

ever a patient gives himself anything like fair and proper assistance, ulcers of every kind, however chronic, save those of a malignant character, are not only perfectly tractable, but certainly admit of a speedy, safe, easy and lasting cure.

The treatment of ulcers was forced upon my attention soon after commencing practice, and I found myself like a captain in a crazy bark, in an unknown sea, without chart, compass, or rudder, when my first patient, a wandering horse-dealer, applied for assistance. He was a man of dissolute habits, and had for many years been subject to extensive ulceration of the legs. I felt that some evil genius had directed him to my surgery, as his great emaciation and horror-stricken countenance quite appalled me, particularly when I inspected his legs, which in size were equal to his body, with numerous wounds varying from the disc of a fourpenny to that of a five-shilling piece; in fact, the legs might have been termed a mass of putrid flesh, there being but little remaining skin; and the effluvium emitted was disgusting in the extreme. Finding that the man had been under many surgeons of eminence, and in hospitals, I at first refused to take charge of so frightful a case, but did so ultimately, hoping that, if successful, it might establish me in the neighbourhood. But at the very threshold I was met, and at once environed, with difficulties. I attempted, but in vain, to diagnose the wounds; my little hospital knowledge, and a reference to all works on the subject, soon proved, like the treatment therein recommended, unavailing and confusing. I laboured diligently, day by day, to notice any apparent change in each wound, making a note of the same. After two or three weeks I began to vary my treatment, touching a few ulcers with strong caustics, others with a milder form, poultices, water-dressing, ointments, plaster, &c.; for I had an extensive field to operate upon. I soon observed a marked difference in the appearance of the ulcers, even in those that were treated alike. I also found that a class of ulcers treated one day would improve in the appearance of the granulations and the discharge, but if the same treatment were persisted in for two or three days the ulcers became unhealthy and receded. By vigilantly marking and noting these changes, I had, in about three months, the ulcers completely under my command, and could with certainty predicate the appearance and advance of the healing process in each ulcer, so that within five months every ulcer had healed; and although the man returned to his intemperate and depraved habits, he had not the slightest return of the disease during the period of his after-life, which was seventeen years.

To avoid tediously extending cases over a lengthened period, I will briefly give a few cases out of many which I have had under my care since practising at Surbiton, and it is not a little remarkable that my *first* patient in this place also should have been one suffering under ulcerated legs.

In February, 1853, my advice was sought by a chemist in the town, for a remedy to alleviate the suffering of F. B—, aged fifty-three, a labourer, who stated, that about seventeen years previously he received a blow on the leg, which soon produced a wound, which did not heal for upwards of a year. About two years afterwards, the wound again broke out, with two or three others, and in a few months the other leg became similarly affected. He had been under various kinds of medical treatment, without relief. At the time of my seeing him, he was, and long had been, confined to his house, and supported by the parish. There were nine wounds on the right, and seven on the left leg, one of which was as large as an ordinary wine-glass. This and some of the other ulcers were of a character I have before met with, giving an appearance as though emmets had been long and actively employed in burrowing under the skin, which was left thin and jagged, from an eighth to a quarter of an inch, and dropping flaccidly over the wound. A thin, sanious discharge was copiously poured out. From the lengthened and extreme suffering this poor fellow had undergone, I was prepared to meet with a ready and strict obedience to my orders, and at once promised his recovery, and restoration to labour by the 1st of June. I commenced by freely pencilling the ragged skin with a solution of mercury and nitric acid, having found that the skin, when allowed to remain, retards cicatrization, from its want of vitality. I visited the man and dressed the ulcers daily for a fortnight, at the expiration of which time he walked to my surgery, a distance of three miles, and by the middle of May resumed his labour (all the ulcers having healed), which he has continued to the present time, without the slightest return or inconvenience.

Mr. P. B—, aged fifty-eight, applied to me in the spring of 1854, having three ulcers on the left and one on the right leg, the largest the size of the disc of a wineglass, and of a great depth;

the edges cartilaginous; legs hard and much enlarged, and of a deep-red colour; the wounds had resisted various kinds of treatment for upwards of ten years. On account of this man being exposed to the weather and his irregular habits, it was six months before all the ulcers had completely healed.

Mr. G. K—, aged forty-four, farmer, applied to me in the summer of 1854, having eight ulcers of the leg, varying in size from the disc of a wineglass to that of a half-crown piece deep, and of a phagedænic character; the limb very much thickened. He was tall, and had been very powerful and robust, but at this time was much emaciated from the great drain and extreme suffering. Had consulted several medical men without benefit. After the first month the man walked to my house, a distance of six miles, and before the close of the year all the ulcers had healed.

S. F—, aged sixty-seven, housekeeper, applied in June, 1854, having twenty-two wounds on the right leg, varying in size from a crown to a fourpenny piece, resulting from an accident fifteen years before; many of the wounds having resisted various medical treatment, as well as quackery in every form, for that period of time. The limb was much enlarged; ulcers deep, with wiry edges, and pouring out a thin, green, ichorous discharge. The woman was much reduced, from extreme suffering day and night. Before the expiration of three months every ulcer had healed, and she was able to resume her situation, which is laborious, and she has not since found any inconvenience or return of her malady.

