A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nu. la autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

UNUNITED FRACTURE OF PATELLA; OPERATION; CURE.
(Under the care of Mr. SYDNEY JONES.)

FOR the notes of this case we are indebted to Mr. W. H. Battle, surgical registrar.

J. P—, aged twenty-eight, a labourer, was admitted on Sept. 7th, 1882, and left the hospital, cured, on Feb. 2nd, 1883 (149 days). Seven months previous to admission he fell down and fractured his left patella. The knee was put up with strapping and kept on a hard splint for eight weeks, during six of which he remained in bed. He resumed work as a labourer about the ninth week. The knee was fairly strong until four months before admission, when a piece of iron fell across the same knee. This, it would appear, produced acute inflammation of the joint, and from that time he was unable to walk. His general health was good.

On admission it was found that the left patella had been fractured transversely, the fragments being separated by an interval of two inches; there appeared to be very little fibrous tissue between them, and they could be approximated fairly easily. The fracture had crossed the bone about the middle, and the outline of the condyles could be plainly distinguished. There was no fluid in the joint. The leg was fairly muscular, but not large; the patient could not, however, walk more than a few steps. His general health was good. The urine contained no albumen.

Oct. 11th.—The exact distance between the margins of the fragments was two inches and a half. Mr. Sydney Jones decided to bring the fragments into apposition by operation. This he did in the following manner:—Ether having been administered, an incision about six inches in length was made along the front of the joint, in the middle line, and in the long axis of the limb; the skin was reflected to each side and the fragments exposed. These were found connected by means of thick fibrous tissue. This was separated from the fragments, and a thin transverse section taken from each fragment. The synovial membrane of the joint was thickened, but the joint itself was otherwise healthy. An attempt was now made to approximate the fragments, but they could not be brought into close contact. The expansion of the fascia of the thigh to the quadriceps extensor muscle and sides of the upper fragment was then divided on each side to the extent of about an inch upwards; but this did not prove sufficient; accordingly the rectus muscle was subcutaneously divided about three inches above the patella. The fragments did not come well together until the posterior edge of each had been removed. Two holes were drilled in each fragment from the anterior surface to the middle of the cut surface of the fragment, and two sutures of thick copper wire covered with silver were inserted, and the two portions of the patella completely brought together. Three turns were taken in each suture from within outwards; lateral incisions were made, and drainage-tubes placed in each. The wound was closed with silk sutures and antiseptic dressing applied. The spray was used throughout the operation. The limb was placed on a straight excision splint, strips of flannel soaked in plaster-of-Paris being applied along the front and the whole carefully bandaged. Three hours after the operation there was found to be slight hæmorrhage; the wound was redressed, and the limb elevated. Evening temperature 99° 6'. Patient was very restless during the night, and had two hypodermic injections of morphia. Next morning he was in a good deal of pain, and had vomited several times. Morning temperature 100° 2', evening 102° 4'.—13th: Another restless night. The wound was dressed in the afternoon, and a collection of blood-stained fluid was found above the upper border of the patella. The top stitch was removed and a fresh tube placed across the joint under

the patella, being brought out through the lateral openings; the smaller pieces were not replaced. Morning temperature 101° 2', evening 102° 2'.—20th: The wound was redressed on the 15th and again to-day, when all the remaining sutures were removed. The wound was firmly united, excepting in the upper part, where there was a small collection of pus; the puncture made for tenotomy had to be opened up for a similar reason. The morning temperature on the 15th was 102°; 17th, 100° 4'; 19th, 98° 4'; 20th, 99° 4'. Evening temperature: 15th, 102° 2'; 17th, 101° 8'; 19th, 100° 2'; 20th, 100° 8'.—24th: As the wound when dressed appeared to be irritated by the carbolic acid dressings, eucalyptus was substituted. The collection above the upper fragment is quite gone. The temperature has been lower until this evening, when it is 102° 4'.—27th: Wound redressed.—31st: Wound redressed. There was some puffiness to inner side of the patella.

Nov. 11th.—Wound redressed on the 4th, the 8th, and again to-day; the upper part is now healed. Short drainage-tubes placed on each side. General health good. Since the 24th the temperature in the morning has risen from 98° to 100° 2'; in the evening 99° 8' to 101° 8'.—24th: Wound redressed; the leg was removed from the excision splint and placed on a MacIntyre; the wire sutures were removed; there was close union between the fragments of the patella. Forty-four days after operation the drainage-tube on the outer side of joint was removed.—29th: Wound redressed, and all the drainage-tubes removed; there was a good deal of discharge in the dressings. Before the 26th the evening temperature was nearly always between one and two degrees higher than in the morning; since then (with one exception, 25th, 100°) it has not exceeded 99°.

Dec. 22.—Antiseptics discontinued. There are still two discharging sinuses on the inner side of the patella. The leg was put up in a posterior plaster splint, the foot being left free. The temperature has been normal since the 3rd (13th, P.M., 100°). The patient's general condition is good.

Jan. 4th.—Slight rise of temperature, due to the formation of an abscess on inner side of the patella; this was opened on the 5th, and a considerable quantity of pus evacuated. The other sinuses had quite healed.

When the patient was first allowed to get up there was œdema of the leg and feet, but as he got stronger this disappeared, and he was able to do without a bandage, which he at first used. When he left the hospital he was able to walk a short distance without the aid of a stick, and the joint was capable of considerable flexion. The union between the fragments was quite firm, and the patient was much pleased with the increased usefulness of the leg, and as he was inclined to persevere in his efforts to get increased flexion of the joint, there was every prospect of his having an almost perfect limb.

ROYAL UNITED HOSPITAL, BATH.

FIVE CASES OF TYPHOID FEVER TREATED BY COLD BATHS,
FOLLOWED BY SALICYLATE OF SODA; REMARKS.

(Under the care of Dr. H. F. A. GOODRIDGE.)

FOR the following notes and remarks we are indebted to Mr. M. W. H. Russell, resident medical officer.

CASE 1.—Henry D—, aged ten years, was admitted into George ward on January 26th, 1883. He felt quite well until four days before admission, when his appetite failed and he had headache and general lassitude. The following day the bowels became loose and he developed a cough. He rapidly got worse, cough and diarrhœa persisting.

On admission the temperature was 103° F., the pulse 124, small and feeble, and respiration 32. Patient fairly nourished. Has flushed face, cough, weakness, complete loss of appetite, and diarrhœa. Stools very loose and pale. Is very drowsy and stupid. Tongue, clean tip and edges, dorsum furred. Heart irregular, sounds feeble; no bruit. All over lungs abundant sonoro-sibilant rhonchus. No expectoration. Abdomen: convex, tympanitic; abundant gurgling with tenderness in right iliac fossa. Three rose papules on the belly and one on the back. Splenic area of dulness increased, lower edge of organ not felt. Evening temperature 102° 6'. Urine, sp. gr. 1020, acid, free from albumen.

January 27th.—Cough has been very troublesome. The patient has been in a torpid condition during the night, and has voided urine into the bed. There are no fresh spots.