

notwithstanding these symptoms a compressive apparatus was applied, and drawn so tightly that before evening the patient found himself in the greatest degree of suffering: he passed an agitated night, constantly crying out through pain; yet no attention was paid to the case until 48 hours afterwards, when the violent and continued cries of the patient induced the surgeon to remove the apparatus. Ecchymoses had formed on different parts of the leg and foot, mixed with some brown spots: even this did not prevent the re-application of the bandages as tightly as before, but the surgeon was compelled to remove them next day. At this time the foot and leg were marked with several brown spots; gangrene soon set in, the patient became delirious, the skin warm, &c., and the lower part of the leg became quite decomposed. The leg was amputated on the sixth day after the accident, but the patient died in a short time afterwards. On examination after death, the nature of the fracture and the changes which had taken place during the sixteen days that elapsed between the accident and the patient's death were found to be as follows:—the fracture was transverse, and the two fragments were separated from each other by an inch, but still in some measure connected by the tendinous expansion of the extensor muscles, which had not been divided, and by a few fibrous bands extending from one portion of the bone to the other. These were at first mistaken for a new production, but this error was soon rectified by comparing the resistance which they offered with the short space of time in which they must necessarily have been generated. The edges of the fractured portions were not rough, but seemed to have been smoothed down by absorption. There existed between the two portions of bone, a reddish matter, the consistence of which augmented the nearer it lay to the fractured surface; here it was almost cartilaginous, and seemed to make a part of the patella.

Vertical fractures require to be equally treated by repose, and a complete relaxation of the muscles. Some writers, adopting a false theory, have advised us to favour contraction of the triceps muscle, in order to bring the two portions of the bone, which is divided longitudinally, together. But this is a bad practice, and experience proves it to be likely to produce separation of the fragments, probably in consequence of the anatomical disposition of the parts and the manner in which the articular capsule is inserted into them. It is, on the contrary, much more judicious to relax these muscles as much as possible, a principle which is

applicable to all analogous lesions: besides, a passive state is the only one which the patient can support; it is impossible that he should sustain for any length of time a permanent muscular contraction. The limb must therefore be kept a little elevated, and protected by hoops from the action of the bed-clothes: in this position the fragments cannot be displaced, nor the process by which the callus is formed be disturbed.

These fractures, like similar injuries to the neck of the femur, require a period of sixty to eighty days, or even more, before they can be perfectly consolidated. After that lapse of time the patient may be allowed to take gentle exercise, if the state of the soft parts will admit of it, for the relative position of the fragments is not calculated to admit any elongation or deformity of the callus. Besides, we can give a requisite degree of strength to the joint by applying a knee-cap, or even a simple bandage. Finally, experience proves that by confining the patient to bed for a longer period, we can obtain an osseous cicatrix still more solid, and almost imperceptible; in a word, that the interval which separates the fragments after the formation of the callus, is directly inverse to the length of time the patient has been confined.

CASE 5.—I conclude these observations with the following example: a man who had fractured the patella in several places, and at the same time broken the upper part of the femur, was obliged to confine himself to bed for six months; the common apparatus was applied during a month or six weeks, and removed as often as the relaxation of the bandages required it. At the termination of the five months, the portions of the fractured patella were so perfectly united as to leave no appreciable trace of the solution of continuity which had taken place, the surface of the bone being simply marked by a few slight irregularities.

DISSECTION OF A GRAVID UTERUS.

ITS CONNEXION WITH THE PLACENTA.

To the Editor of THE LANCET.

SIR,—Considering that the following account of the appearances observed in the dissection of a gravid uterus may prove interesting, as it corroborates some of the important facts which have been brought before the public by Dr. R. Lee on the connexion of the placenta with the uterus, I beg to forward it for insertion in THE LANCET.

Mrs. T—, aged 38, of rather a delicate and weak constitution, the mother of two or three children, in the last stage of pregnancy, and expecting her confinement every day, was attacked with cholera on the 21st of July, 1834, which proved fatal in eighteen hours, although the most prompt and judicious measures were employed by Mr. Murchison, a student at the school of Webb-street, to whose kindness I am indebted for the opportunity of making the *post-mortem* examination, which was done fourteen hours after death, by Mr. Murchison, Mr. Tyson, and myself.

As the friends would allow only a partial dissection, we particularly examined the uterus; and on cutting through the abdominal parietes (which were extremely thin) the peritoneal covering of the uterus appeared more vascular than usual; the muscular coat was rather thinner than natural, and not so firm as it is generally found to be. The uterine veins or sinuses were very large, especially in the immediate neighbourhood of the placenta, towards which they appeared to run, almost like *radii*, from the circumference to the centre of a circle; they all passed longitudinally, and appeared to run for a long distance closely under the lining membrane of the uterus, before presenting their semicircular or oval openings, which were very distinct; and though great caution was used in tracing them, *none* could be found to enter the placenta, nor to pierce the tunica decidua uteri, which was beautifully seen passing behind the placenta. Vessels, apparently arteries as well as veins, of some size (three or four as large as crow-quills), were distinctly seen passing from the uterus into the placenta, directly from without inwards and *vice versa*, and crossing the uterine sinuses almost at right angles. The placenta separated very easily from the uterus, the vessels above alluded to offering but little resistance, the uterine veins offering none.

The mouths of these uterine veins were filled with a sort of duplicature or plug of the deciduous membrane, which was everywhere soft, and in many places quite pulpy.

A full-grown and well-formed male fœtus was found in the uterus. There was no dilatation of the os tincæ.

C. MILLARD.

Dean Street, Southwark,
July 29, 1834.

RETENTION OF URINE

SUCCESSFULLY TREATED WITH THE
TINCTURE OF LYTTA.

To the Editor of THE LANCET.

SIR,—Not having met with any account of a case of retention of urine from atony of the muscular power of the bladder, as being treated with the tincture of lytta, I am induced to submit to your notice the following successful instance. Should you deem the case of sufficient merit, an early insertion of it in your widely-circulated Journal would oblige yours, obediently,

JESSE LEACH,
Clinical Assistant.

Westminster Hospital,
July 25th, 1834.

Several objections might be urged against the internal use of lytta, but more especially that in general, if largely given, it produces strangury. The present case affords a good instance of its beneficial effects, without producing that unpleasant concomitant. In some cases treated at this hospital, strangury was brought on before any benefit was derived from the exhibition of the lytta. The acetate of morphia and camphor mixture were given in this case with a view of allaying the spasmodic hysterical paroxysms, which about this period were very violent, and which, shortly after the exhibition of the medicine, ceased.

Ann Gough, æt. 22, of a sallow and bloated appearance, having been for some years, periodically, a martyr to sparing menstruation and hysteria, suffered, about a year previous to the present attack, from retention of urine for four months. She was admitted into Queen's Ward on the 25th of June, 1834, under the care of Dr. Bright, labouring under a violent hysterical paroxysm, which readily yielded to the usual treatment, leaving, as on the previous occasion, a retention of urine, preceded by pain in the back, aggravated by percussion over the third or fourth lumbar vertebræ. The warm-bath, leeches, cupping, and, ultimately, the *ung. ant. tart.*, were had recourse to, without the slightest benefit to the bladder. On June the 29th, she could not void her urine without the aid of the catheter, which was necessarily employed twice a day. On July the 8th, it was determined to give internally the following medicine, in order to excite the bladder, as there was no evident inflammatory action:—

℞ *Tinct. Lyttæ* ʒij; *Acet. Morphiæ* gr. j;
Mist. Camph. ʒviij. Cap. ʒj ter die.