

22nd.—Better. Has had no more rigors since yesterday morning.

23rd.—Considerably better. Has a very good appetite; has not had any more rigors. A No. 6 catheter was passed yesterday, and kept in for six hours. The urine now comes partly through the urethra.

27th.—Going on well. The urine is passed partly through the urethra and partly through the incision.

28th.—The greater part of the urine was passed through the urethra to-day. A catheter is to be introduced once a week.

May 8th.—The wound in the perinæum is healed, and a No. 8 catheter can be passed with ease.

UNIVERSITY COLLEGE HOSPITAL.

CARIES OF THE TARSUS; SYME'S AMPUTATION AT THE ANKLE-JOINT; RECOVERY, WITH A GOOD STUMP.

(Under the care of Mr. MARSHALL.)

OUR readers will recollect the three examples of Pirogoff's operation of amputation at the ankle-joint which we recorded in our "Mirror" of Oct. 2nd (p. 350). We then promised to bring forward some cases in which Syme's amputation was resorted to, and we now give the details of two. Without going into the history of this operation, now so well known and extensively practised, we may refer to the condition of the stump which is obtained. In the greater number of the cases which have come under our notice in hospital practice, the resulting stump has been very good, the integument of the heel becoming firmly joined to the lower end of the tibia, and affording support by means of the part which nature intended the body to rest upon. The patients, when other circumstances were favourable, have moved about with comfort and ease, being free from pain, aching, and tenderness in the stump. We have, it is true, seen some exceptions to this satisfactory result, such as a painful stump some two years after the operation, or retraction of the heel; but the inconveniences which have arisen were such as would be likely to occur if any other operation had been performed, and depended in great measure on the peculiar constitution of the patient.

A well-formed, rounded stump, with a soft cushion to rest upon, is generally observed, good engravings of which are to be seen in the standard surgical works of the day. Although influenced in favour of Pirogoff's operation as we have seen it performed, time has yet to show whether the portion of the os calcis allowed to remain will prove an advantage, or will produce an aching and painful sensation. We much fear the latter. The advantage of that surgeon's operation is the celerity with which it can be performed, but this is by no means the chief consideration with a conscientious surgeon.

We deem it unnecessary to describe the steps of Mr. Syme's operation; they are already well known. In the following case, however, a slight modification was attempted of the lateral incision, as introduced by Mr. Quain, which consists, after the first incision is made from malleolus to malleolus under the os calcis, of a second straight one at right angles with the first, extending to the back part of the heel on the outer side of the foot, a little above and parallel with its outer margin—between, therefore, the point of the outer malleolus and the margin of the foot. Mr. Quain considers this plan facilitates the dissection from the os calcis, hastens the operation, and prevents the collection of pus.

The stump in Mr. Marshall's patient was exceedingly good, better than was ever anticipated from the diathesis present, as mentioned in the history of the case, the notes of which were furnished us by Mr. John S. Wilkinson, house-surgeon to the hospital.

Anne G—, aged thirty-four, admitted on the 30th of July. She is slim, tuberculous-looking, and one of a delicate family. She has lost two sisters, one from phthisis, the other from acute rheumatism. Her occupation is superintendent of an envelope manufactory, which requires a good deal of movement on the feet. When young, she had an abscess in the neck. She has always had a slight cough. She dates her present illness six years since (1852), from an accident in slipping down stairs on her heel. After this, there was a continual pain in the left heel. Subsequently, on three successive occasions, at intervals in the years 1854, 1856, and 1857, after the formation of

abscesses about the os calcis, which, when opened, were found to lead down to the bone, Mr. Marshall removed portions of diseased bone. On the last two occasions, the os calcis was gouged freely out; and finally, granulations failing to take place, a large cavity existed in it. The resulting sinus discharged an oily, ill-conditioned pus, and the disease extended itself to the contiguous bones. As her constitution became impaired, it was deemed advisable to remove the foot.

August 11th.—Syme's operation, with Mr. Quain's modification, was performed. There was but little bleeding from the flap immediately after the operation. On dressing it a few hours after, there was general oozing from the surface. The flaps were brought together by three sutures, and water-dressings applied. Took a night-draught of tincture of opium (fifteen minims).

12th.—Passed a bad night; was sick many times; the stump is irritable and painful; the flaps are puffed out, and a sero-bloody discharge escapes from the wound.

14th.—Stump irritable; the edges and angles of the incision on the outer side are purplish, and sensation, although evident, is yet obtuse. Treated with water-dressings.

16th.—Wound healing internally; externally, sloughs are separating. A strip of plaster supports the flap, and a poultice is applied.

18th.—The patient feels better; the sloughs have separated; flap well drawn down, and brought over the ends of the bones by long strips of plaster; wound dressed with sulphate-of-zinc lotion.

22nd.—The ends of the bones and the wound granulate freely; the patient feels pretty well; appetite good.

Sept. 6th.—Has gone on improving; the wound is healing; there are a few small sinuses, but they do not lead to the bone; the patient sits up, and feels much stronger.

18th.—Patient much improved; stump all but healed, only a few small sinuses remaining; no bone exposed. The patient was discharged.

Nov. 4th.—Sinuses all closed, and general health re-established. The stump is good, and she bears pressure upon it without any inconvenience.

ROYAL FREE HOSPITAL.

EXTENSIVE CARIES OF THE TARSUS IN A WOMAN AGED SIXTY-FOUR; SYME'S OPERATION AT THE ANKLE-JOINT; RECOVERY, WITH A GOOD STUMP.

(Under the care of Mr. A. MARSDEN.)

IN the subjoined instance of Syme's amputation at the ankle-joint, legitimately carried out, a very good stump was obtained, with a firm cushion to rest upon. Indeed, considering the patient's age, sixty-four years, (probably the oldest patient upon whom we have seen this operation performed,) such an excellent recovery, with a most useful stump, is somewhat surprising. The os calcis generally was affected with what Mr. Gant describes as fatty disintegration of its cancellated structure, with free oil floating about. This rendered the bone so soft, that it broke in two pieces during removal.

For the notes of the following case we are indebted to Mr. J. J. McGregor, house-surgeon to the hospital:—

Mrs. E. K—, a native of Ireland, aged sixty-four years, was admitted as an in-patient on the 8th of July, 1858, with extensive caries of the left tarsus. Her appearance, on admission, was indicative of extreme debility, she having suffered for upwards of seven years from severe pain, and lately a profuse discharge of purulent matter from the diseased part. She states that she first perceived, several years ago, what she called a "white swelling," which involved the whole of the foot and ankle; pain of an intense character shortly followed, especially towards night, obliging her to keep to her bed. She called in various medical men, who tried numerous palliative measures, without any apparent relief to her symptoms.

On the 8th of July she applied to Mr. A. Marsden, who admitted her at once. Although her health was very indifferent, still, being of opinion that early operative interference could alone save her life, and the patient herself being anxious to have anything done that would relieve her sufferings, he determined to operate upon her. Accordingly, after putting her on generous diet, on the 12th—four days after admission—amputation of the foot was performed, after the manner of Mr. Syme. An excellent covering for the stump was obtained from the thick skin surrounding the heel, after sawing off the