

birth of her second child, after another hard and tedious labour, which greatly aggravated all her symptoms. A year and a half after, she positively states that she had complete retention for five days, which was at length relieved by medicine. No instrument was used. Her urine now caused her severe cutting pain, and was passed in a very fine stream, and she would sometimes go the whole day without passing it, rather than endure the pain. For the last ten months she has been under treatment by a medical man, who has made several attempts, but never succeeded in passing an instrument into the bladder.

On the 9th of October she was admitted into the hospital, but owing to the menstrual discharge being present no examination was made for a few days.

On the 13th she was examined, and found to have a very tight stricture, about an inch from the external meatus. Mr. Curling succeeded, after a little difficulty, in passing first a No. 1, and afterwards a No. 2 male silver catheter. This was tied in until late at night, when it became so painful that it was withdrawn.

Oct. 14th.—The house-surgeon failed to get the catheter in.

16th.—Mr. Curling introduced No. 2 elastic catheter, and passed over it one of Wakley's elastic gum dilators cut short, in size about No. 4 or 5; tied in.

17th.—The small silver catheter belonging to Wakley's case was introduced, and No. 6 elastic gum dilator passed over it. This was repeated on the three following days, the catheter being tied in. On the 21st the house-surgeon failed to introduce it.

22nd.—No. 8 was introduced by Mr. Curling.

25th.—Patient complained of pain in the region of the bladder. Catheter taken out. To be introduced and kept in an hour every day.

27th.—She appeared to be ill; complained of pain in the left side, and a great deal of bearing down; urine a little cloudy from mucus. To have a warm bath, and twenty-five minims of tincture of opium. No instrument introduced to-day.

28th.—A little better. Bath repeated.

29th.—Seen by Mr. Curling. No instrument used. Urine contained a little mucus, but was acid. To have an effervescing ammoniacal mixture.

30th.—Mr. Curling introduced the catheter, and ordered it to be passed every day and kept in an hour.

Nov. 1st.—No. 11 passed: this was continued every day.

5th.—Has pains in her side and back. Spongio-piline ordered.

6th.—She is better.

13th.—Poorly. No instrument used.

16th.—Instrument passed every day; urine clear.

25th.—Had a slight attack of rheumatic fever. Ordered milk and beef-tea; and a bicarbonate of potash mixture.

26th.—Knees swollen; she is a little better.

28th.—Better.

30th.—Passed a small elastic catheter for herself, after a great deal of persuasion.

On Dec. 3rd she passed a No. 7 elastic catheter for herself, since which time the house-surgeon has not been able to induce her to pass it. She is exceedingly nervous, crying a great part of the day.

6th.—Her urine is now almost normal, but she still complains of a little pain and difficulty in passing it. There is no impediment to the passage of a large-sized catheter.

20th.—Discharged, cured, with instructions to have a No. 10 bougie passed occasionally.

GUY'S HOSPITAL.

STRANGULATED UMBILICAL HERNIA IN AN AGED FEMALE;
OPERATION AND REDUCTION WITHOUT OPENING
THE SAC; RECOVERY.

(Under the care of Mr. THOMAS BRYANT.)

THE interest of the following case consists principally in its successful termination. The age of the patient, the period of strangulation, the nature and large size of the hernia, are points which militated much against the success of the operation, especially when it is remembered that operations on umbilical hernia are, as a rule, most fatal. Mr. Bryant attributes the favourable result to the fact that the sac was not opened sufficiently to expose any portion of the intestine, nor to allow the surface of strangulated bowel to be manipulated. This

point is of great importance, and is one which should be remembered and acted on in future cases.

In former "Mirrors" we have recorded several successful cases of strangulated umbilical hernia. One, under the care of Mr. Lawson at the Western General Dispensary, was a woman, in whom the intestine was so adherent to the sac that it could not be returned (*THE LANCET*, vol. i., 1858, p. 190); another, under Mr. Stanley at St. Bartholomew's Hospital, also a female, in whom it was necessary to remove a protruded omentum (*ibid.*, vol. ii., 1858, p. 575); a third case, under Mr. Heath at St. George's Dispensary, in which the sac and adherent omentum were removed with success (*ibid.*, vol. i., 1859, p. 341); and a fourth case, under Mr. Prescott Hewett at St. George's Hospital (*ibid.*, vol. ii., 1859, p. 338).

