

Fracture of the Leg; Amputation; Death.—Alfred L., æt. 25, car-driver, was run over by a horse-car, while in an intoxicated condition. The wheels passed over the left leg, just below its middle, causing a severe compound, comminuted fracture. The upper fragment of the tibia protruded, the muscles were seriously crushed, and the fibula comminuted. On the arrival of Dr. Thaxter, the limb was amputated five inches below the knee, by the flap method. Inconsiderable hæmorrhage occurred, and three ligatures only were required. The pulse became quite feeble during the operation, but responded well to stimulants by the rectum. Beef-juice and carbonate of ammonia were given *pro re nata*. An hour and a half after the operation there was no hæmorrhage, pulse 120, and the patient was partially under the influence of ether. In three hours he began to fail rapidly, and notwithstanding stimulants, &c., he died, five hours after the operation. No autopsy. The limb, upon dissecting it, showed a severe comminution of the tibia and a mangled condition of the muscles.

CASE IX.—*Dislocation of the Hip.*—Mary A. R., æt. 7. Five weeks before entering (June 27), slipped from the curb-stone, and, falling, struck upon her right side, causing severe pain and inability to walk. She had been confined to bed, and the case was treated as hip disease, rheumatism, &c. She had been unable to bring the limb down straight since the accident, but had held it as it was on entrance; she could not extend the limb or make the attempt without severe pain in the groin. The limb was flexed, and the knee nearly touched the abdomen and the head of the bone was in the thyroid foramen, but as the parts were quite sensitive, she would not allow much manipulation.

Under ether, the limb became partially relaxed, and in so becoming the dislocation was somewhat reduced, so that the limb could be brought to the side of its fellow, but one half inch shortening remained. By manipulations, the limb was brought down to an equal length with its fellow. No grating or any symptoms of morbus coxarius. Long outside splint.

28th.—Limb remains the same.

29th.—Motion of joint good. An indistinct grating thought to be present by Drs. Homans and Thaxter. Evening.—The patient had drawn the limb up to its old position, so that it could not be moved without great apparent pain.

30th.—Remained the same. Under ether, the limb was again drawn down by the

same manipulations, and became of the same length. Limb could not be placed across its fellow when flexed. No grating in the joint was discovered. Splint again applied.

July 4th.—Limb in splint and in good position. The pelvis moves with the limb when it is raised.

16th.—Still has pain on movement of limb.

29th.—Diminished pain on movement.

Aug. 3d.—Can move limb herself, without moving the pelvis and without pain.

7th.—Splints removed, and an apparent shortening.

10th.—By aid, walked half way across the ward.

14th.—Walks daily; timidity the only preventive against her walking.

24th.—Walks and runs about the ward, with good free motion at joint. Discharged, "nearly well."

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

JAN. 9th, 1871.—*Cirrhosis of the Liver; Death from Hamatemesis.*—Dr. MINOT reported the case.

The patient was a married man, 58 years old, who had followed the sea for many years, and had been accustomed to drink spirit freely. He had occasional "bilious" attacks, characterized by vomiting and by jaundice, and sometimes diarrhoea; but his general health was good. Dec. 23d, 1870, at 6 o'clock, A.M., he suddenly vomited a large quantity of blood, and at 8½ he brought up about a pint more. For some days after this, the stools contained blood; but there was no further vomiting till Jan. 7th, when he threw up nearly two quarts of blood, and on the next day, at noon, about a pint more. He became excessively prostrated, and died at 4 o'clock, P.M. (Jan. 8th).

The only complaint he made for some months before his death was of loss of strength.

On dissection, the liver was found to be granulated throughout; heavy and dense, but not much if at all below the average size. The amount of fibrous tissue was, in some parts, unusually large, so that the granules there appeared quite scattered. These last were of a reddish-yellow color, smaller than usual, and were subsequently

found to contain only a minute quantity of fat. There was no ascites or œdema; and the size of the spleen was not remarkable.

The stomach was pale throughout, and showed but one ecchymosed spot; this being not much more than a line in diameter, situated near the cardiac orifice, apparently in the mucous membrane, and without any other lesion.

Dr. FIFIELD said hæmorrhage from the stomach and bowels is a regular accompaniment of cirrhosis. Murchison relates cases in which it occurred, and Dr. F. had, during the last month, attended a patient with this affection, who vomited and purged blood, though he did not die of the hæmorrhage. Dr. F. asked for some explanation of this tendency to loss of blood in connection with this affection of the liver.

Dr. ELLIS said loss of blood is not an uncommon occurrence in connection with this affection of the liver, but he had never seen a case fatal from this cause, though once the bleeding was so excessive as to alarm the patient's friends.

Dr. JACKSON said that he did not remember to have seen hæmorrhage from the stomach in this disease, and had certainly never examined but one case after death. This was a very remarkable one, and deserves to be especially mentioned. The patient, who had been a very intemperate man, had the disease in the liver strongly marked, and died after hæmatemesis of a week's duration. Upon the inner surface of the stomach, which contained some blood, was a small opening, and, within this, the open orifice of a vessel was distinctly seen. The organ otherwise was sufficiently well, and immediately about the opening there was no disease whatever. The vessel referred to, and which seemed to have spontaneously ruptured, was thought to be a branch of the vena portæ. Dr. J. has never seen any report of a similar case, but, by one of those singular coincidences that, he said, are so often observed, a second case occurred here within the same year, and he remembered to have seen the specimen. His cousin, the late Dr. James Jackson, Jr., examined, during the last year of his life, a fatal case of hæmatemesis, and, Dr. J. thinks, there was cirrhosis; the open orifice of the vessel, however, and the healthy condition of the organ about it, he very well remembers.

