

the disease if we do not arrest it? I presume, from the history, that there is a deposition of that curdy sort of matter, which, in scrofulous persons, we see deposited in instances of enlarged glands of the neck, filling, in great measure, the cancellated structure of the bone. If we could cut through the condyles of the femur, and expose the cells, we should probably see some of them broken down, and filled with this substance. But if the disease goes on still further, you will have less of this curdy matter, and in its place a fluid generated, consisting of that serous or indifferent sort of pus which we know to be the result of scrofulous inflammation. When this pus is formed, it will begin to make its escape by ulceration; the cellular structure will be broken down, the denser compact shell of the bone will gradually give way, the cartilages will ulcerate, and we shall have sinuses formed, from the interior of the bone, through which the discharge will take place. Very likely, however, before all this occurs in an hospital, the general health gives way, and we are obliged, with a view to save life, to get rid of the disease by amputation.

*Treatment.*—The object, however, is to avoid the resort to amputation; and I have, therefore, with a view to preserve the general health in such cases, given such medicine as is calculated to lessen the peculiar disposition to the disease which is termed "scrofulous diathesis." Iodine has a remarkable effect in this respect; and I have combined it with sarsaparilla, which is often necessary. We have also employed the milder forms of counter-irritation; but if we find that a decided improvement does not take place under blistering, we resort immediately, as I shall do in this case, to the more powerful means of moxæ, or issues, of which I spoke in my last lecture.

These cases are well worth watching. Instances of the kind are not often seen, but when once seen, and well examined, I do not think you would make a mistake between them and any other affection of the joint. Without knowing such cases, and being aware of them when they exist, you might mistake them for an affection of the synovial membrane, or of the fibrous tissue, and be led to give a prognosis which you could not afterwards verify, and which would be calculated to bring discredit upon you.

In all these cases the utmost you can do is to arrest the inflammation, and put the parts into a healthy condition. You cannot produce an alteration again in the figure or diameter of the bone, which will restore its integrity, and render the joint as fit for the purpose of motion as it previously was. A lameness must always ensue where such an affection has taken place, and has given rise to enlargement of the bone.

Other cases we have under treatment, but I shall not to-day describe them. There

are several cases in which ulceration of the cartilages and destruction of the ligaments have occurred. One or two of these I have now under treatment, and they will contribute to form subjects of consideration at our next meeting.

## CASE,

### PRESUMED TO BE ONE OF MECHANICAL OBSTRUCTION TO THE PASSAGE OF THE BLOOD IN THE ARTERIES.

*To the Editor of THE LANCET.*

SIR,—The following case (a part of which I read at the *London Medical Society* in February last) I think you will consider worthy of insertion in your valuable Journal. I am, Sir, your obedient servant,

EDWARDS CRISP.

Walworth Road, Dec. 21, 1835.

CASE.—Jan. 31, 1835. I was requested to visit Mary C., ætat. 22, of healthy parents, residing at Camberwell. She had cholera in March 1831, and says that "her mouth was slightly affected by mercury, but she speedily recovered." I attended her two years since, during a severe attack of pneumonia, after which she had occasional cough, &c., for some time. She has been at service for ten or twelve years, and generally, during that period, was able to follow her employment, but she was occasionally prevented from doing so by headache and hysteria. For the last three or four days she has complained of pain in the legs and arms, with rigors, followed by heat of skin, &c. This morning there is pain in the ep gastric region, rather increased on pressure. Pulse small, 90; tongue white, tip red; bowels confined. The menses have appeared regularly, but the discharge has been small in quantity.

R. *Mag. Sulph.* ʒi; *Liq. Ant. Tart.* ʒss;  
*Aquæ* ʒvss. Ft. mist. cujus sumt.  
¼ 4tis horis.

R. *Pilul. Hydrarg.*, *Ext. Colocynth. C.*, aa.  
gr. v. Ft. pilulæ duæ, h. s. s.

Feb. 1. Less pain in the region of the stomach; the thighs and legs very painful; no redness or swelling, but the pain increased on pressure; pulse small and frequent; no sleep; bowels well relieved; motions offensive.

R. *Vini Colchici*, *Liq. Ant. Tart.*, aa. ʒii;  
*Mist. Camph.*, *Aquæ*, aa. ʒiii. Ft.  
mist. cujus sumt. ¼ 4tis horis.

R. *Pulv. Ipecac. C.* gr. x, h. s. s.

2. Much the same as yesterday; slept two or three hours; complains of great pain in the legs and thighs; no pain in the epigastric region; tongue red at the tip, with white base; pulse small, 90. The lower extremities ordered to be fomented with a hot decoction of poppy heads, and the following was prescribed:—

R. *Hyd. Sub.*, *Pulv. Antimonialis*, *Pulv. Colchici*, aa. gr. vi. M. et divide in pulv. vi, quorum sumt. unum 4ta quaque hora.

