



A. S.—, aged thirty-three, a miner, consulted me about eighteen months ago, regarding his knee-joint; on examining which, I came to the conclusion that he was suffering from caries of the articulating surfaces of that joint to such an extent as to render it necessary either to amputate the limb or attempt a cure by excising the joint. Having had some conversation with Dr. Brotherston regarding the latter operation shortly before this patient came to me, and believing this to be a favourable case for that operation, I sent him with a note to one of the surgeons of the Royal Infirmary of Edinburgh. He remained in that hospital several weeks, and getting tired of it returned home, having undergone no operation. His knee got worse, and he placed himself under the surgeon of his collier. About the middle of October, 1856, that gentleman proposed to excise the knee joint, which he did on the 31st of October, a medical friend and myself being present.

On laying open the joint, we found the patella firmly adherent to the femur, the end of which was rough and denuded of its cartilage to a considerable extent. The outer half of the head of the tibia was excavated by caries to the depth of half an inch, and the head of the fibula was rough and gritty. After removing about three-quarters of an inch from the femur, and above an inch of the heads of the tibia and fibula, the parts were brought together, the patella being left, the limb was placed on a splint with a very slight double incline. The case at first promised to do well; one or two abscesses formed, which were opened, and in three months the man was sitting by the fireside; but he made no further progress, and in April, 1857, began to lose flesh; the discharge from one or two fistulous openings increased. He continued to lose strength, but would not submit to amputation, which was urged upon him, till the beginning of July, when he begged me "to come and

cut his leg off." He was now hectic, sleepless, and had a severe diarrhoea. I requested Dr. Girdwood, of Falkirk, to meet me in consultation, and that gentleman concurring with me as to the propriety of amputation, I amputated the limb in the lower third of the thigh, Dr. Girdwood and his son assisting me, by a combination of the circular and flap operations. In three weeks the patient was on crutches, and in three months he resumed his ordinary employment.

Now, this will be registered as a case in which resection did not succeed in saving the limb, and risked the patient's life for no good end. But I beg the attention of surgeons to the accompanying cuts, which are strictly accurate, and the cause of the ill success will, I think, then appear to them as it does to me, that not enough of the bones was removed, that it was a partial operation, that the obliquity of the section of the femur backwards and upwards would cause distortion or acute flexion of the limb if the osseous surfaces had been placed in apposition; but Dr. Myrtle, who was present at the operation, says, "the limb was placed on a slight double incline." Therefore there must have been a considerable gap between the surfaces of the tibia and femur. The oblique direction in which the saw was carried, leaving the patella adhering to the femur, must have been a far more difficult performance than sawing the bone straight across, as ought to have been done. There was no want of skill in the use of instruments; but the dexterity was somewhat misapplied, which was unfortunate, not only because it disappointed the surgeon and his patient, but as it may tend to retard the general introduction of this very excellent operation into a part of her Majesty's dominions where at present it is rather unpopular and very rarely performed.

India-street, Edinburgh.

REPORT OF CASES IN THE ROYAL MATERNITY CHARITY,

WESTERN DISTRICT.

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(Concluded from p. 384.)

In the 12 cases of hæmorrhage following the birth of the children,—in the three cases appearing before the placenta came away, the afterbirth was at once removed; cold and pressure applied. In one of these three the umbilical cord was broken by the fall of the child under precipitate birth, the patient at the time standing, in which posture she was found when assistance reached her. In two of the three there was morbid adhesion of the placenta, which required artificial detachment. All these patients did well.

In the nine cases of flooding, which set in after the removal of the placenta, in all the placenta had come away entire; the flow, with one exception, resulted from a relaxed state of the uterus. A draught of cold water was given, cold applications made to the vulva, and a firm bandage and compress applied. In one case convulsions appeared, seemingly from the loss of blood, and brandy was required to sustain the patient. In one, the labour, primiparous, had been only of an hour's duration. In one case, the hæmorrhage, which appeared on the twelfth day after delivery, was of the active kind, not proceeding from a relaxed uterus. The patient had been much distressed and excited by a seizure of her furniture for rent. She was at length greatly reduced by the flooding; but with an adequate supply of nourishment and stimulants obtained for her, and with the help of tonics, she was restored to health.

