

calf, close to the tibia, and brought out so as to make a large posterior flap. A small anterior flap was then made by a superficial sweep, and the tibia was sawn through. The fibula was now found fractured high up, and split nearly as far as its superior articulation; and as it was impossible to obtain a smooth, even surface to this bone, it was disarticulated from the tibia. The soleus muscle, forming part of the posterior flap, was found much lacerated, and the artery torn through above the point where it had been divided in the operation. A large portion, including the lacerated artery and injured muscle, was now removed, leaving the skin and a portion of gastrocnemius to form the posterior flap. The artery was again severed above the point of its division into the anterior and posterior tibial arteries; and from its being situated so deep in the cleft of the wound, some difficulty was experienced in seizing it. The flaps were brought together by four sutures, and the stump dressed in the usual way. The man remained perfectly calm and placid during the operation, only manifesting slight signs of pain when the last suture was being put in. He was then taken to bed, and slept quietly for about twenty minutes.

The chloroform in this case produced some effects different to those hitherto mentioned. The dose required being so very large; possibly the alcohol previously imbibed modified its action. Its effect was especially required in such a case to enable the operator to dissect out a ragged fragment of bone, and also to pare away the contused and injured parts, and thus to perform what would formerly have seemed a painful though necessary sequel to the previous amputation, without disturbance to the sensorium or shock to the system.

The patient was doing as well as could be wished up to Sunday, the 5th, when an attack of delirium tremens came on. Large doses of opium and of his accustomed drink were administered, which quieted him for a time. But some hours afterwards he was seized with a furious delirium. The chloroform was then tried with marked success, and the patient, although previously in the greatest state of excitement, became in half a minute quite tranquil, and apparently went into a sound sleep, with the exception of slight convulsive twitchings of the extremities.

ROYAL FREE HOSPITAL.

New operation on the foot; entire removal of the os calcis and astragalus, with the malleolar processes of the tibia and fibula; success of the chloroform.

Reported by WEEDEN COOKE, Esq., Resident Surgeon.

On the 20th of December last, John M—, a tailor, thirty-one years of age, a scrofulous, pallid-looking man, was admitted into this hospital, under the care of Mr. Thomas Wakley. The patient states that he had been suffering for some time past from a diseased heel, and that he had been in the Brighton Infirmary, where it was proposed to amputate the limb below the knee. This he objected to, stating that he would go to London, and see if his foot could not be preserved; and with that view he applied at this Hospital.

Dec. 21st.—On examination of the diseased member this day, the integument all over and around the left heel and inner ankle was found to present an unhealthy, purplish aspect, and there were three openings, from which a large quantity of ichorous fluid exuded. Two of these openings corresponded with the astragalus and os calcis, and a probe introduced into them entered the substance of those bones; the third opening communicated with the calcaneo-astragaloid articulation. It was evident that the os calcis and astragalus were in a state of caries; but, after a careful examination, Mr. Wakley was led to believe that the internal parts of the ankle-joint were not implicated in the disease. The man had been suffering for some time under constitutional disturbance, arising out of the state of his foot, and it was apprehended that hectic fever would soon supervene and destroy him. Symptoms of hectic had already appeared.

As the patient expressed a wish to be enabled to retain his foot, and had strongly objected to its removal, either below the knee or at the ankle-joint, Mr. Wakley determined to dissect out the diseased bones—namely, the os calcis and astragalus—believing that he could effect this object, and by leaving the patient the terminal portion of the foot ensure him an useful and efficient member for the purpose of progression. On making this proposal to the patient he immediately assented, and was desirous that the attempt should be made.

The operation was performed on Monday last, December 27th, in the presence of between forty and fifty practitioners.

The operator was ably assisted by Mr. Gay, his colleague, and Mr. Erasmus Wilson. The man having been placed on the operating-table, Mr. Robinson administered the chloroform, when a complete state of insensibility was soon induced. The diseased foot (the left) having been drawn forwards, so as to be free of the operating-table, Mr. Wakley, standing directly in front, and holding the scalpel in his left hand, made an incision from the prominence of the *internal* malleolus backwards and downwards to the middle of the heel. A similar incision with the right hand was then made from the *external* malleolus, downwards and backwards, to join the foregoing. A third incision was next carried along the edge of the sole, from the middle of the first to a point opposite the astragaloscaphoid articulation; and a fourth on the opposite side of the sole, from the vertical incision to the situation of the calcaneo-cuboid joint. These latter incisions enabled the operator to make a flap of about two inches in length from the under part of the sole. In the next place a circular flap of integument was formed between the two malleoli, posteriorly, the lower border of the flap reaching to opposite the insertion of the tendo-Achillis. This flap being turned upwards, the tendon was cut through, and the os calcis having been disarticulated from the astragalus and cuboid bones, was removed, together with the integument of the heel included between the two incisions. The lateral ligaments connecting the astragalus with the tibia and fibula were now divided, and the knife was carried into the joint on each side, extreme care being observed to avoid wounding the anterior tibial artery, which was in view. The astragalus was then detached from the soft parts in front of the joint, and from its articulation with the scaphoid bone, and the malleoli of the tibia and fibula were removed with the bone nippers. The only artery requiring ligature was the posterior tibial. During the few minutes the operation occupied, the patient did not manifest the slightest symptom of pain or uneasiness.

On bringing the edges of the flaps together, they were found to fit with complete accuracy, and were secured by twelve points of interrupted suture. They were supported by several folds of lint, and by means of a light bandage.

The patient, who had lost but very little blood, was then removed to bed. Six p.m.: the patient feels a little pain, and is weak; no bleeding from the wound. Twelve o'clock: Has been dozing; complains of pain; no hæmorrhage. Ordered, a grain of morphine.

Dec. 30th.—Union by first intention has taken place everywhere, except the inner side of the foot. The man is doing well, no bad symptom having presented itself.

Strabismus; fatty tumour; fistula in ano.

Before the operation, of which the above is a report, had been performed, Mr. Wakley operated in a case of strabismus in a man about fifty years of age. The chloroform was used with speedy and perfect success. He then removed a fatty tumour from the shoulder of a young woman: in this case, also, the chloroform was used; but a considerable time elapsed before the patient could be brought under its influence. Much nausea was induced, and the patient vomited freely. Unfortunately, a glass of brandy had been given to her by some over-kind friend immediately before the operation. In the performance of a fourth operation, for a fistula in a man of middle age, ether was administered by Mr. Robinson, and with effects certainly not less satisfactory than those produced in the most successful instance of the administration of chloroform. For some time after this operation (which was quite unfelt by the patient) had been performed, he appeared to be in a state of complete ecstasy, laughing, patting himself, and indicating his delightful sensations by a happy expression of countenance. He soon, however, recovered, and was immediately removed to bed, highly delighted that the operation had been completed without his experiencing any pain.

SWEET SPIRITS OF NITRE.—Endeavours have been made to give currency to the impression, that sweet spirit of nitre, not being considered spirit in the legal acceptance of the term, might, therefore, be safely bought and sold under any circumstances, without liability to seizure by the excise. This notion is entirely erroneous, and those who act upon it do so at their peril. Any person purchasing sweet spirit of nitre, at a price below that at which it can be made with duty-paid spirit, is liable to an excise prosecution, on the presumption that he buys it knowing it to have been illegally prepared. The Board of Excise are adopting measures for the protection of the honest manufacturer, whose interest is seriously injured by competition with smugglers.—*Pharmaceutical Journal*, Jan. 1848.