3. Called this morning at one o'clock, and found her suffering from violent pain in the region of the stomach, increased on pressure; frequent vomiting (the first since her illness); no pain in the lower extremities; pulse very small; has fainted two or three times. Opened a vein in the arm, and with much difficulty obtained about  $\bar{\text{viii}}$  of blood, after which she expressed herself to be somewhat relieved.

Applicetur *Emplas Lyttæ* regioni epigastricæ, et *Emplas. Sinapis* pedibus.

R. *Haust. Sodæ Carb.* et *Acid. Tart.* 4tis horis in actis effervescentiæ.

Eight p.m. Pain less; pulse more expanded; blood cupped and buffed.

4. Has very little pain in the region of the stomach, but the legs and thighs are again excessively painful; no heat or redness, and the pain appears to be confined to the integuments; bowels relieved. Cont. medicina.

R. *Ext. Papav.*, *Pulv. Rhei*, aa. gr. v; ft. pilulæ duæ, h. s. s.

5. Fainted once in the night; no sleep; hands and arms cold, with a tingling sensation in the fingers, succeeded by acute pain in the integuments of the arms; pain absent in the legs and thighs, and very slight (on pressure) in the epigastric region; tongue furred, tip and edges red; bowels open; no pulsation at either of the wrists; the heart and carotids pulsating with great violence.

Rept. medicina efferves., et sumt. *Pulv. Opii* gr. i hora somni.

8. Has remained much in the same state since the last report; very little sleep; pain in the arms and legs excruciating, but seldom occurring in both at the same time; slight tenderness in the epigastrium; no vomiting; sounds of the heart rather louder than natural; respiratory murmur distinct in both lungs. The menses appeared on the 4th Feb. and ceased to-day. Says she "observed no change in the symptoms during their continuance." Pulsation absent at both wrists since the 5th. Has continued the effervescing draughts, with a grain of opium and ipecacuanha, morning and evening.

R. *Ammon. Carb.* ʒss; *Tinct. Opii* gtts. xx; *Mist. Camph.* ʒvi; ft. mist. cucus sumt.  $\frac{1}{4}$  4tis horis.

R. *Pulv. Ipecac.* C. gr. x, h. s. s.

9. Took the medicine only once, as it produced vomiting; pulsation ceases about an inch below each clavicle; the dorsal arteries of the feet pulsating forcibly, 90; the heart and carotids beating with less violence than yesterday.

R. *Haust. Efferves.* 4tis horis, et *Liq. Opii Sed.* gtts. xxv, h. s.

10. Symptoms the same as yesterday; no sleep for the last five or six days. Cont. *haust. efferves.*, et sumt. *haust. Opii* h. s.

Feb. 11. Passed a restless night. Did not retain the opiate draught upon the stomach. The integuments of the right arm extremely painful. Met Dr. Whiting in consultation, who examined the arteries with great care, and found the pain much increased when pressure was made over the arteries of the upper extremities, particularly the right. Dr. W. ordered eight leeches to be applied below the right clavicle; a warm spirit lotion to the arm, with the following;—

R. *Hyd. Sub.* gr. j; *Ant. Tart.* gr.  $\frac{1}{8}$ ; ft. pilula 3tia quaque hora sumenda.

R. *Vini Colchici* gtts. x; *Mag. Sulph.* ʒj; *Aquæ* ʒx; ft. *haust.* ter die sumendus.

12. No sleep; pain in the right arm diminished; has been very faint since the leeches were applied; bowels moved twelve or fourteen times; motions fluid, yellow, and offensive. On pressing the spinous processes of the upper dorsal vertebrae, she complains of pain, but not more so than when the skin of the back is touched. Says her feet are cold and numb, and she has asked the attendants if the toes are not contracted. On examining the feet I found them quite warm. Rept. medicina, et adde, *Pulv. Ipecac.* C. gr. ii, singulis pilulis.

R. *Liq. Opii Sed.* gtts. xxv, h. s.

13. Slept four hours after taking the draught. Can move the arms without difficulty, but has still slight pain when pressure is made in the course of the arteries. The left foot and leg are extremely painful. On pinching the anterior part of the leg she is not sensible of pain, but complains of uneasiness when the back part is pressed. No pulsation in the dorsal artery of the foot, and rather indistinct in the popliteal; heat of the limb below the natural temperature; the carotids pulsating feebly, and on placing the finger upon them a thrilling sensation is communicated; "bruit de soufflet" observed for the first time over the region of the heart. Cont. medicina, et sumt. *Liq. Opii Sed.* gtts. xxx, h. s.

