

just below the left groin, which soon began to increase rapidly. He showed it to a surgeon, who ordered cold applications and rest. After that he went into the workhouse, and the surgeon there ordered confinement to bed and cold applications, from which time it ceased to increase so rapidly; still, however, it kept enlarging. Although accustomed to hard work and lifting heavy weights, he never remembers having strained or hurt himself in any way.

The patient, who is a tall and well-proportioned man, appeared on admission to be in good health; his tongue was clean, his bowels regular, pulse 76, and appetite good. On the left side he had a pulsating tumour, almost round in shape, extending from Poupart's ligament to about four inches down the thigh. The bruit characteristic of an aneurism was distinctly heard with the stethoscope; and the pulsation, which was strong and corresponded to the pulse, was easily controlled by pressing the artery above the tumour. There was no tenderness over the tumour, but an occasional aching pain was felt down the thigh.

As the treatment that had been adopted had only retarded the growth of the tumour, but had not stopped it, and as there was no possibility of applying continued pressure, it was determined to apply a ligature to the external iliac artery. Accordingly on Dec. 19th the operation was performed in the following manner. The patient being brought under the influence of chloroform, a semilunar incision about three or four inches long was made, commencing about an inch in front of the anterior superior spinous process of the ilium, and running nearly parallel to Poupart's ligament, dividing the skin and superficial fascia, and bringing into view the aponeurosis of the external oblique; this was cut through, the spermatic cord pushed aside, and the fascia transversalis divided on a director. The peritoneum was gently pressed up, and the sheath of the vessels exposed; this was very carefully opened with a silver scalpel, and a strong hemp ligature was passed with an aneurism needle from within outwards. The parts were now carefully examined to ascertain that nothing was included in the ligature which ought not to be tied; pressure also was made on the artery to see if it perfectly controlled pulsation in the tumour; and finding everything as it should be, the artery was then firmly tied. The wound was closed with three silver wire sutures, the patient taken to bed, and the limb enveloped in cotton wool. The operation was performed between twelve and one o'clock.—Three P.M.: The thigh warm, but the leg cold from the knee downwards; the wound smart, but otherwise is not uncomfortable. To take milk, barley-water, tea, or gruel, as he fancies.—Half-past ten P.M.: The leg somewhat warmer, but feels numbed to the patient; he nevertheless is pretty comfortable, and thinks he shall be able to sleep without an opiate.

Dec. 20th.—Has passed a good night without any opiate, and is free from pain; the feeling of numbness has gone, and sensation is now quite natural. Pulse 80; tongue clean; skin moist; warmth in the limb about the same. The limb not to be disturbed; hot bottles, in addition to the cotton wool, to be applied if necessary. To have low diet and no medicine.

21st.—Has slept well. Pulse 80; tongue clean; lips dry; skin moist. Does not complain of thirst. Leg warmer. Says he feels much more comfortable than before the operation. No change in diet or dressings.

22nd.—Going on well in every respect. To have an egg and some beef-tea added to his diet.

24th.—Progressing very favourably; the wound looks healthy, and is healing rapidly. Tongue moist and clean; skin natural; countenance cheerful. Complains of being very hungry, but no alteration was made in his diet.

Daily reports contain nothing worthy of note till Jan. 7th, when the ligature came away. This is the nineteenth day from the operation. The wound has healed, excepting just round the exit of the ligature. To be lightly dressed with water dressing. The patient was directed to maintain the most perfect quiet, not even turning in bed more than he was absolutely obliged.

Jan. 8th.—Complains of being very thirsty; tongue rather dry; bowels not open. The tumour feels uneasy. To have a draught of the house mixture.

10th.—Very feverish and restless; tumour feels painful, and has a blush upon it. He has had a shivering fit. Tongue furred and dry. Ordered to take effervescing saline mixture every four hours; to have a poultice applied over the tumour; and to take ten grains of Dover's powder at bedtime.

11th.—Tumour looks more inflamed and swollen. He is very feverish; tongue dry; bowels not open. To repeat the mixture and powder, and have an aperient draught.

12th.—Slept rather better for his powder last night, and feels easier this morning—not nearly so feverish. Bowels open; tongue more moist. Suppuration has taken place in the tumour. To repeat the mixture and powder at bedtime.

13th.—Passed a good night, and looks much better. Tongue moist, but white; skin natural; fluctuation very distinct in the tumour.

14th.—Better; tongue moist, though still a little white; skin natural; bowels open; urine scanty, high-coloured, and thick; has a slight cough; appetite much better. To continue a poultice to the tumour. Ordered a draught containing bicarbonate of potash and infusion of orange-peel, three times a day, and six grains of Dover's powder and four grains of mercury with chalk at night. Another egg and a mutton-chop to be added to his diet.