The notes of the following case were taken by Mr. Pembroke R. J. B. Minns, clinical clerk:—

Jane W—, aged seventy-four, married, was admitted into Dorcas ward on the 5th of December, 1860, with a strangulated umbilical hernia. She states that she has had the hernia for the last four years, but was always able easily to reduce it whenever it came down, although the mere fact of its descent would cause attacks of vomiting. She was in the habit of wearing a truss, which she took off before going to bed at night, and replaced in the morning, but on the 1st of December she found that she was unable as usual to return the hernia, which soon became painful. Hot fomentations were applied, but found to be of no avail. On the 2nd of December she began to vomit, and the tumour was somewhat enlarged. She allowed the hernia to remain in this state until the 4th, when she sent for her medical man, who ordered her an injection of gruel, which operated slightly, but gave no relief. He then applied the taxis for fifteen minutes, but finding that of no avail, advised her to go to the hospital. When admitted the vomiting was stercoraceous, and the tumour about the size of a man's fist, painful and tender to the touch. An attempt to reduce it failed. She was ordered to have ice applied to the hernia, and two grains of opium immediately. At half-past two A.M. she was placed under the influence of chloroform, and the taxis again applied; but proving of no use, she was immediately operated upon, and the bowel returned without opening the sac except at its neck, where the stricture was divided. The wound having been closed in the usual manner, she was ordered one grain of opium every three hours, and ice to be taken internally to alleviate sickness. The diet consisted of arrowroot and milk.

On the 7th, the pills were ordered to be taken three times a day; but at ten P.M., the abdomen being tender, she was ordered to take them every four hours.

On the 8th, her bowels were opened for the first time. She was ordered four ounces of brandy, and the pill every six hours.

On the 19th, she was looking as well as could be expected, although she complained of cough. Ordered six ounces of wine.

On the 20th, her cough still troubling her, she was ordered compound conium mixture three times a day, and a flannel bandage to be placed around her abdomen.

Jan. 12th, 1861.—The wound was very nearly healed, but her cough continuing, she was ordered ipecacuan wine in compound infusion of cascarrilla thrice a day.

On the 15th, a truss having been applied, she was discharged well.

GREAT NORTHERN HOSPITAL.

EXTENSIVE INJURIES FROM THE EXPLOSION OF A
LOCOMOTIVE ENGINE.

(Under the care of Mr. LAWSON.)

THE following case is an illustration of what an amount of injury a man may sustain without life being destroyed. The points of interest are—first, the peculiar mental condition of the patient for some time after the accident; and, secondly, the effect which this condition appears to have exerted over the reparative process. Brought into the hospital in a state of coma, in about twelve hours he somewhat rallied, and passed into that of traumatic delirium. Slowly, under the influence of opium, brandy, and a good diet, he gradually became tranquil; but his memory was for a time lost, nor did he recover it until after he had been five weeks in the hospital. Up to this date no reparative process had taken place between the broken extremities of the bones; but with the return of the mental faculties there was increased action in the site of the fractures, and a firm union was speedily effected between

the ends of the femur; and it is to be hoped that a similar result will be shortly accomplished in the humerus.

J. C—, aged thirty-three, was admitted on Nov. 1st, 1860, having been just blown up by the explosion of the locomotive engine at the entrance of the underground railway, close to its junction with the Great Northern Railway. At the time of the accident he was with his two companions at work on the engine. They were killed instantaneously, but he was picked up some yards from the engine in an insensible state.

On admission, he was perfectly insensible, and breathing stertorously. A large scalp wound of about six inches extended from before backwards towards the occiput. He had a fracture of the middle third of the left humerus, and a fracture of the right thigh. He had also a deep scald over the right hip, extending up to the seat of the fracture of the femur, while on the left side there was a deep lacerated wound of the thigh, near the great trochanter. His bladder and bowels acted involuntarily.

The patient having been placed in bed, his numerous wounds were immediately attended to. The large scalp wound was united by wire sutures, and covered with a firm compress of lint and a bandage. His arm was put up in the ordinary splints; but a difficulty existed in arranging the splints for the thigh, as the extensive scald on the outer side of the limb prevented the application of a long continuous splint, and the involuntary action of his bladder and bowels would not allow of the use of a perineal band. Accordingly a long splint, with an interruption of an arch of iron bar thrown over the site of the scald, was applied from the axilla to beyond the foot, and Mr. Wallis, the house-surgeon, maintained the extension of the limb by attaching a long strip of adhesive plaster from the knee to the foot, and appending thereto a bag of sand of fifteen pounds weight, which hung free over the end of the bed. From the state of coma in which he was on his admission, the man in about twelve hours passed into a wildly delirious state, endeavouring to tear off his bandages and to get out of bed, talking all the while most incoherently. A brisk purgative was given, and after it had well acted he had ten minims of tincture of opium every four hours; a liberal diet of beef-tea, arrowroot, and four ounces of brandy daily. Under this treatment he gradually improved, and in four or five days he became perfectly quiet, and began to recognise his attendants, and to regain power of control over his bladder and rectum. Unfortunately, however, bed-sores were now forming on his back, and a diffuse erysipelatous inflammation involved the whole of the left thigh.

