

struggling for breath. He was a corpse the next morning. This child I examined, and found the lungs, heart and abdominal viscera overwhelmed by serous effusion; the cellular tissue simply œdematous. All this had been unperceived the morning before the night of the attack and its fatal catastrophe.

Many cases of effusion have not been followed by such fatal terminations; in such, convalescence has taken place when time has been permitted for artificial resources, the œdematous puffiness becoming *anasarcous*, and the fluid diffused. In some instances the limbs have swollen considerably, as well as the scrotum; and in two instances I let off the serous accumulations by acupuncture, keeping up the remaining stamina by stimuli, with good beef-tea, and other light but nutritious diet. In the majority of cases, however, the assailing power was so strong, as to place at defiance every resource that art could command.

One poor but respectable man lost all his three children, each case varying, as I have mentioned; the elder child having the sudden, dark-red efflorescence, and livid face; the infant sinking from swollen glands, producing suffocating inanition; and the other one dying two days since (after an apparent rally), from the rapid effusion on the organs of vitality.

In conclusion permit me to add, that I have witnessed nothing equal to the fearful character of this pestilence, and which, I am sorry to say, has arisen, as all these evils do, from the haunts of the poorer classes, where cleanliness is little known, and where irregular and bad diet is too often found. I have given but a faint outline of this visitation, and which, I have but little doubt, has been witnessed, *or will be witnessed*, elsewhere.

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SETON AND TENTS OF SLIPPERY ELM BARK, IN RECENT COMPOUND FRACTURE OF THE TIBIA.

BY WM. WATERS, M.D.

ON the 25th of May, 1840, William Lemmon, in the employ of the "Rail-road Company," had both legs severely fractured by the burthen cars running off the track between this place and Monocacy bridge. His legs were caught between the locomotive and the tender, and he was thrown entirely over the engine, from whence he was brought to town. The right leg was so severely crushed, and the main vessels were so much injured, as to require immediate amputation—in which I was assisted by Dr. Ritchie and Mr. B. E. Hughes, one of my students, and Dr. Wm. B. Tyler joined us while under way. The left leg was not so seriously injured. The fracture was compound and oblique of the tibia near the ankle. The upper shaft of the tibia projected through the integuments above, which were divided entirely across the front of the tibia. The fibula was simply fractured, but all the soft parts much contused above the ankle. The sharp projecting point of the tibia was sawed off for about three quarters of an inch. Previously to placing his limb in a temporary fracture box, Dr. Albert Ritchie suggested that the same principle we

adopted in the elliptical and vertical flap, or "the American Method" of the late Professor Davidge, in the amputation of the right leg, should be carried out in the left, or merely a depending point given to the wound for the escape of pus. For that purpose, with a long and narrow seton needle we passed a seton between the tibia and fibula on the outside, or fibula side of the tibia, and perforated the integuments to the left side of the tendo-Achillis. This was readily accomplished, as the integuments below were the only parts to perforate. The ends of the seton were tied loosely on the outside of the limb. The seton gave a depending point for the escape of matter about the vicinity of the fracture; prevented the accumulation of pus or sinuses, which might involve the ligaments of the ankle joint, and lessen the adhesions of the sheaths of the tendons; thereby saving the system much local irritation and guarding against ankylosis. The leg was laid in a fracture box with linseed poultices over the exposed tibia, and to the seton below, which were repeated twice a day. The fracture box was soon laid aside, for the fracture case of Prof. N. R. Smith, which added much to the comfort of the patient in the dressings of the limb. The limb was flexed, suspended and elevated, by an extra piece of canvass three inches wide, fastened to the frame on one side (the wound could be cleansed and poultices renewed without any disturbance of the fracture); the poultices were supported below by fastening the other end of the canvass to the opposite side of the frame. The poultices were continued until the exposed tibia was covered with granulations, when the seton was withdrawn and a tent of slippery elm bark about one and a half inch long, softened in warm water, was passed up the track of the seton from below. The tent was dressed with a small poultice, and the wound above with lint and cerate, until the wound ceased to discharge, when the tent was omitted about the 15th of July. By the 2d of August, I found the callus somewhat firm, and applied the "Immovable Apparatus," leaving room for the exercise of the ankle-joint. This step was preparatory for the departure of my patient home in Baltimore county. I enforced the necessity of flexion and extension of the foot daily. In regard to the medical treatment, little was required. His fever was high on the 26th of May; when the lancet was used, and sulphate of magnesia prescribed, the fever yielded promptly. An occasional aperient was given; a few doses of Dover's powder to allay pain of the stump, which united very speedily. A free use of acid drinks, as the weather was warm, was indulged in. I have been credibly informed that he has perfect use of his ankle, which I doubt would have been the case if an outlet had not been kept up for the exit of pus. In this case the contusion and division of the soft parts would have led us to anticipate extensive suppuration, which under ordinary treatment would probably have required counter openings to evacuate pus. In compound fractures of the worst form, accompanied with much contusion and division of the soft parts on the front of the inferior limbs, would not a seton or tent be preferable to the ordinary process of dossils of lint and counter openings?—*Maryland Med. and Surg. Jour.*