23rd.—The tumour, which had been pointing for the last day or two, broke this morning, and discharged some very offensive matter. To poultice the tumour, and take five grains of Dover's powder every night, and continue the mixture for a few days.

Feb. 16th.—Has progressed steadily, and the discharge is much less; feels very weak. A small sinus which had formed was laid open. To have quinine mixture and a pint of porter. Has not taken his powders for some nights.

March 12th.—Still very weak; tongue clean and moist; bowels regular and appetite good. The wound has filled up nicely with granulations, but still does not heal. No sinus discovered on examination with a probe. Ordered to sit up. Wound to be dressed with tincture of benzoin. Cod-liver oil to be taken twice a day.

16th.—Has a slight attack of rheumatism. To discontinue the oil, tonic, and porter, and take instead the following draught every four hours:—Nitrate of potash, ten grains; iodide of potassium, four grains; colchicum wine, ten minims; camphor water, one ounce. To keep in bed.

18th.—Much better in every respect. To get up; leave off his medicine, and take cod-liver oil again. Full diet and porter.

From this time he improved rapidly. He walked out in the infirmary grounds on the following day, and on the 24th was discharged cured.

Ligature of the external iliac is an operation that has now been performed many times with rather a large proportion of successful cases; still, however, it is an operation of considerable importance, and cases as they occur deserve to be placed on record. In this case suppuration took place in the sac. This is a dangerous symptom, and in several of the fatal cases that have occurred has been the immediate cause of death. If suppuration is diffused, or shows any tendency to burrow amongst the surrounding muscles or cellular tissue, free incisions would be necessary; but where it is circumscribed I think it is decidedly preferable to allow it to take its course—point and break; of course carefully watching the progress of the case.

Hanley, July, 1864.

CASE OF TRAUMATIC TETANUS.

RECOVERY.

By P. GORDON STEWART, M.D.

ON the 30th of October, a negro, aged thirty, of temperate habits, whilst engaged in feeding a crushing machine in a tannery, sustained a compound comminuted fracture of the second and third phalanges of the right index finger. The hope of saving the member was slight, but believing that, under favourable circumstances, a finger of some utility—better than none—might be retained, it was put up in the usual manner with water-dressing. Everything progressed satisfactorily, and on the 17th of November the wounds had nearly cicatrized. On the 18th I was requested to see him on account of "some stiffness about the jaws," and his swallowing with difficulty. He was evidently suffering from tetanus. The muscles of the neck and back, and of the anterior of the chest and abdomen, were hard and rigid, and had been so, it was reported, for the last twelve hours. He referred his sufferings chiefly to pain over the precordia and his inability to swallow. The symptoms increased in severity; but it is unnecessary to follow the case in all its details, and on the 21st the haggard expression of

face, faltering pulse, and profuse cold, clammy sweat seemed to show that "there was but one way." In the evening, however, the skin and pulse showed reaction, although the spasms were still persistent, and matters were nearly *in statu quo* on the 22nd. He was seen, at my request, on the 23rd, by Drs. Ebdon and Borchards, and notwithstanding there being in many respects a marked improvement, relying upon our former experience, they agreed with me in thinking the man must die; and Dr. Ebdon, be it observed, from his long residence, in connexion with the public service, in India, where tetanus is of such common occurrence amongst the coloured population, was familiar with the disease in all its phases. From this date up till the 30th the patient's sufferings gradually diminished, the power of deglutition returned, and he ultimately completely recovered, and is now engaged in his former occupation.

The treatment consisted in the free use of chloroform, occasional doses of croton oil, calomel, and compound jalap powder. The course of the spine throughout was vesicated by plaster, and dressed with the strong mercury ointment. Calomel and opium and tincture of cannabis were given in full and repeated doses.

Much was at one time expected from Indian hemp, but, so far as this case is concerned, mercury, and above all, opium (the time-honoured sheet-anchor of medical practice), appeared to be the medicines on which reliance could be put; but whether the cure was dependent on these may well admit of doubt, for it is quite possible, as similar treatment has so often failed, that the poor fellow may have triumphed over the malady and additional obstacles that science threw in his way.

Ferguson says of this dire disease, "almost every expedient, every medicinal resource, that ingenuity or skill could devise, has been tried in vain." While Skey, in his work on Surgery, shows how little he expected from medical treatment by relating a case where he kept the patient for many hours under the influence of chloroform, and determined on keeping him so until he died, had not the anæsthetic ceased even to afford temporary relief; "for better," he adds (but I quote from memory), "to die from chloroform than from tetanus."

A case of recovery, then, from traumatic tetanus cannot be without interest, and the publicity which THE LANCET will afford it may not be without its use.

Cape of Good Hope, Rondebosch, March, 1864.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proæmium.

ROYAL FREE HOSPITAL.

