AN IRON-WIRE FOLDING FRACTURE BOX.

BY G. W. MCNALTY, M.D., F.R.C.S.I.,
SURGEON, ARMY MEDICAL DEPARTMENT.

HAVING experienced great difficulty in the Franco-German war in dressing gunshot wounds of the leg without disturbing the wounded extremity, particularly in cases of compound fracture accompanied with considerable discharge, I have been led to devise an apparatus which I trust will prove of service.

The apparatus, which may be termed an iron-wire folding fracture box, is made of galvanised iron to prevent rusting, and consists essentially of a back piece, sides, and foot-rest.

The back piece is 23 in. long, 5½ in. broad at the upper, and 4½ in. broad at the lower end, and has an oval-shaped opening to accommodate the teno Achillis and heel. The sides are not so broad but are of the same length as the back piece; they are joined to the latter by two hinges on each side, and are kept applied to the limb by webbing buckled on the thick wire at the upper edges. The foot-rest is 10 in. long and 3½ in. broad, and can be firmly secured at different angles by iron loops which fix on wires projecting from two small wings, thus preventing any movement either backwards or forwards. At the end of the back piece is a wire support, to raise the foot so as to prevent pressure on the heel. When not required it can be turned up, and fits into the space between the two wings.

The advantages are these:—Bandages, with the exception of the one for the foot, are rendered unnecessary. The wound can be dressed by letting down the sides unless it be confined to the back of the limb, and in most cases can be seen without disturbing the apparatus. The foot-rest remains fixed when the sides are let down; this is a most important point, as it is well known that one of the greatest difficulties in the treatment of fractured leg is to prevent either inversion or eversion of the foot. The sides and foot-rest are sufficiently high to keep off all pressure of the bedclothes. The apparatus is convenient when it is necessary to move the patient; it is also simple in construction, durable, moderate in price, light, cool, easily kept clean, equally applicable to the right and left extremity, and allows the leg to be placed on the side. All the component parts being fastened together, it will always be found complete.

The object I have specially kept in view is to make it suitable for military practice, or on occasions in civil life where a large number of persons may be injured at the same time, as in colliery accidents, &c. It is therefore constructed to pack into the smallest possible compasses, the sides folding behind the back piece, the wings on one another, and the foot-rest lying flat when unfastened. The weight without pads is 2 lb. 8 oz. Messrs. Weiss and Sons are the makers.

TUMOURS, ATTACHED TO DURA MATER, PRESSING ON THE SUPERFICIAL BRAIN-SUBSTANCE; PARALYSIS.

BY W. G. BALFOUR, L.R.C.S.E., &c.,
MEDICAL SUPERINTENDENT OF THE HAMPSTEAD ASYLUM.

Case 1.—J. A., a female aged seventy-one, admitted May 19th, 1873, is stated to have been in good health till ten years ago, when she was seized with great pain in the left cheek and jaw-bone. She attributed her suffering to having some months previously slept in a damp bed. She had been treated for the pain of which she complained by many different medical men, and in various hospitals in London, with no benefit. At the end of five years from the first commencement of the pain her mind was observed to be impaired and her manner altered. She took clothing from the mother holds the nose while the dose is swallowed. It is not altogether lost, when the nose is held. A familiar example of this is seen when physic is given to a little child: the mother holds the nose while the dose is swallowed. It is difficult to explain this case on the generally received doctrine that smell is essential to the perception of flavours. It may be that the nerves of the fore part of the nose had lost their power, while those nearer to the fauces had kept it up.

The pathology of traumatic anosmia is unknown. I am not acquainted with the records of any case in which an examination has been made after death. It has been thought that the filaments of the olfactory nerve which pass through the ethmoid bone are torn across by the force of the blow. I have been informed by my friend Dr. Perrier that he has, during his researches into the functions of various parts of the brain, formed the opinion that the sense of smell is placed in the lower temporo-sphenoidal convolution. It will be noted that in many cases there were signs of injury to the skull in this part: a flow from the ear of blood or of serous fluid, or signs of palsy of the seventh nerve. In two cases the ear was the part on which the blow was received. If the skull were fractured, it is possible that the brain in its neighbourhood might also be injured, and thus the tip of the temporo-sphenoidal lobe be involved, and the sense of smell abolished or perverted.

The prognosis of these cases is doubtless very bad; yet in three of Notta's cases recovery took place after three, four, or six months' duration. They are, as far as I know, the only cases on record of such recovery. In my own case, when the man left off attending the hospital he was in exactly the same state as when he first came.

In the treatment of these cases there is little to be done. Notta used veratrine and strong snuffs without perceiving the least advantage. In my opinion it would be better altogether to avoid any local interference, and attend chiefly to the general condition of the patient. But, in any case, little can be expected from the medical art.

Green-street, Park-lane.
A CASE OF SIMULTANEOUS FRACTURE OF THE PATELLÆ.

By Richard Johnston, M.R.C.P., L.R.C.S.I., &c., Resident Surgeon to the West London Hospital.

An interesting case of this somewhat rare form of accident has just come under my observation.

M. G. A—, aged thirty-three, housekeeper, was admitted into hospital on August 7th, under the care of Mr. Sutcliffe, suffering from the above. She states that as she was leaving the room with some plates, her foot caught in a mat which was at the door. In the act of falling forward she distinctly heard a crack, and felt something give way, and on trying to get up she found herself unable to do so.

On admission both knees were much swollen, and at first she was unable to close her eyes in a comatose condition.

During the last five weeks of her life she was confined to her bed, lying in a sort of drowsy stupor; and when roused to be present to the discharge of some large discharge from her right nostril, and the left nostril of the nose, and the right hand against her face.

Measurements of head : 1st, antero-posterior, 7 in. ; 2nd, temporal, 6 in. ; 3rd, frontal, 4 in. Calvaria thin, having the dura mater firmly attached to its inner surface, and requiring considerable force for its removal. On its being detached, the membranes covering the ascending and middle frontal gyri came away with it, leaving the great cerebral convolutions exposed at this part. Attached to the inner surface of the calvaria by means of the dura mater was an osseous tumour, round in shape, an inch and a half long by three-quarters of an inch in circumference, resting in a sort of depression in the dura mater which was at the door. In the act of falling forward she distinctly heard a crack, and felt something give way, and on passing the hand along the anterior surface of the limbs the fragments could be felt, separated by about three-quarters of an inch, the fracture being still more marked upon flexion, the inferior medial gyri of the upper fragments being lided upwards. From the swelling state of the parts it was not deemed advisable to place the limbs in any apparatus. Warm fomentations were accordingly ordered, and, as the swelling was not subsiding, the bandage was reapplied.

Oct. 4th.—The patient is gaining power of flexion; knee-caps applied.

Remarks.—This case presents a good example of fracture of the patellæ.

The mortality in London last week rose to 26 per 1000 per annum. Of the 1653 deaths registered, 103 were due to measles, 41 to whooping-cough, and 42 to different forms of fever.