

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Report of an Exsection of two and one-half inches of the Right Tibia ; Recovery. By W. KEMPSTER, M. D., of Syracuse, N. Y.

Private Alfred Lynn, Co. F, 47th Regt. Pa. Vols., aged 18, German, was wounded at the Battle of Cedar Creek, Va., Oct. 19th, 1864, by a ball which struck the right leg, near the junction of the middle with the lower third posteriorly, and passed directly through, shattering the tibia.

On admission to the hospital (Oct. 23d), he complained of intense pain in his leg, and great weakness; the wound of exit presented a ragged appearance; several large pieces of bone protruded, but they were not detached from the shaft; the fibula was uninjured. He stated that the wound bled profusely at first, and his appearance indicated that he had lost considerable blood; hence it was inferred that the posterior tibial artery had been injured. It was decided that as soon as the patient had gained sufficient strength, or in the event of hemorrhage, the leg should be amputated; in the mean time it was put upon hair pillows, and dressed with oakum, the wounds being occasionally washed with a weak solution of permanganate of potash.

Eight days after admission, the patient having improved in health and spirits, it was decided to amputate the limb; but he strenuously objected, and declared that he would rather die than lose his leg.

Exsection presented the only alternative; he expressed himself willing to undergo any operation short of amputation.

The patient having been brought under the influence of chloroform, an incision four inches long was made, over the spine of the tibia, running through the wound of exit, and down to the bone, which was found extensively comminuted for a distance of two inches; the spiculæ were connected with the upper portion of the shaft; these were detached, and the upper and lower portions of the tibia cut smooth with Liston's forceps; the parts then had the relation to each other of an oblique fracture, with the loss of two and one-half inches of bony structure; the edges of the wound were brought together, and maintained by sutures, and the leg placed in an easy position on pillows. The patient bore the operation well; there was but little hemorrhage.

Nov. 10. Wound looks well, granulations healthy; general health good.

25th. A hard tumour can be felt occupying the space made by the exsection, and enveloping both ends of the broken shaft; the wound is discharging laudable pus, and is healing rapidly.

Dec. 11. The tumour, which is evidently callous, is larger, a nodulated border can be felt, corresponding to the spine of the tibia.

30th. Upon grasping the upper and lower fragments, and endeavouring to move them, no motion can be felt; the callous retains its size; the patient was allowed to leave his bed to-day for the first time.

From this period the case progressed slowly but favourably; the wound of exit alternately closing and opening; the callous grew gradually smaller, giving the leg a natural appearance; in March, 1865, he could put his foot

to the floor, and bear about fifty pounds upon it; in May, he was able to walk short distances, by favouring it slightly; both wounds had healed.

It was with many misgivings as to the probable result that we performed the operation; and it is our belief that the favourable issue was in great measure due to the *perfect quiet enjoined*; the patient was not allowed to leave his bed for two months; and the foot did not touch the floor under three and one-half months.

Since the above operation was performed we have met with two other cases of the same kind; in one, three inches of the bone were removed; in the other, not quite two inches; both were the result of gunshot wounds, both were in the continuity of the bone, and both recovered with serviceable limbs.

It is to be regretted that this operation has not claimed the attention it deserves. We are fully persuaded of the importance of exsection in the upper extremities, and, should a similar case occur in the course of our practice, it would be treated like the above.

It is a source of disappointment that we had not tried this operation before, believing that some useful limbs might have been saved; but having heard the operation of exsection of the lower extremities denounced *in toto* by our seniors, it is not surprising that we also should entertain similar views, until compelled to relinquish them by force of circumstances.

Case of Paralysis of the Median Nerve. By J. W. MOORMAN, M. D., of Hardinsburg, Kentucky.

I was called on the night of the 15th of September to see a farmer, aged about thirty-eight years. He had been ill for several days with fever of a remittent type, for which a neighbouring practitioner prescribed sulphate of quinia in large doses.

Six hours before I arrived he had, while delirious, fallen from a door some four feet high on a pile of stones. I found him easy except the pain from a few slight wounds of face and neck incurred in falling. Along the whole length of both arms there was a numb dead feeling, or rather want of feeling, and almost total incapacity of motion. Arms cold, pulse at radial artery weak and slow, bowels torpid.

On examination of spinal column, found space over sixth and seventh cervical vertebræ much bruised and very sore. The case I diagnosed to be one of concussion of spine. Ordered calomel and rhei, āā gr. v, to be followed in four hours by a full dose of castor oil and turpentine. Antiphlogistic regimen for several days.

Sept. 20. Patient is up. Still has numbness in his arms, can use them slightly; considerable soreness over cervical region; no febrile symptoms; appetite good, bowels regular. R.—Quin. sulph. gr. xl, morphia sulph. gr. iv, strychnia gr. j. M. ft. pil. no. xxx. S. One three times a day. Apply blister, four by six inches, over cervical region.

25th. No unnatural feeling in left arm, pain in right arm along the line of the median nerve, complete loss of motion in right thumb. Still some soreness over cervical vertebra. Appetite good; suffering some with diarrhœa. R.—Linimentum ʒij ; tr. arnica, tr. nux vomica, āā ʒj . M. ft. liniment., to be rubbed along the line of the pain; continue use of the strychnia; apply second blister higher upon neck.

30th. Very little soreness; pain in right arm continues; considerable irritation of bowels; twitching of muscles. Ordered opium and sulphate zinc for the diarrhœa. Discontinue strychnia. Continue liniment.

Oct. 5. Improving; can use arm in ordinary labour; experiences con-