14. Believe I can distinguish a slight vibratory motion at intervals, in the left radial artery. The patient sleeps for five or six

hours; the right arm is again very painful; the gums are affected by the mercury. She has expressed a great desire for porter. Hitherto her diet has been farinaceous, with beef-tea and broth occasionally.

R. *Ammon. Carb.* ʒi; *Sodæ Carb.* ʒi; *Tinct. Aurant.* ʒiii; *Aquæ* ʒvi; ft. mist. cujus sumt.  $\frac{1}{2}$  in succo limonis 6tis horis.

Rept. haust. *Opii* hora somni.

15. Symptoms nearly the same as yesterday; no bellows sound over the heart; has taken  $\frac{3}{4}$  of a pint of porter; ordered one pint daily. Cont. medicina.

16. Pain in the left foot and leg so severe that she is frequently screaming; no pulsation in the arteries of the upper extremities, nor in the left popliteal; tongue red and moist; skin often covered with perspiration. The porter to be continued.

R. *Haut. Sulph. Quininae* gr. ii 4tis horis. Rept. haust. *Opii* h. s. Appl. *Emplast. Belladonnae* cruri.

17. Foot and leg more painful since the plaster was applied: no pulsation in the left popliteal, but very distinct in the femoral; pain much increased when pressure is made in the course of the arteries; slight pulsation in the left brachial and radial arteries (beat synchronous with the heart). Dr. Whiting saw her again this afternoon, and recommended twelve leeches to be applied to the left groin; the foot to be fomented with hot spirits and water, and a large blister to be applied to the lower part of the abdomen. Dr. W. thought that by pursuing this plan of counter-irritation we might prevent the spreading of the disease to the larger arteries. The *Belladonna* plaster to be removed.

R. *Ammon. Carb.* gr. iii; *Quininae Sulph.* gr. i; *Syrup. Simp.* ʒss.; *Aquæ* ʒx; R. ft. haust. ter quotidie sumendus.

R. *Liq. Opii Sed.* gttss. xxv, h. s. s.

18. Pulsation absent in both upper extremities, and ceases about three inches below Poupart's ligament in the left thigh; slept for a few minutes at intervals during the night; pain excessive; the foot and fore part of the leg of a purplish colour; the cutaneous veins distended with dark blood; the tips of the toes cold, and the foot rather below the natural standard; perspiration profuse over the upper part of the body; has been very faint since the leeches were applied; continues the porter; hot fomentations to the foot. Rept. haust. *Quininae* et haust. *Opii* hora somni.

19. Foot purple and cold; pain increased; perspiration abundant in the night. Cont. medicina.

20. The foot is not swollen; temp. 84 F.; perspiration profuse; no sleep. Cont. medicina.

21. Pain more severe; slept three or four

hours; temperature of the left foot 80 F.; right foot and arm 92. Cont. medicina.

22. During the last two or three days she has complained of having pain in the right popliteal space; yesterday she felt pain and tenderness in the calf of the leg, and, at about eight p m., a numbness in the foot, succeeded by intense pain, which has continued. On pressing along the course of the femoral artery, the pain is much aggravated; no pain when pressure is made on the outer and back part of the thigh; has also pain when the left femoral artery is pressed, but not so severe as it was on the 17th. *No pulsation in any of the arteries of the extremities.* The toes and sole of the left foot black; temperature 84; right foot 90. Ordered a blister to the outer part of the right thigh, and eight leeches to the foot.

R. *Pulv. Opii* gr. j; ft. pilula ter die sumenda. Rept. haust. *Liq. Opii Sed.* h. s.

23. Slept five or six hours; pain excruciating in both feet; fore part of the left, black; the instep and ankle red; temp. of the former 80; latter 91; feeble pulsation in the left radial and brachial arteries. Rept. *Pilul. Opii* et haust. *Opii* h. s.

24. Slept four or five hours; pain not so violent as yesterday; left foot much in the same state; temperature of the toes 60; ankle 68; right foot 81. Rept. medicina.

25. Pain less; several phlyctenæ on the left ankle; pulsation absent in all the extremities. Rept. med.

26. Symptoms the same as yesterday. Rept. med.

27. Feet very painful, especially the left, which looks rather better than on the 23rd; temp. of the sole 70; instep 83.

R. *Haut. Quininae* 6tis horis.

R. *Haut. Liq. Opii Sed.* gttss. xl, h. s.

March 6. Since the last report the pain has been excessive; very little sleep; night perspirations; has complained occasionally of pain in the region of the heart; bruit de soufflet very distinctly heard; suffered yesterday (for the first time since her illness) with pain in the right side of the head, which subsided after a few hours. Bowels have acted regularly; motions healthy. The fore part of the left foot in a state of sphacelus, with a red line of demarcation extending obliquely across. Has continued the opium and quinine daily. Ordered yeast poultices to the foot. Cont. medicina.