Mr. T. H—, aged forty-five, builder and carpenter, applied to me in July, 1854, having four large wounds on the right leg, one measuring eleven inches and a half by five inches wide, and a quarter of an inch in depth. The limb was much enlarged, and hard; skin of deep dark-red colour; edges of the wound ragged, and pouring out from each wound freely a thin sanies; veins varicose. The man's frame was gigantic, but very much emaciated. He stated that the wounds resulted from an accident; he had fallen through a ceiling in the year 1834, and had been suffering now twenty years. He had been under the care of many medical men, and at hospitals; was frequently confined to his bed for months together; at the time of consulting me he had been confined to his house for nine weeks. At the expiration of three weeks he resumed his labour, and at the close of September every wound had healed, and remained sound to the present time, although severely tested by having roughed it in superintending the railway at Balaklava.

Mr. G. T—, aged sixty, applied to me, on the 16th of November, 1855, with a large, dusky, indolent ulcer, extending over the upper portion of the shin and a great portion of the calf of the leg. He stated that forty years ago he received a compound fracture of the leg, several portions of bone coming away, and the wound remained open for several years; that about ten or twelve years ago it broke out again, and has from that time been gradually spreading, which unfitted him for labour, and prevented his walking any distance. He had consulted various medical men, and been in one of the metropolitan hospitals for ten weeks confined to bed. He left the hospital without benefit the same year he applied to me. After the first dressing he walked every other day to my surgery, a distance of eight miles, and within three weeks walked with ease in one day a distance exceeding twenty miles, and joined the coursing meetings at Bushy and Hampton-park on foot every week. The ulcers were healed by Feb. 17th, 1856, he having been less than three months under my care.

Margaret-street, Cavendish-square, 1856.

REPORT OF A CASE OF EXCISION OF THE HEAD AND NECK OF THE FEMUR,

CONSEQUENT UPON A GUN-SHOT WOUND.

By THOMAS C. O'LEARY, Esq.,

SURGEON, 68TH LIGHT INFANTRY.

THE excision, consequent upon a gun-shot wound, of the hip-joint of a soldier, of the 68th Regiment, having excited some interest, as being, I believe, the only successful instance of the kind upon record, it has been suggested to me that a short abstract of the case would be acceptable to the profession.

Private Thomas McKeevena, 68th Regiment, aged twenty-

three, while on duty in the trenches before Sebastopol on the 19th of August last, was struck by a piece of shell over the great trochanter of the left femur, which produced a fracture that commenced close to the head of the bone, and extended obliquely downwards and forwards between the great and lesser trochanters, and terminated about an inch and a quarter below the latter. The external wound was small, and at the bottom of it were lying some scales of bone, which were chipped off by the missile from the upper part of the great trochanter.

It was decided that this was a favourable case for excision, and on the day following the injury the operation was performed, the patient being placed under the influence of chloroform. The shaft of the thigh-bone was sawn through at the point where the fracture terminated, and the head was removed from the acetabulum. No vessel required a ligature.

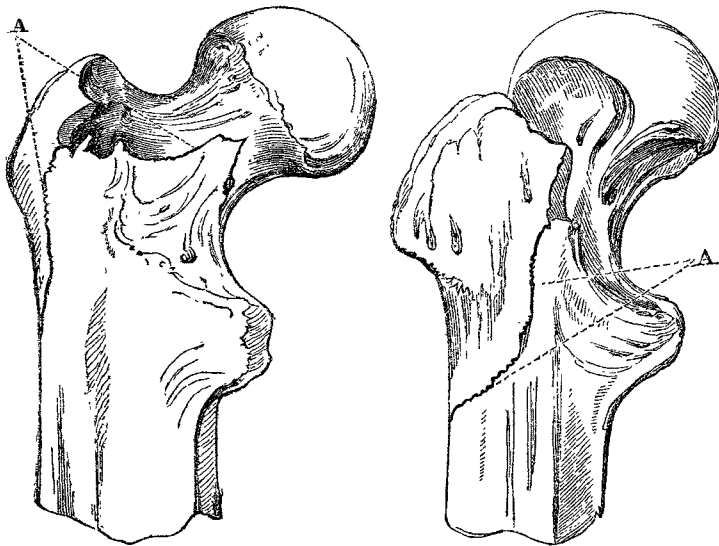
When the wound was closed by suture, a roller was applied loosely about the upper part of the thigh, and the patient placed upon an air-bed. The limb was suspended in a canvas sling, which swung from a beam over his cot, and elevated at an angle of about twenty degrees. This method of treatment was adopted in order to promote the approximation of the upper end of the bone to the pelvis, as well as to prevent the lodgment of matter amongst the tissues and to assist its escape. The pulse did not for several weeks fall to 100; the functions, however, were healthfully performed; he ate well, slept soundly, and was cheerful throughout. At the end of the twelfth week he was able to leave his bed, and to move about on crutches, the limb being supported by a broad flannel bandage.

