36. *Injuries requiring Amputation.*—Mr. SPENCE showed to the Edinburgh Medico-Chirurgical Society (Dec. 5, 1860) preparations from three cases in which amputation had been rendered necessary by injury.

The *first* was a very beautiful preparation of the bones of the lower extremity. The history of the case was this: Five weeks ago, a young man, walking on the top of an embankment of no great height, slipped his foot and fell, the leg being slightly bent at the time. He was at once brought to the hospital, when it was ascertained that he had sustained a compound fracture of the thigh, the periosteum being extensively denuded. In addition, there was a simple fracture of the bones at the lower part of the leg, involving the ankle-joint. The fracture of the thigh evidently extended into the knee-joint, and there was great laceration of the soft parts. Amputation was accordingly performed high up in the thigh. The preparation showed that the condyles of the femur had been broken up, that there was an oblique, almost longitudinal, and comminuted fracture of the lower part of the bones of the leg, that the ankle-joint had been opened into, and that a portion of the astragalus had been broken off. This case, Mr. Spence remarked, showed how a very severe injury might be occasioned by a comparatively slight fall.

The *second* preparation illustrated a rather rare form of injury. A child, six years old, while playing in the Grassmarket three weeks ago, was ridden over by a cart, the wheel passing over the arm. He was brought into the hospital in the afternoon, and was seen by the house-surgeon. The limb was swollen and very cold, and it was evident that the humerus was fractured. As the parents would not allow the child to remain in the hospital, the limb was put up very lightly, and directions were given, that if the swelling increased, the bandages should be loosened. On being brought back next day, pain had ceased, the limb was much swelled, and the hand was cold, dark-coloured, and mottled. Mr. Spence was unwilling to operate at once, but retained the child under observation. The limb was laid straight, and surrounded with cotton wadding; no bandage was applied. Two hours afterwards the hand was still cold; the mottled appearance was not increased. In the evening, it was evident that there was no attempt at recovery; the limb was cold and dead. Amputation, accordingly, was performed through the surgical neck of the humerus by means of an external flap. The preparation showed that the artery (which had been injected) had been ruptured opposite to the point of fracture, having apparently been pressed by the cart wheel against the sharp edge of the bone. Anastomosis not having been established, the limb had perished, not by gangrene, properly so called, but by direct death. Mr. Spence remarked that in many cases of fracture it was wonderful how the arteries escaped injury, being generally pressed out of the way of the bone. Here, however, all vascular supply had been fairly cut off.

In the case from which the *third* preparation had been obtained, a severe burn of the arm, forearm, and trunk had been sustained three months ago. After the general health had been somewhat re-established, it became evident that such destruction of the true skin of the arm and forearm had occurred, that there was no chance of a satisfactory recovery, for even if cicatrization took place, such contraction as was unavoidable must render the limb useless. Latterly the health of the patient was evidently giving way, owing to constant discharge, and pain and irritation from the large weak ulcer. Amputation was accordingly performed at the shoulder-joint, the only flap obtainable, from the condition of the soft parts, being from in front of the articulation.

In the three cases described, the patients had gone on favourably.—*Ed. Med. Journ.*, Jan., 1861.

37. *Tracheotomy in Croup.*—Dr. WATSON exhibited to the Medico-Chirurgical Society of Edinburgh (Dec. 5, 1860) the larynx and trachea of a child, æt. ten months, in whom, three weeks ago, he had performed tracheotomy on account of croup. In this case, when seen by Dr. Watson, suffocation was impending, the respiratory acts were attended by drawing in of the chest, and expiration was much prolonged; the surface was blanched and cold, the lips purplish, the face and neck œdematous. The opening of the trachea afforded complete relief