One case of passive hæmorrhage which supervened after the attendant left, proved fatal by exhaustion on the twelfth day after delivery.

In the case of *puerperal convulsions* before and after delivery, in a primipara, aged nineteen,—the os uteri was at first very little dilated; the pulse hard, full, and bounding; the tongue had been wounded during the convulsive action of the muscles of the jaw. The patient's previous health had been apparently good; there had been no ascertainable cause of excitement beyond that of a first gestation, and she was not of a robust habit, or of that appearance and conformation considered as predisposing to this disease, in common with apoplexy. I could not in this case, as I have sometimes traced in others, find that it had originated in any mental emotion. It appeared afterwards that the bowels must have been neglected before labour. The treatment consisted of venesection, purging, the application of cold to the head, and delivery by the forceps, as soon as the os uteri and genital passage would permit of their employment. The child was still born; the placenta came away easily. The convulsions returned after delivery, but in less violence than before, and continued more or less for five days. The nape of the neck was blistered; cold applications were made to the top and front of the head, according as they were indicated; the bowels, which appeared yet loaded, were freely relieved by enemata and by calomel with croton oil. The patient had a good recovery.

In the case of *rupture of the uterus and vagina*, which occurred in March, 1857, the patient's age was thirty-six. It was her ninth labour. The child was born by a head presentation, a female, and not large. The labour was rapid. The "waters" had escaped at two P.M.; labour did not set in till six P.M.; indeed, at half-past four, the os uteri was ascertained to be closed, and the patient was left sitting at the tea-table with her family, not yet complaining of pain. Not till a quarter-past eight was the midwife sent for, on active pains commencing. She arrived at half-past eight, and found the child lying dead on the bed in a pool of blood. The flooding continued, notwithstanding cold applications and bandaging, till near the patient's death, which took place at about ten o'clock the same evening.

At the post-mortem examination, made by order of the coroner, a laceration was discovered extending through the neck of the uterus and upper part of the vagina on the left side, not involving the peritoneal coat, under which there was found extravasated in patches some coagulated blood. To the naked eye, there was no apparent pathological condition of the parts to explain the lesion, but we must presume, though we cannot decide positively in the absence of chemical and microscopic inquiry, that an action of the uterus urged the child downwards so strongly against a tissue weakened by degeneration of the natural tissue, that the fatal rent, which took place coincidentally with the birth, occurred as a necessary result.

The deaths of mothers in the above 2449 deliveries, from all causes, were therefore three, or 1 in 816; and none occurred in the course of illness from puerperal, or, indeed, from other diseases, while under the Charity's care.

Of the still-births—

27 were premature, at various periods of gestation; 11 of these were putrid, 5 syphilitic.

6, putrid, at near full time; one of the patients had had a fall a fortnight before delivery.

The following were at full term:—

1, a protracted labour, under a head presentation.

5, breech, of which 3 were males.

1, a breech and funis presentation.

1, a footling: the case where the cervix uteri contracted spasmodically round the neck of the child after the birth of the body.

2, head and funis presentations.

1, a shoulder and funis presentation, with hæmorrhage.

1, a shoulder presentation, delivered by embryotomy.

1, an arm presentation, delivered by turning.

1, an elbow presentation, ditto.

1, hand and funis, ditto.

1, puerperal convulsions, delivered by the forceps.

1, in the case of rupture of uterus and vagina, most probably from the attendant hæmorrhage.

1, the second of twins; birth delayed two hours, completed by the ergot of rye.

2 were twins, males, at full term, but no cause known.

Of the remaining cases, all that is known is, that they were single births, and not attended by any complication or difficulty.

The diseases under treatment during the puerperal month were as follows:—

Breast abscess, one case, poulticed and incised.

Varicose veins, with severe suffering, and loss of sleep, one case. The same had occurred before and after previous deliveries. An elastic roller, regulation of the diet, with mild aperients, soon restored the patient to ease.

Chronic bronchitis, two cases treated by the usual measures, with perfect relief.

Peritonitis, six cases, treated antiphlogistically, most by leeches only, followed by hot poultices, and laxatives; others more severe required general bloodletting. They all recovered.

Hysterical palpitation of the heart, no organic disease, one case; antispasmodics, &c.

Hysterical convulsions, antispasmodics, &c.

Fever from drinking spirits and porter, one case; the obvious treatment.