Dr. ELLIS said hæmorrhage did not occur in many cases where the contraction was very great; when jaundice exists, there is sometimes bleeding and sometimes not.

Dr. JACKSON remarked, on the effect of

contraction, that in this case, as in many others, like causes do not always produce like effects. The most marked cirrhosis may exist, as in Dr. Minot's case, without enlargement of the spleen or even ascites. The strong tendency to hæmorrhage he also remarked upon in cases of jaundice, even though no disease of the liver should exist. As to the term cirrhosis, Dr. J. said that he considered it objectionable, as it refers to the more or less yellow color that is so generally observed when the liver is affected with this disease. He had often found it red, and twice or more of a deep green color. The term drunkard's liver he considered a scandalous misnomer, as the disease may occur in the most temperate subjects. When the disease exists in an established form, and as we generally see it, the organ is always "granulated," and that is the term that, of all others, he prefers.

Dr. ELLIS thought that the word was still more misapplied in connection with other organs, such as the kidneys, lungs, &c., when they were rendered more dense by disease, particularly by a new formation of connective tissue.

In regard to the explanation of the hæmorrhage in Dr. Minot's case, Dr. JACKSON said that formerly it would have been regarded as an exudation from the mucous surface, and he recalled a case that he saw at Guy's Hospital, where the stomach was full of blood; Dr. Addison was quite sure that it was an exudation, though, unfortunately for his theory, there was afterwards found an aneurism that opened into the œsophagus. When, in modern times, it was found that the capillaries had no open orifices, and the blood globules were too large to go through the parietes, another theory was sought for. There was no escape for the blood globules but by the rupture of the vessels; and, as they *ought* to rupture, it was asserted that they *did* rupture. Dr. J. did not believe that this theory was founded upon observation, but regarded it as a fair specimen of the bold and unwarrantable assertions that are often made by modern pathologists. He had never believed in the theory of rupture, in these cases, as he had seen little or nothing to favor it anatomically, and from what we observe in epistaxis; in this case the attack often comes on suddenly, without any conceivable cause for rupture, and it is not followed by the sense of soreness or other discomfort that might very well be expected if rupture did occur. How the parietes of the vessels can yield so as to allow the blood globules to go through, Dr. J. said

that he could not imagine, and yet such is now the modern theory.

Bibliographical Notices.

American Journal of Obstetrics and Diseases of Women and Children. Edited by Drs. NÖGGERATH, DAWSON and JACOB. New York. 1869 and 1870. Two vols. (bound).

THE kindness of the Editors has placed on our Editorial table the bound volumes of the *Journal of Obstetrics* from its commencement. We consider it one of our most valuable exchanges, including, as it does, articles bearing the names of Eliot, Emmet, Barker, Hammond, Greene, Thomas, Smith, the Editors themselves, and other distinguished writers on the diseases of women and children. Each quarterly number of the *Journal* contains original communications, a review of literature pertaining to diseases of women, of pregnancy, labor and the puerperal state and the diseases of children, transactions of obstetrical societies, and general abstracts relating to these and allied subjects. We commend this *Journal* most heartily to those of our patrons who need sound advice on the special subjects to which it is devoted—and who does not?

We have fortunately been able to make arrangements with the publishers of the *American Journal of Obstetrics* by which we are enabled to furnish their *Journal*, together with our own, for an annual subscription of seven dollars. We are also able to furnish some of the other standard medical journals of the country at reduced rates.

Circular No. 3. War Department. Surgeon-General's Office. Approved Plans and Specifications for Post Hospitals. Washington. 1870. 4to. Four pages and five plates.

Circular No. 4. War Department. Surgeon-General's Office. A Report on Barracks and Hospitals, with Descriptions of Military Posts. Washington. 1870. 4to. Pp. 494.

THE first of these official documents is published for the purpose of regulating the erection of post hospitals; certain established forms are given, which embrace the results of the most recent investigations in sanitary science, and give ample attention

to ventilation, means of heating, the use of earth closets, &c. A series of carefully drawn plans serves to illustrate the work.

The second volume is of more imposing dimensions. It contains much information of value to officers and others relative to the condition of the various military posts of the U. S. Government, including, 1st, the preservation of interesting historical memoranda; 2d, the presentation of all facts bearing upon the hygiene of the post and the sanitary condition of the troops; 3d, the furnishing such information as would be of interest to officers ordered to a post new to them. In addition, an idea is given of the general character of the barrack and hospital accommodation of the Army. The merits of locality, exposure, plan, construction, and mode of heating and ventilation are considered, mainly with reference to the manner in which the well-being of the soldier is concerned.

Much of the value to civilians of this voluminous report consists in the preliminary essay on the ventilation and warming of barracks and hospitals. We rejoice that a department of the General Government, with its ample means for the trial and observation of this important question, has taken it up in earnest. Whenever the Army authorities can provide ventilation for the men whose health is placed in their charge by some system based on scientific truth, they may be assured that they will have done a work whose good effect will be seen throughout the country. Civil hospitals, factories, schools, and all sorts of establishments requiring large numbers of persons to remain in enclosed places, will eagerly follow any example whose efficacy the Government may demonstrate.

The author of this report, Assistant Surgeon J. S. Billings, U.S.A., has evidently given the subject much study and thought. His exposition of the principles involved is broad and clear. We have rarely met with so much good advice in so few words. The special mode of warming barracks and small hospitals recommended by Dr. Billings is by a double open fire-place, enclosing an air-space which communicates both with the outer air and with the room. It is very similar to Dr. Franklin's "Pennsylvania fire-place," as originally designed, except that two fire-places are put back to back.

This arrangement provides abundantly for the direct radiation of heat, with all the cheerful influence of an open fire, and also gives opportunity for the admission of a certain amount of fresh air, moderately