In the middle of January he left the Crimea for England, the wound being nearly closed. I saw him at Chatham in April: he could swing the leg backwards and forwards, and was able, in a limited degree, to flex the leg upon the thigh, and the thigh upon the pelvis. His general health was better than before the injury.

In order to help to an understanding of the nature of the injury, two drawings are annexed: No. 1 showing, from behind, the point at which the fracture commenced, and its course downwards; No. 2, a lateral view of the same. The bones excised, which are deposited in the museum of the Royal College of Surgeons, London, can alone exhibit perfectly the nature and extent of the fracture internally.

No. 1.

No. 2.



No. 1. A, Course of fracture posteriorly.

No. 2. A, Lateral and external course of fracture.

Bury-street, St. James's-square, 1856.

SANITARY PRECAUTIONS.—Mr. Guy, surgeon, of Marylebone, and a member of the vestry of that parish, who has lately made a very active stir against the employment of street vehicles as a means of conveyance for fever patients and dead bodies, has now discovered a frightful source of evil in the accumulations of filth upon the London thoroughfares; and, with the object of keeping the streets in a clean, wholesome condition, he has proposed to the “sanitary committee” to well wash the principal thoroughfares—such as Oxford-street, Edgware-road, &c.—at least twice a-week, by means of a fire-engine. Mr. Guy has ascertained that, in Oxford-street alone, there is a daily accumulation of nearly forty tons of filth, which it only requires a few days’ hot sun to arouse into a state of pestiferous fermentation.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proecmium.

ST. BARTHOLOMEW'S HOSPITAL.

GLANDULAR TUMOUR OCCUPYING THE FLOOR OF THE ORBIT,
WITH PROTRUSION OF THE GLOBE OF THE EYE FORWARDS,
AND EVERSION OF THE LOWER EYELID, FOLLOWING A BLOW;
SUCCESSFUL REMOVAL.

(Under the care of Mr. LAWRENCE.)

THE diagnosis of an orbital tumour is often attended with some difficulty, unless it projects so far as to admit of careful examination by the touch; and even then, as Mr. Tyrrel has observed, an accurate opinion cannot be formed, in many cases, unless other symptoms have been, or are, present to aid the judgment. The determination of the kind of tumour is a matter to be first attempted, as influencing more or less the propriety of an operation for its removal: thus, whether it is a simple, an erectile, or a malignant tumour, using the classification of Professor Miller in his “Practice of Surgery.” If a simple tumour, then it must either be a sarcomatous, a fibrous, fatty, or cystic tumour. In the accompanying case, Mr. Lawrence pronounced it a simple tumour; and so the result proved, but of a character differing somewhat from any of these, being mostly composed of glandular-like structure, with some condensed fatty tissue. Possessing these peculiarities, it was situated in a part of the orbit—its floor—where it might not have been expected; thus investing the case with a certain amount of interest. Its removal was attended with much bleeding for some days after, but ultimately its progress was favourable.

In Mr. Walton’s work on “Operative Ophthalmic Surgery,” where the subject of orbital tumours is fully considered, he observes, in relation to these growths, “that it would be bad surgery to undertake an operation for a comparatively insignificant tumour, one, perhaps, that merely protrudes the eye, but does not threaten mischief, when the effect would, in all probability, be injury or destruction of sight. At the same time, the sacrifice of the eyeball must not be regarded, if cerebral symptoms should arise from pressure on the brain through the roof of the orbit, from expansion of that cavity, or from absorption of its walls by a tumour.”—(p. 326.)

In the case under consideration, it became a matter of some importance to remove the tumour, which had produced that prominence of the eyeball, and complete eversion of the lower eyelid, as to cause very great inconvenience, and, at times, much suffering. Moreover, the sight was completely lost; but we think, from this circumstance, the eyeball might have been removed with great propriety, although not absolutely a necessary procedure. The cure would have been more speedy had it been done. There were no distinct cerebral symptoms at any time, although the patient suffered occasionally from pain and epiphora.

Joseph M—, aged sixty years, admitted into Rayere ward on the 11th of April, 1856. About two years ago, he slipped from off a chair, and struck the ball of the right eye, since which time the organ has been bad, and the sight completely lost. It has become slowly prominent, and attained considerable magnitude; sometimes it was affected with very severe pain. He was a patient at the Royal Westminster Ophthalmic Hospital and other places. The eyeball was bulged out to such a degree as to resemble in size a small peach; it is covered with the upper eyelid, but the lower lid is completely everted, the globe being pressed forwards and upwards by a tumour, which Mr. Lawrence removed on the 12th of April, while the patient was under the influence of chloroform. It was the size of a hazel-nut, and in the course of removal was found to occupy