

WOUND OF THE NECK AND EXPOSURE OF THE CAROTID ARTERY; RECOVERY.

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

A BOY, eleven years of age, was brought into the hospital one morning in August, having sustained a wound of the right side of his neck a week previously, by falling on the knife of a chaff-cutter. The injury was a clean incised wound, two inches long, running vertically across the course of the great vessels of the neck, and wounding the sheath of the common carotid artery. A great deal of hæmorrhage occurred at the time, and it is most probable that the external jugular vein was wounded. On his admission the carotid could be distinctly seen pulsating. Having been left an open wound for a week, it was now allowed to heal up by granulation, which it did, contraction gradually ensuing until a small opening remained at either end of the incision. These subsequently closed, and the lad left the hospital quite well.

It is somewhat singular that the wound should have penetrated the sheath without injury to its contents, and there can be no doubt that the artery itself was not in the slightest degree injured.

Scottish Hospital Reports.

ABERDEEN ROYAL INFIRMARY.

OSTEO-SARCOMA OF THE LEG, REMOVED BY AMPUTATION.

(Under the care of Dr. KEITH.)

ON the 21st ultimo, we had the opportunity of seeing an amputation of the leg performed in this hospital, by Dr. Keith, for osteo-sarcoma of the tibia. The case was one of considerable interest, for it had been of eight years' duration, in a young woman twenty-one years of age, who had been working in the fields as a farm servant up to a fortnight before, at which time she injured the leg, which caused some amount of ulceration below the tumour. The growth itself was fully as large as a good-sized cocoa-nut, with a considerable amount of general swelling, and seemed to involve the centre of the tibia, being remarkably prominent in front, but extending backwards amongst the muscles of the calf of the right leg. At the upper and anterior part of the tumour, which had especially increased within four months, projected several fungous masses, pretty clearly showing the nature of the disease. Below this the integument was sound; but on the surface of the leg, beyond the tumour inferiorly, it was in a state of ulceration. This was, as we understood, the part recently injured. The diagnosis was clear enough as to the nature of the disease, and amputation was resorted to by the antero-posterior flap operation, performed by transfixion, the anterior flap being made first. No tourniquet was applied, but the femoral artery was ably commanded in the groin by Dr. Redfern. Notwithstanding this, however, a little more hæmorrhage than usual occurred. With the assistance of Dr. Pirrie, all the vessels were secured, and the stump dressed in the following manner:—After the edges of the flaps were adjusted by sutures, a strip of lint, smeared over with simple ointment, was applied over the wound, then several pieces of dry lint, and a light bandage over all. Chloroform was given on lint, and the patient was speedily insensible, the administrator being guided in its effects solely by the pulse.

A longitudinal section of the limb was afterwards made, and a good example of the peripheral form of cancer of bone was presented to view, with the development of bony spiculæ in various parts of the growth. And we here witnessed what is often seen in similar cases—namely, the altered appearance of the surrounding muscular structures by contamination from the disease. The healthy colour of the muscles was destroyed; they looked as if they had undergone partial maceration. This abnormal change seemed also to pervade the muscles of the thigh, which would thus seem to have participated in the same diseased action.

We have no doubt that a good recovery will ensue from the operation. Dr. Keith's experience, however, in such cases agrees with that of many other observers, in that the disease is sure to return within twenty months. The morbid action, in the present instance, was confined solely to the tibia, the articulations above and below being quite healthy.

ATROPHIC SCIRRHUS OF THE FEMALE BREAST; AMPUTATION.

(Under the care of Dr. PIRRIE.)

The right breast of this patient, who was sixty-seven years of age, had been diseased for eighteen months, possibly much longer; but her attention was first attracted to it at that time. The gland generally seemed to have undergone an atrophic contraction, as is often witnessed in old people. Round the nipple the skin was affected by infiltration, and occupied an oval space, measuring four inches in its longest and three inches in its shortest diameter, the colour being a deep crimson. After chloroform had been administered, an elliptical incision was made by Dr. Pirrie from right to left, including within it the whole of the diseased skin, and the entire gland was rapidly extirpated. There was scarcely any blood lost; the edges of the wound were brought together by sutures, a few strips of pink court plaster were now applied, then a few pledgets of lint, and a bandage round the chest.

An examination of the removed gland showed it to have degenerated into a comparatively small mass of scirrhus, the greater part of it having shrunk away by a species of atrophic absorption, as we have noticed on many occasions.

Reviews and Notices of Books.

The Right Holding of the Coroner's Court, and some recent interferences therewith; being a Report laid before the Royal Commissioners appointed to Inquire into the Law now regulating the Payment of the Expenses of Holding Coroners' Inquests. By TOULMIN SMITH, Esq., of Lincoln's-inn, Barrister-at-law. Pamphlet. London: Sweet, Chancery-lane.

IN relation to the law, office, and practice of the Coroner's Court, a more important publication than the one under consideration never was submitted to our notice. The subject—the Right Holding of the Coroner's Court—has been embraced in all its details by a most powerful and vigorous mind, and the result is, that a Report has been laid before the Royal Commissioners, which must have its effect with reference to the office of coroner throughout the future history of that institution.

Mr. Toulmin Smith is universally known as a most able and successful writer in behalf of popular institutions, and one whose knowledge of his subject is commensurate with his ability. In the Report before us he has defended the Coroner's Court from some violent attacks, to which it has, especially of late years, been subjected on the part of nominees of the Crown; and he has shown from various legislative enactments, dating successively from the time of the Plantagenets down to our day, the varied and imperative functions which coroners are called upon to fulfil, even in the teeth of an opposition which would deprive the public of their services.

"Inquisitions," he says, "upon the death of man, and the Coroner's Court for taking these,—unlike justices of the peace, who are the mere creation of statutes, and whose powers are therefore limited by the express letter of statute law,—derive neither their origin nor their authority from any statute. They have their roots in the common law; and statute law has only been applied to what touches them, with the object of not letting the requisitions of the common law fall into forgetfulness, but of ensuring that this institution shall be kept in full and unremitting independent activity."

After quoting the celebrated writers of old, Bracton, Horne, Fleta, and Britton, the Magna Charta, the statute of Marlbridge, &c., particular mention is made of the statute of Westminster (4th Edw. I.), known as the "Statute of Coroners," which lays down the limits of the authority of those officers in distinct terms. According to that statute,

"The coroner is declared to be under the obligation to hold an inquiry, whensoever he has notice, either from a public officer or by private men of the neighbourhood, that any one has been slain, or has suddenly died, or has been wounded, or that a house has been broken, or that treasure has been found."