EXCISION OF THE CALCANEUM AND CUBOID BONES FOR CARIES; RECOVERY, WITH A THOROUGHLY SOUND AND PERMANENTLY SERVICEABLE FOOT.

(Under the care of Mr. GANT.)

It is almost a recognised maxim in surgery that removal of the os calcis should never be lightly undertaken, not, indeed, till all the ordinary resources of relief have been tried in vain. In the great majority of cases, gouging away of the affected part suffices to bring about the desired end, and many such examples have come under our notice. When, however, this fails, and the cuboid bone is involved as well, resection must be practised, although surgeons do not give a hopeful account of the ultimate results of that procedure in such a case. Nevertheless, in the following remarkable case (the particulars of which were furnished by Mr. J. D. Hill, resident medical officer) it will be seen that after the lapse of two years the patient possessed a thoroughly sound and useful foot—one that could support the weight of the body, and permit at the same

time of free motion of the ankle joint, without the use of a crutch or stick. Such a termination is in the highest degree satisfactory.

J. M——, aged sixty, was admitted Dec. 19th, 1861, with an abscess on the outer side of the heel of the left foot. On being opened, a small piece of the spongy portion of the os calcis was found to be necrosed and detached. This was extracted, and the wound healed, excepting a small sinus. The patient was discharged Feb. 8th.

He was re-admitted on March 9th. Having been subjected to great privation, his general health had yielded. The foot was tender and much swollen. Another fistulous opening had formed at the posterior part of the heel, from which pus flowed day by day pretty copiously, and the surrounding integument was soddened and discoloured, threatening to slough. Pleuro-pneumonia supervened, and required the free use of stimulants. During this attack the bone became exposed, and the general health more reduced by increased pain and discharge of unhealthy pus. When the chest complication had abated, a free incision was made into the heel, and as much of the substance of the os calcis scooped out as appeared in a state of caries. The wound healed soundly, and he was discharged May 12th.

Re-admitted June 11th. The foot had again become swollen; the integuments presented the usual appearances of diffuse inflammation, and another sinus, corresponding in situation with the tuberosity of the os calcis, led down to more diseased bone. The man's general health was still further reduced than when he underwent the more conservative operation of removing that portion of the interior only of the os calcis which was carious, in the hope that the shell of bone might close up, as in other cases, with dense fibro-cellular tissue; and thus, the heel-bone being preserved, its full support would be retained. This result not having been realized in the present instance, Mr. Gant explained the necessity of excising the os calcis, and the cuboid bone, being involved, was also removed.

Aug. 14th.—Chloroform having been administered, the operation was commenced by an incision round the heel, extending from the outer to the inner malleolus, at about an inch above the plantar aspect of the heel. The flap, thus marked out, was dissected carefully from the calcaneum, and reflected forwards on to the sole of the foot. The tendo-Achillis and both lateral ligaments were divided, next the interosseous ligament by passing the knife between the two bones in the situation of the divided tendon, the os calcis being forcibly everted forwards to facilitate the few touches with the knife which were then only required to complete its excision. The cuboid bone was found to be involved, and accordingly removed by prolonging the outer end of the incision forwards to the articulation of this bone with the metacarpal bone of the little toe, and then cautiously dividing all the ligamentous connexions of the cuboid bone. A little piece of the external cuneiform bone was finally gouged away. By keeping close to the bone, and the edge of the knife turned towards it during the operation, both plantar arteries were left uninjured. The hæmorrhage was inconsiderable, and ceased without the application of a single ligature; and the flap was adjusted and retained by sutures. The wound healed by the first intention throughout the greater portion of its extent, that portion only of the flap sloughing where, posteriorly, the sinuses had formed, and on account of which the flap was made so as to be reflected forwards instead of backwards, as in the few other instances of this operation. The patient regained his general health, and on Nov. 4th he left the hospital with a sound and serviceable foot, requiring only the aid of a high-heeled shoe; then, however, he could not bear the weight of his body when standing without the support of a crutch. He has since presented himself at the hospital from time to time for examination. On each occasion there has been greater power of bearing the weight of the body, and of walking with free motion of the ankle joint, without a crutch or stick; and now (June 4th, 1864) it may be surely affirmed that he possesses a thoroughly sound and permanently useful foot.

WESTMINSTER HOSPITAL.

FIVE CASES OF OPERATION IN WHICH THE VESSELS WERE SECURED BY THE WIRE LIGATURE, AND IN WHICH BOTH ENDS WERE CUT SHORT AND LEFT IN THE WOUND.

(Under the care of Mr. BARNARD HOLT.)

A. T——, a moderately-robust woman, aged forty, was sent into the hospital by Mr. Kelly, of Fetter-lane, suffering from carcinoma of the mamma. The patient stated that she noticed