

principles. It is of no practical use to order twenty or thirty drops of carbolic acid to be added to a pint of hot water, and the steam to be inhaled, for the quantity of acid which evaporates is only proportionate to the amount of water given off as steam, and under such conditions it is evident the amount would be infinitesimally small.

Savile-row, W.

## COMPOUND DISLOCATION OF HIP; RECOVERY WITH USEFUL JOINT.

By W. F. TAYLOR, M.D., M.R.C.S. ENG.,

HONORARY SURGEON TO THE WARWICK HOSPITAL, QUEENSLAND.

ON Sept. 1st, 1879, I received a telegram to proceed to the town of Allora, fifteen miles from Warwick, Queensland. On my arrival there, I was informed that at about two o'clock in the afternoon a lad, named J. C—, aged seventeen, was engaged sawing down a tree, when it suddenly fell, pinning him to the ground. He succeeded with great difficulty in extricating himself, and was discovered about half an hour afterwards by his brother, who found him suffering great pain, and unable to move his right leg. Assistance having been procured, he was taken to his residence, distant about a mile from the place where the accident occurred. I found him lying on his back, complaining of great pain in the right hip and leg, and on examination discovered a dislocation of the hip into the obturator foramen, with a lacerated wound of the perineum on the right of the urethra, nearly two inches in length. He was placed under chloroform, and his injuries more fully examined. On introducing the finger into the wound in the perineum, the head of the femur could be plainly felt lodged in the obturator foramen; the greater portion of the external surface of the ramus of the pubes, and the ramus of the ischium were denuded of all muscular attachment. The dislocation was reduced with some difficulty, and the leg and pelvis securely fixed to a long, straight splint. Towards morning the bladder was evacuated spontaneously, when the urethra was found to be uninjured.

Sept. 2nd.—Having remained with him all night, I superintended his removal to the Warwick Hospital in the morning, the journey being accomplished principally by rail, without any bad effects. In the evening the temperature had gone up to 100°; pulse 110. He complained of great pain in the hip, which was relieved by the hypodermic injection of morphia and atropia.

3rd.—Passed a good night, slept frequently, and was comparatively free from pain. Ordered an enema and injection into the wound every eight hours of the following:—Salicylic acid, ten grains; bichlorate of soda, twelve grains; glycerine, one drachm; water to one ounce.

4th.—Suffered a good deal of pain in the forepart of night, which was relieved by hypodermic injections of morphia and atropia. Pulse 112; temperature 101°. Ordered tincture of aconite, which had the effect of temporarily reducing the temperature and slowing the pulse.

The history of the case for the next eight weeks may be summed up as follows:—Severe pain was at times felt in the hip, which was usually at once relieved by the hypodermic injections. Only on one occasion did he complain of pain on pressure in the neighbourhood of the joint. The wound closed gradually, the discharge being at no time fetid; but the temperature was always above the normal, sometimes falling to 99°, and frequently going up to 101°. The aconite was, after a day or two, discontinued, and five-grain doses of the hydrobromate of quinine given every six, and sometimes every four, hours. In order to facilitate the dressing of the wound, &c., a wooden frame, having strong girth-webbing fastened to it, was placed under him on the bed, so that four men could easily raise him as high as was necessary without disturbing the injured limb. About nine weeks after the accident the long splint was removed in consequence of his complaining of pain in the knee, which was somewhat swollen, the hip being free from pain or swelling, and the wound in the perineum nearly healed. The temperature, however, still averaged 99·3°, although the appetite had been good for some weeks, and the bowels had acted regularly. The day following the removal of the splint a good deal of swelling was noticed in the neighbourhood of the hip, with considerable pain on pressure.

A large linseed meal poultice was applied, and the following morning, fluctuation being distinctly perceptible, an opening was made under the edge of a piece of lint soaked in linseed oil and carbolic acid (1 to 4), when about ten ounces of fetid pus escaped; there was also an escape of pus through the nearly closed wound in the perineum. A drainage-tube was inserted, and the lotion ordered to be injected through it into the cavity of the abscess every eight hours, the thigh and hip being carefully bandaged with a soft flannel roller. My colleague, Dr. Margetts, saw the case with me the next day, and we were both forced to the conclusion that some bone mischief had been started, the upshot of which could hardly fail to be disastrous. Contrary to all anticipation, however, the discharge gradually ceased, so that in a week after inserting the drainage-tube it was removed and the opening allowed to close. No bad symptom followed; he rapidly gained strength, and in a short time was able to get about on crutches, the hip being kept fixed by a gutta-percha shield. On the 4th of February he left the hospital, with, as I supposed, the joint in a satisfactory way towards ankylosis; this condition being, I had repeatedly told his friends, the most favourable one that could be expected. About eight months after the accident, to my great surprise I met the young fellow in one of the streets riding on horseback, seated in regular bushman style on a large colonial saddle. He told me that he had just ridden from Allora (fifteen miles), and was on his way back; that he could mount and dismount with ease, and suffered no inconvenience from the hip excepting a little occasional stiffness.

*Remarks.*—This case may be considered interesting—(1) from the nature of the injury, the head of the femur having been no doubt driven from its normal position right through the perineum, and then retracted into the obturator foramen; (2) the persistent increase of temperature up to the time of the abscess being formed, notwithstanding the satisfactory healing of the perineal wound and the absence of any marked tenderness or swelling of the hip; (3) the rapid formation of the abscess, and its speedy cure; and (4) the mobility of the joint being now sufficient to permit riding on horseback without any inconvenience. The results as above described may be principally attributed to the care taken to preserve absolute rest of the injured parts. The maxims relating to the value of *rest* so ably laid down by the late John Hilton, F.R.S., were adhered to as nearly as possible, and in carrying out these maxims, Mr. Saunders, the resident dispenser of the hospital, afforded valuable and unremitting assistance.

Warwick, Queensland.

## ON TRICUSPID STENOSIS.

By BEDFORD FENWICK, M.D.

(Concluded from page 696.)

*B. Prognosis.*—This, of course, is very grave, and depends much on the extent of the dilatation of the right auricle and the amount of compensatory hypertrophy it has called forth. The average length of life in these cases was about four years from the commencement of serious symptoms. It is interesting to notice that this fact, and those contained in Table III., bear out Dr. Gilbert Smith's suggestion that tricuspid stenosis probably does not by its advent shorten the life of those already afflicted with mitral constriction, but that it may even act beneficially, and, by equalising the pulmonary pressure, materially save the general economy.

*C. Treatment.*—This, I need scarcely say, consists mainly in maintaining the general health and the cardiac tone at as high a grade as possible. Two very practical points, however, I would venture to insist upon. First, a restriction of liquids in the diet, and this for two reasons especially—not only to keep the quantity of fluid in the circulation, and therefore the vascular tension, and therefore the cardiac stress as low as possible, but because these cases suffer terribly from even a small degree of flatulent distension; and it is just in these very cases that a small quantity of liquid seems—I presume from the chronic state of catarrh of the stomach and intestines consequent on the cardiac obstruction—to rapidly induce this condition. I have found a dilute acid drink containing peppermint and spirits of ether, well iced and sipped occasionally, very useful in relieving the thirst. Second, the abstraction of blood—locally by leeches