

Foreign Department.

Complete Luxation of the Astragalus Inwards; Reduction, and Recovery.

As dislocations of the astragalus are very rare, we are induced to record the following, which occurred lately in the practice of M. THEVENOT and LUCIEN BOYER, as published in *L'Union Médicale*. On the 8th of September, 1848, a grazier, thirty-eight years of age, of strong make and robust health, fell from his horse, which had stumbled. He was so much stunned that consciousness was entirely lost for a few minutes, and when he came to his senses he could not stand upon the right foot. M. Thévenot, who saw him soon after, at once perceived the nature of the mischief, which consisted in a complete displacement of the astragalus inwards. The patient could, however, give no account of the manner in which the foot had turned. M. Lucien Boyer, whose assistance was requested by M. Thévenot, found the parts in the following state. The heel is resting on a pillow; the anterior aspect of the foot forms a right angle with the leg; neither the latter nor the heel present any lengthening or shortening. The sole of the foot is neither adducted nor abducted; the extremity of the same is turned neither inwards nor outwards, but by mere inspection it may be seen that the whole foot has been carried outwards, so that its axis, instead of being continuous with that of the leg, is about an inch external to it. This causes the outer malleolus to be somewhat masked by the external border of the foot. As there is but little swelling around the joint, it is easy to follow the different projections of bone. By running the fingers down the fibula as far as the malleolus, it is ascertained that this bone is perfectly sound; under this malleolus is found a large cavity, into which the integuments may be pushed without meeting with the bottom of it; this cavity is also a little prolonged forwards under the extremity of the tibia, in front of the articular surface of this bone, which circumstance allows the finger to discover that the relative position of tibia and fibula has not been disturbed. This cavity is bounded inferiorly by the superior aspect of the os calcis, which may easily be felt, and the hollow does not seem to contain much effused fluid. Towards the inner part of the joint the tibia and malleolus are found intact, and forming a projection on the inner part of the foot. A large, polished, and hard surface is here felt, lying immediately under the skin, which latter is powerfully stretched. This surface, which looks quite inwards, is manifestly the articular pulley of the astragalus, with its antero-posterior convexity, and its slight concavity from side to side; the margins are likewise easily felt. In front of this surface, the depression formed by the neck of the astragalus is felt, as is also the head of this bone a little further forward. The summit of the inner malleolus is strongly resting on the external surface of the astragalus, which has become superior. The skin in this spot is smooth, stretched, discoloured by the pressure, but not perforated. Nothing abnormal is perceptible on the posterior part of the joint; the tendo-Achillis is not more stretched than usual; the peronæal tendons may be felt behind the outer ankle, but it is impossible to follow the tendons which pass under the inner ankle, on account of the great tightness of the skin over it. Voluntary movements with the foot are impossible, and the motions communicated to it by the hand are very limited in every direction, or rather, there is no motion at all, and great pain when trials are made. No attempt at reduction was made the same evening, it being agreed that they should be put off until the next morning, when chloroform would be used; but M. BOYER, aware of the difficulties in the way of such a reduction, and considering the solid impaction of the bone, made up his mind, in case of failure, to remove the astragalus. The patient and his friends were therefore apprized of the gravity of the case, and of the possibility of an operation being performed. Meanwhile continuous irrigations of water, at the ordinary temperature, were ordered to the part; a composing draught was given, and a pretty large amount of blood taken from the arm. The next day the foot presented little alteration, except some ecchymosis, particularly on the inner part of the joint; there was very little fever, but the patient was very anxious and uneasy. Anæsthesia was induced by chloroform, and as soon as it was complete, two assistants were desired to make counter-extension on the thigh, the leg being half flexed, with the inner aspect looking upwards. Two other assistants placed each one hand on the heel and the other on the foot, to make extension, and rendered it very effectual by superposing their hands. In spite of the slight hold thus obtained, a considerable lengthening was effected, owing to the relaxed state of

the muscles. M. Boyer, seizing then the external part of the joint with the four fingers of each hand, tried to push the astragalus into its place, by pressing it with both his thumbs. The bone was easily driven into the place made by the extension, but it retained its vicious direction, and the displacement recurred immediately the extension was lessened. Several such attempts having failed, the surgeon seized the moment when the limb was considerably extended, and pushed the external margin of the foot very powerfully with his knee, so as to produce an exaggerated adduction of it, whilst, at the same time, he pressed with all his might on the superior border of the astragalus with both his thumbs. This contrivance was followed by complete success. The displaced bone turned up, and resumed its wonted position with a loud crack, which was readily felt by all those whose hands were upon the patient, and heard by all unprofessional persons in the room. The deformity had completely disappeared; the hollow under the external malleolus was filled up; under the internal, where the skin had been stretched by the articular surface of the astragalus, a sort of fluctuation was now perceptible, without any tension of the integuments, owing very probably to an effusion of blood. The shape of the foot became again normal; passive and even slight voluntary motion gave no pain. A rather tight roller was applied, from the toes to the leg, and the irrigations were continued. Four days afterwards the irrigations were given up, and a simple roller, wet with lead lotion, was put on. No feverishness occurred; the ecchymosis and the sanguineous effusions were gradually absorbed, and the patient, although not allowed to walk, was, in the space of a month, in a very satisfactory state, and it was hoped that no lameness whatever would be left. Further accounts have shown that these hopes were well-founded; the patient is completely cured, and walks well. Both the surgeon and his patient may be congratulated on the happy issue of this case. It is clear that the inhalation of chloroform had a large share in the success of the treatment, and although it can hardly be said that without it the reduction would have been impossible, it seems pretty certain that M. Boyer would have had to surmount greater difficulties had no anæsthesia been induced.

Moral Therapeutics.

THE efficacy of moral means in nervous affections has been lately instanced in a case published in the *Journal de Médecine de Toulouse*. Dr. GAUSSAIL had under his care a lady of an hysterical habit, who became affected with blindness and hemiplegia. Against these distressing symptoms no remedial agents, but the instillation of hopes kept up by religious observances, were used, and the patient slowly and gradually recovered the full enjoyment of health.

SALICINE IN CHOLERA, &c.

To the Editor of THE LANCET.

SIR,—Having prescribed salicine in doses of from two to five grains in cases of obstinate sickness and diarrhœa, with very marked success, I wish to make it known to the profession through your pages, as it may prove very serviceable in many cases of diarrhœa, and particularly in those attended with cramps, rice-water evacuations, deficiency of urine, &c. In these cases, whether genuine cholera or not, I have administered the salicine with immediate alleviation of the symptoms. In no one case have I ever observed the sickness to return, and I have now notes of upwards of twenty cases.

I hope some of my professional brethren who have such cases under treatment will give it a trial, as I feel convinced it is possessed of therapeutic properties very serviceable in this class of diseases.—I remain, your obedient servant,

Derby, Nov. 22, 1848.

AMOS BEARDSLEY.

PROLAPSUS OF THE UMBILICAL CORD IN THE THIRD MONTH OF PREGNANCY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of November the 4th there is an accidental error in the report of the Westminster Medical Society, page 507, under the head of "Case of Prolapsus of the Funis at the second month of Pregnancy." It should have been, at the expiration of the third month: this is an important difference, and I trust, therefore, you will allow this correction to be made in your next number, and oblige

Oxford-square, Hyde-park,
Nov. 20, 1848.

Your obedient servant,

I. B. BROWN.