On Nov. 12th he was placed on a water-bed, and on the 16th about a pint of pus was let out of the left thigh by a small incision on the inner side near the knee. Although now perfectly tranquil and capable of understanding questions, he has complete loss of memory. He believes that to within the last few hours he was at work; and when asked how he was engaged, he would describe the scene of his employment at the time of the accident. Even when asked in the afternoon what he had for dinner on that day, he would tell of a dinner his wife had carried to him when at work on the railroad. Gradually, however, his mental condition improved, and at the expiration of five weeks he was capable of appreciating the fact of his being in the hospital and of the cause which brought him there. The scald had progressed up to this time most favourably, and in every respect he was apparently doing well, the wound of the scalp having perfectly healed.

As the bandages were now becoming loose, they were taken off for the purpose of readjusting them and of examining the fractures. In the thigh and in the arm but little reparative process had taken place; there was slight thickening in the seat of the fractures, but the broken extremities moved freely on one another. The limbs were therefore readjusted in their splints.

Thirteen weeks after the accident the splints were again removed. The fractured femur had firmly joined, but the humerus still continued disunited, although there was considerable thickening and some firm effusion in the immediate neighbourhood of the fracture.

He continued to progress in a most satisfactory manner until Feb. 7th, when some swelling of the lower extremities began to manifest itself, accompanied with puffiness of the face. The urine is now albuminous and smoky, but his general condition is not very unfavourable.

JUNIOR MEDICAL SOCIETY OF LONDON.—We are glad to learn that a general adhesion has been given to the proposed formation of this Society. The delegates from the local hospital societies of all the metropolitan hospitals will meet this evening (Saturday) for the purpose of founding the Society and arranging its constitution.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEB. 12TH, 1861.

MR. SKEY, F.R.S., PRESIDENT, IN THE CHAIR.

CONTRIBUTIONS TO THE SUBJECT OF COMPOUND FRACTURE:
BEING AN ANALYSIS OF 302 CASES.

BY THOS. BRYANT, F.R.C.S.,
ASSISTANT-SURGEON, ETC., AT GUY'S HOSPITAL.

HAVING recognised the fact that the science of medicine and surgery was one purely of observation, and that its principles and practice could only be regarded as sound so long as they were based on facts, the result of recorded and carefully observed phenomena, the author went on to state that he believed it to be the duty of every practitioner to communicate to his professional brethren any positive material he may possess, and thus to add his quota in building up the noble art and science to which we have the honour to belong. In conformity with such a principle he had the pleasure of presenting to the Society a brief analysis of upwards of 300 cases of compound fracture of the extremities, omitting only those minor examples in which the smaller bones of the hands and feet were involved, believing that the results deduced were not unfruitful either of interest or instruction. The cases were all taken from the experience of Guy's Hospital within the last twenty years, the earlier ones having been collected from the records of the institution, and the author's own notes having furnished him with the particulars of every case admitted within its walls during the last seven years.

He then proceeded to the analysis of the whole number—302 cases:—

17 or 5.6 per cent.	were of the thigh
193 or 63.9	leg
35 or 11.5	arm
57 or 18.8	forearm

11 out of the 17 cases of compound fracture of the thigh proved fatal, or 64.7 per cent.

74 out of 193 examples of compound fracture of the leg were fatal, or 38.3 per cent.

4 out of the 35 cases of compound fracture of the arm died, or 11.4 per cent. And

7 or 11.2 per cent. of the 57 cases of compound fracture of the forearm.

Of the whole number of 302 cases, 96 were fatal, or 31.7 per cent.

A table then followed showing the causes of death in these 96 cases, from which it appeared that in cases subjected to amputation pyæmia was twice as fatal as in others treated on conservative principles, and that exhaustion and gangrene were more common causes of death; that in cases treated on ordinary surgical conservative principles delirium tremens and tetanus were more common causes of a fatal result.

Analyzing the 17 examples of compound fracture of the thigh,—

9 underwent primary amputation; 6 died, and 3 recovered.

1 underwent secondary amputation; fatal.

7 were treated on conservative principles; 4 died, and 3 recovered.

10 were thus treated by amputation, and 7 of these died, or 70 per cent. 7 were left to nature's efforts for repair, and of these 4 died, or 57 per cent.

Having given an outline of the fatal cases, the author went on to remark, first, on the rarity of compound fracture of the thigh, the accident bearing the proportion only of 5.6 per cent. to other cases involving the larger bones of the extremities. This fact, he stated, was well borne out by the experience of all surgeons.

The excessive mortality of these cases was the second point to which he alluded, 64 per cent. of the whole number of cases proving fatal. In nearly 60 per cent. amputation was had recourse to, and 70 per cent. of these cases subsequently sank. The extreme severity of the majority of these cases, he remarked, rendered primary amputation absolutely essential. He showed that more than half the examples died, or 57 per cent., in which attempts had been made to save the limb; and that the cases in which recovery had taken place were in young and healthy subjects.

The author passed on to review the opinions of some military surgeons on the subject, and pointed out how Dupuytren, Hen-