8. The little and great toes of the right foot black and painful. Rept. med.

16. Removed the phalanges of the two outer toes of the left foot, since which operation she has had less pain; slight pulsation in the left arm for the last four days; has taken port wine and porter daily, with the opium and quinine. Rep. med.

22. Pulsation absent in all the extremities since the 17th; bruit de soufflet over the region of the heart; tongue scarlet and moist; secretions and excretions healthy. No extension of the gangrene on either of the feet. Rept. med.

28. Pulsation absent in the arteries of the limbs, but was perceptible in the left arm, from the 23rd to the 27th. Rept. med.

April 7. Pulsation ceases at about two inches below Poupart's ligament on both sides, and can be felt only at about half an inch below each clavicle; granulations abundant; since the 26th, has been able to take a mutton-chop daily, with port-wine and porter. Rept. med.

Oct. 1. Her health has gradually improved; the appetite is good; the tongue clean; secretions and excretions healthy. The menses appeared in June, and have continued monthly. During the last two months she has complained of giddiness and occasional pain in the head, with dimness of sight coming on towards evening, but she says that "her health is nearly as good as it was previous to this attack." The pain in the foot has been so intense, that for a considerable time she took six grains of opium daily. Notwithstanding this, the bowels acted regularly. She continued the quinine, with the compound iron mixture, until the 20th of June, since which time she has taken no medicine. The bellows-sound is sometimes heard over the region of the heart; feeble pulsation generally in the left brachial and radial arteries for the last three months; absent in the right arm since February. She says that "this is not so strong as the other, but that she is able to use her needle nearly all the day." Pulsation ceases at about two inches below Poupart's ligament in the left femoral artery; in the right it can be felt as low as the triceps. Has lost the first phalanx of the great and little toe of the right foot; all the phalanges, and three of the metacarpal bones of the left; the two remaining are partly exposed. A portion of the os calcis has exfoliated on each side; the foot is much inverted; the integuments are puffy, and painful on pressure. Is not able to keep the foot down for more than two or three minutes at a time, the pain being excessive, and the skin assuming a leaden hue; is very anxious to have the leg removed: the right foot and leg are generally cold.

5. With the concurrence and assistance of my friends Messrs. Bristowe, Bryant, Hughes, and Beane, I performed the circular operation, below the knee. On slackening the tourniquet, I found that there was very little bleeding from the large arteries, *the blood not coming per saltum*. The smaller vessels, however, bled profusely, and it was necessary to tie nine or ten of them; but little blood was lost, and she bore the opera-

tion remarkably well. Gave her 35 drops of laudanum. Examined the leg with great care. Slit up all the large arteries, but could find no trace of disease in them; they *appeared to be smaller than natural*. The veins and nerves also were healthy.

Nine p.m. Complains of great pain in the stump; pulse (left radial) quick; skin hot; thirst, &c.

R. *Mist. Efferves.* 4tis horis.

6. Slept two hours; pain less; a little oozing of blood from the wound. Cont. medicina.

7. Symptoms the same as yesterday. Rept. med.

30. Has gone on well, with the exception of a little sloughing on the tibial side of the wound. The part, however, soon put on a healthy appearance, and is now nearly healed. The catamenia appeared on the 9th.

Dec. 21. A portion of the stump, of about the size of half-a-crown, not healed; the granulations pale, with sero-purulent discharge. Her health has improved since the last report, and she is able to get from one room to another with the assistance of crutches. The right foot is generally cold; pulsation the same as before the operation. Two gentlemen saw her on the 19th, and "thought they could distinguish feeble pulsation in the right brachial artery." I have not myself been able to detect it. The bellows-sound is often heard in the heart and large arteries.