Phthisis, two cases; somewhat relieved at last report.

Harley-street, Cavendish-square, 1858.

SKETCHES OF SOME

OF

THE TROPICAL DISEASES.

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(Continued from page 338.)

TREATMENT.—In this, two great principles may be said to be clearly predominant above all others. The first is, that we should arrest as quickly as practicable the paroxysms of the disease, for a continuance of them brings about a cachectic condition of the patient, leading to numerous secondary lesions, favouring the continuance and promoting the return of the

disease. The second is, that although complications such as have been described exist, the especial object of our general treatment must be, first, to attack the fever, for by it the intensity of the local complication, whatever it may be, is augmented, more especially during the paroxysm; but with a decrease of the ague comes a decrease in its severity, or even its total subsidence, therefore the employment of remedies for the local lesion may take place along with, although holding a subordinate place to the antiperiodic.

The treatment of agues, although all the types run one into another, still naturally divides itself into that which is required for the simple dynamic and adynamic types, and this, again, may be subdivided into that necessary during the paroxysm, the intermission, and the termination or stage of convalescence.

In the simple types, few words are necessary before commencing this subject. Sometimes merely rest, with clearing out the bowels, conjoined to slight abstinence, are quite sufficient for effecting a cure; or, if antiperiodics should be requisite, their exhibition is rapidly successful, whether the patients are Europeans or natives of India.

The alvine, biliary, and all excretions, must always be carefully attended to in all cases of fever, or congestions will be favoured. At hill stations, a stiff dose of brandy-and-water will often cure a native in whom cold alone has been the exciting cause. During the paroxysm our principles of treatment are, to protect the important viscera, which object will be effected by guarding against congestions in the cold; too great vascular reaction in the hot; and relieving the whole system by the promotion of perspiration in the sweating stage; but at the same time we must be cautious and not proceed too far in the last, and so induce fatal exhaustion.

In the cold stage, if the tongue is foul, emetics may be exhibited, by which it, and also the paroxysm, appear at times to be shortened; the feet may be put into warm water, to which mustard may be added, or hot bottles or bricks be applied to them; the body should also be well covered up and kept as warm as practicable.

Opiates as a remedy are of great use in agues: given in conjunction with an antiperiodic, before the accession of a paroxysm, they sometimes augment their efficacy, probably by soothing nervous irritability: if there is want of rest during a paroxysm, and the pulse remains good or not much depressed, they are useful, but should not be administered at any time when there is a tendency to death by coma, or to one by asthenia, near the termination of a paroxysm. When symptoms appear to tend towards delirium tremens, in old drinkers, opiates are advisable.

Digitalis has been also recommended as a remedy for restlessness, when the action of the heart is excessive. The same rules as those necessary for the exhibition of opium must be observed in its employment.

In the hot stage, the patient should only be lightly covered; diaphoretics and cooling drinks are useful, to bring on perspiration, which may even be promoted by an emetic, if not previously administered. The remedies most appropriate are James's powder, tartar emetic, neutral salts, nitrates of potash and soda, according to the symptoms present, and the patient on whom the medicine is to be employed. Mixtures of sulphate of magnesia and tartar emetic, though decidedly serviceable in some cases, not unfrequently produce irritation of the bowels, and, as a rule, should be avoided. Should headache be severe, cloths damped in cold water or vinegar-and-water may be applied to the head, with cupping or leeches to the temples.

In the sweating stage, diaphoresis, unless too profuse, should not be checked. Purgatives may be administered if the bowels have not been freely moved without them, or they have not been given before, for vitiated secretions in the bowels cause irritation there, and tend, by such irritation, to keep up the tendency to fever. Care must be taken that there is not retention of urine; if necessary, it must be drawn off with a catheter.

In the intermission, the diet must be regulated and exposure avoided, whilst antiperiodic remedies must be administered, by far the most important of which is quinine; but to avoid needless repetition, it will be easier to examine it, and some other antiperiodics, together, at the end of these remarks on the treatment of agues.

The powers of the imagination exercise considerable influence over this disease; thus, placing a tourniquet on one of the patient's limbs, about an hour before a paroxysm, and directing him to screw it tight if he feels it coming on, will at times, in an European—at least if his belief in the remedy is implicit—prevent or postpone an attack. The Turks are said to blister