. But the loss of blood had been too great, and the patient died shortly after.

The next day a careful dissection showed that the hæmorrhage had come from the popliteal artery; the vessel tapered a little at the cut end, which was patent, the diameter of the opening being equal to about one-third of that of the vessel. It was evident that the catgut had behaved much in the same manner as an ordinary silk ligature. The artery itself seemed to be healthy except at a point about one-fourth of an inch from its extremity, where there was an irregular opening of about the same area as the one already mentioned, which had the appearance of being the result of an ulcerative process in the coats of the vessel. Finally, there was merely a slight trace of an internal plug, a few shreds of blood-stained tissue adhering to the sides of the vessel and in no way obstructing its calibre.

Remarks by Mr. BOON.—Though the questions of the advisability of operating, and the method of operation, in such cases of elephantiasis may be discussed at another time, this case is of interest from the fact that the carbolised catgut ligature was used, and secondary hæmorrhage ensued at an unusually late date. I am satisfied, however,

that there was no connexion between the form of ligature and the hæmorrhage. No doubt the patient getting out of bed was the immediate cause of the catastrophe, but I am inclined to think that, sooner or later, the vessel would have given way. It is not so clear what was the cause of the almost complete absence of the internal plug. Probably the syphilis, the hæmorrhage at the operation, and the general condition of the patient, all three, had something to do with it. I may add that the carbolised catgut was above suspicion, having been procured from Weiss.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Congenital Truncation of Forearm.—Tubercular Disease of Joints.—Abscess in the Liver.

THE ordinary meeting of the Pathological Society of London was held on Tuesday, Feb. 15th, Dr. Wilks, President, in the chair. The chief subject considered was the presence and influence of tubercular growths in the synovial membrane and bones of diseased joints, introduced by Mr. Croft and illustrated by microscopical preparations by Drs. Greenfield and Mercer and Mr. Makins. Dr. Andrew Clark brought forward a case of Abscess of the Liver which presented features of considerable interest.

Mr. BARWELL showed two living specimens of Truncated Malformation of the Forearm. This deformity has latterly been considered to be due to intra-uterine amputation by shreds of indurated fibrin. No doubt intra-uterine amputation does occur, for in some few rare cases the amputated portions have been born. He had found of such cases only three on record—in one, the foot was amputated and born afterwards; a second, in which the foot was born hanging to the amputating thread; and a third, in which the foot was born some days before the child. Simpson speaks of the little finger-like growths at the end of the stump as the results of secondary reproduction. Both the women shown had a truncated forearm; the younger one has four small digits and a little depressed pucker; the elder one has four fingers and thumb and a palm, all rudimentary; no pucker; no nails in either case. There is considerable voluntary movement of adduction and rotation of these fingers as a whole. We cannot believe that these muscles and nerves are formed by rudimentary reproduction, and, therefore, in most of these cases the theory of intra-uterine amputation also falls to the ground. Most of these cases are really lack of development. He had seen many cases, and in all of them but one there had been rudiments of fingers.—Dr. N. MOORE thought the view of arrested development fully borne out by facts. These cases were most interesting in comparison with the sirenia—aquatic herbivora—in which the hind-limbs are not developed; these animals are probably descended from terrestrial herbivorous animals, with perfect hind-limbs. In all the instances of undoubted reproduction of amputated limbs, as in amphibia, the new limbs are perfect.—Dr. WILTSHIRE bore testimony to the accuracy of Mr. Barwell's statements. He had never seen a case of true intra-uterine amputation. The rudimentary digits in the cases shown were of the size of a fœtus of four months, and this fact suggested that the developmental error occurred at that time. Cretinoid fœtuses show well a condition of truncated arms and legs, which, if carried further, would simulate Mr. Barwell's cases. It is an arrest of development, and very rarely amputation.

Mr. CROFT showed a series of microscopic specimens to illustrate the occurrence of Tubercle in Bone and Synovial Membrane. He premised that by tubercle he meant a small-celled growth surrounding epithelioid cells, with giant cells, and a fine reticulum, non-vascular, and tending to caseation in its older forms. The patients from whom the specimens were obtained were all in delicate health; their joints progressed very tediously; there was great hyperplasia, and abscesses with carious pus. Case 1, aged twenty, had effusion in knee-joint for three months; the leg was amputated; tuberculosis of synovial membrane was found; he subsequently died of intestinal phthisis; his