*Remarks.*—The foregoing case, both in a physiological and pathological point of view, will, I think, be considered to be one of great interest. Opinions will, of course, vary as to the exact nature of the disease, but I imagine it will be generally admitted that there is mechanical obstruction to the passage of the blood, and that the train of symptoms described could not depend upon functional disturbance of the arteries. When I first mentioned the case at the *London Medical Society*, I suggested the probability of a metastasis of the integumental disease (which appeared somewhat of a rheumatic character) to the coats of the arteries, producing coagulation of the blood, and, probably, a deposit of lymph. This opinion is strengthened by the fact of the frequency of translations in rheumatic disease to the heart and pericardium. The case appears to me to confirm, in some measure, the correctness of Magendie's views with regard to the *non-muscularity* of the arteries. The result of the amputation proved that blood circulated through the larger vessels, but not in sufficient quantity to call their elasticity into play, and hence no pulsation was produced. I invariably found, when the carotids were greatly expanded, that the heart was beating violently, and that its

pulsations were synchronous with the artery. I also observed that when pulsation was absent in the left radial, the heart was acting feebly. The functions of the brain were scarcely disturbed, although the blood was sent through its vessels with great force. The profuse perspirations, confined principally to the head and trunk, evidently reduced the volume of the circulating fluid, and, after a time, allowed the vessels to assume their natural caliber.

## CASE OF COXALGIA,

WITH

LUXATION OF THE FEMUR, ANCHYLOSIS,  
PERFORATION OF THE ACETABULUM  
BY CARIES,

AND

FATAL PERITONITIS.

By WILLIAM TAGERT, Esq., Surgeon to  
*Mercer's Hospital, Dublin.*

THE subject of the following case, John Tamor, a sailor, was admitted into *Mercer's Hospital*, in November 1834, where he remained until his death, comprising a period of ten months. As the principal points of interest were disclosed by the examination of the body after death, I shall curtail the history and symptoms of the case during the protracted residence of the patient in the hospital. He was admitted with a tumour in the upper and outer part of the thigh, at about the region of the tensor vaginae femoris. The exact nature of this swelling could not be clearly ascertained at the time by an external examination, nor was it deemed prudent to explore it by puncture. The hip-joint and spinal column were carefully examined by the gentleman under whose care he then was, without his being able to detect any evidence of disease in either. There was no alteration in the length of the limb, or in the form of the nates; the swelling gave him little uneasiness, and soon subsided by rest and suitable treatment. Shortly after admission he was attacked with violent pain, and acute inflammation, of the hip-joint and upper part of the thigh, which, notwithstanding a strict observance of the recumbent position, and the frequent application of leeches, with other antiphlogistic treatment, terminated in a large abscess, which pointed in the inferior part of the groin. This was cautiously opened by puncture, which gave exit to a considerable discharge of pus. However, this was soon succeeded by a fresh collection. In the mean time the pain in the hip-joint was urgent in the extreme. About seven or eight weeks after admis-

sion it was ascertained, at the morning visit, that the limb was shortened, with considerable inversion of the foot, too plainly indicating that luxation had taken place. From this period there was a succession of abscesses near the joint, terminating in fistulous openings. The constitution, as may be supposed, sympathized with the severity of the local disease, and wasting discharges, extreme emaciation, total loss of appetite, profuse night-sweats, with the other accompaniments of rapid hectic, brought the patient to the verge of dissolution. The integuments in the neighbourhood of the sacrum, and at the lower part of the back, were sloughing, from pressure, but this distressing complication was completely relieved by the use of Doctor Arnott's hydrostatic bed. His constitution was supported with wine, porter, and nutritious diet, and by a perseverance in these means he slowly rallied. The discharges from the fistulous openings, gradually lessening, at length almost ceased; the head of the bone became firmly ankylosed in its new position, and the recovery of the patient was so far advanced, that he was able, with the assistance of crutches, to move about the ward, and occasionally, in the garden, at the rear of the hospital. About seven or eight days previous to his death, he complained of a deep-seated pain in the right iliac fossa. Pressure in that region increased his sufferings very much. The pain extended from this point over the entire abdomen, which became swollen, and exquisitely tender to the touch. The man had constant thirst, and incessant vomiting, which could not be controlled. His drinks were rejected, apparently without muscular effort, immediately after being swallowed. The countenance was sharp and anxious, and the pulse weak and rapid, with extreme prostration of strength. These symptoms terminated fatally on the 20th of September.

*Autopsy.*—The body was, generally, extremely emaciated. The abdomen was tumid, and on opening that cavity, there was found considerable effusion of serum, with flakes of coagulable lymph. The peritoneum presented the usual marks of inflammation, being in many parts coated with lymph, and its capillaries being minutely injected. The liver was in a state of hypertrophy, but it was not altered in structure; there was sero-purulent effusion in the cavity of the pelvis.

On making an examination of the hip, the head of the femur could be felt in its new situation, not admitting of motion in any direction. The limb was somewhat shortened, with complete inversion of the foot. Before I proceeded to the dissection of the joint, I wished to ascertain the route of the different sinuses, by laying them open with a bistoury, and tracing them to their