[Appendix to a Treatise on dislocations].

Contributors

Cooper, Astley, Sir, 1768-1841.
University of Glasgow. Library

Publication/Creation

[Place of publication not identified] : [publisher not identified], [cbetween 1800 and 1899?]

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APPENDIX.

Since the publication of the former Edition of this Work the following Cases have occurred in my practice, or come to my knowledge through the kindness of my friends.

ON

DISLOCATIONS OF THE THIGH.

Of these accidents three cases have happened. One was admitted into Guy's Hospital of dislocation in the foramen ovale. For the particulars here detailed, I am indebted to Mr. Key, assistant-surgeon of the Hospital. A second occurred under the care of Mr. Tyrrell, in St. Thomas's Hospital; and for the history of the third, I am indebted to Mr. Maurice, surgeon, at Marlborough.

Dislocation of the Foramen Ovale.

Stephen Holmes, aged forty-one, while working in a gravel pit, at Camberwell, was suddenly overwhelmed by a large mass of gravel falling upon him, and remained buried till dug out by his companions. When the gravel was removed, he was found in a sitting posture with his legs widely separated, and unable to approximate them. In this position he was brought to Guy's, about seven o'clock in the evening, an hour after the accident had happened, and was placed under the care of Mr. Carey, dresser to Mr. Forster.

Being undressed and placed in bed in the recumbent posture, he was seen lying with his left thigh bent upon the pelvis, his knee consequently elevated, and the whole limb fixed at a considerable distance from the other. On carrying the eye to the upper part of the thigh near the hip-joint, a considerable change in form was manifest; the projection of the trochanter was entirely lost, and in its place a deep hollow was perceptible; and at the inner part of the thigh, near the pubes, a distinct projection appeared, having the form of the head of the bone covered by the adductor muscles. From these general appearances we regarded the accident as a dislocation of the femur into the foramen ovale of the pelvis, and proceeded to make a more minute examination of the limb to ascertain the precise nature of the injury.

The man was desired to rise from his bed and sit on the edge of it, which he did without inconvenience or pain; in this position his left knee projected at least two inches and a half beyond the sound limb; this apparent elongation of the leg arose principally from the oblique bearing of the pelvis, the real lengthening being afterwards ascertained to be not more than an inch and a quarter. In the erect posture, which he maintained with some difficulty, his body was bent forward in consequence of the pelvis projecting over the thigh; the knee was bent, and the toe, which was slightly inverted, rested

on the ground; the whole limb was advanced before the sound one, and remained in a state of abduction. He was then laid upon a firm table on his back, and the capability of motion in the limb carefully noted. His knee was first bent toward his breast without any difficulty, and to as full an extent as the opposite limb; the power of abduction was also complete, and the attempt not productive of pain; but extension and adduction of the thigh were the motions most impeded. When the limb was made to approximate the sound one, which could not be done without producing pain and numbness on the inner side of the thigh, the patellæ remained eleven inches distant from each other; and as soon as the hand was withdrawn from the ancle, the leg flew outward with a spring from the reaction of the two small glutœi. The limb could not be carried backward, but remained permanently bent at the hip-joint, and when any attempt was made to fix it, he complained of great pain in the direction of the psoas and ileacus muscles. The depression observed at the site of the trochanter was such as to render it difficult to feel that process; while on the inner side of the thigh a distinct projection was formed by the head of the bone, which could be felt under the adductors. These latter muscles were rendered very tense by the projecting bone. The nates appeared to preserve their usual form.

Reduction.—Having never had an opportunity of witnessing this kind of dislocation since my attendance at the hospitals during the last eight years, I wished to see how far the method of reduction which you have laid down was applicable in the present case. Your last publication on dislocations being in the hands of one of the students we referred to the plate, and proceeded to apply the pullies and bandage in the manner there delineated. The apparatus being once carefully and securely adjusted, required no alteration, as it neither slipped from its situation, nor occasioned any inconvenience to the patient. Extension was then made by drawing the displaced limb across its fellow, while the pullies drew the head of the bone outwards; but in doing this we ran some risque of throwing the head of the femur into the ischiatic notch, for the thigh being large and fleshy at the back part, when drawn across the other, was necessarily carried somewhat forward, and thus tilted the head of the bone backward; had any alteration taken place in the situation of the head of the femur during this extension, it would have been carried under the acetabulum into the ischiatic notch; it was therefore thought advisable to carry the leg behind the sound one, and as soon as this was done, the head returned with an audible crash into the acetabulum. The whole extension occupied fifteen minutes.

This species of dislocation of the femur is by far the most easy of reduction of any that has come under my observation, and it may be presumed that had the leg at first been carried behind instead of before the other, the replacement of the limb might have been effected immediately. Where the limb is large, it is impossible to carry it in a right line across its fellow, and perhaps in order to avoid the danger to which I have alluded, and which I have often heard you point out in your lectures, it would be as well to adopt the line of extension which in this instance answered so well.

October 15, 1822. This patient could stand by the side of his bed without support in a week after the accident.

Guildhall, February 7, 1823.

My Dear Sir,

I take this opportunity of giving you the particulars of the case of dislocation on the pubis, which you wished for.

Charles Pugh, aged fifty-five, a cooper, about the middle size, on the evening of the 23rd January, during the time he was making water at the corner of a street, was struck on the back part of the right hip by the wheel of a cart; and the blow knocked him down. He was taken up by some persons passing, who, finding that he was not able to walk, took him to St. Thomas's Hospital. The accident happened about

nine o'clock in the evening, and I was sent for between twelve and one o'clock, when I found a dislocation of the right femur on the pubis, the particulars of which were as follows:—

The head of the bone could be distinctly felt below Poupart's ligament, immediately to the outer side of the femoral vessels. The foot and knee were turned outwards, with very little alteration in the length of the limb. The thigh was not flexed towards the abdomen, and was almost immoveable, admitting only of partial adduction and abduction. The limb could be rotated outwards, but not at all inwards. I immediately had the man taken into the Operating Theatre, and speedily succeeded in reducing the dislocation by the following means:—the patient was placed on his left side, a broad band was passed between the thighs, and being tied over the crista of the ilium on the right side, was made fast to a ring fixed in the wall. A wet roller having been put on above the right knee, a bandage was buckled over it, and its straps attached to the hooks of the pullies, by which a gradual extension was made, drawing the thigh a little backwards and downwards. When this extension had been kept up a short time, I directed another bandage to be applied round the upper part of the thigh close to the perineum, by means of which the head of the bone was raised, and in the course of a few minutes the reduction was easily

accomplished. The patient had not been bled or taken any medicine, he suffered but little after the reduction, and was able to walk without pain or inconvenience five or six days afterwards. On the day following the accident he could move the limb freely in all directions without pain, but did not attempt to walk until the period I have mentioned.

If I have omitted any points, or you have any wish for further particulars, a message or a note by post, will much oblige

Your's very sincerely,

FREDERICK TYRRELL.

Surgeon to St. Thomas's Hospital.

Marlborough, Feb. 12, 1823.

Sir,

Permit me to send you the following case of dislocation of the thigh-bone on the dorsum of the ilium.

George Davies, aged 35, on the first of the present month, in descending a flight of steps at a mill in this neighbourhood, with a sack of wheat on his back, missed a step or two, and in endeavouring to regain his footing, the whole weight of the load fell upon him, and the violence of the shock bore him down several steps lower, where he lay totally incapable of further motion till assistance was procured.

He was then conveyed to the adjoining village. On examination, the limb was found considerably shorter than its fellow, the foot turned inwards and resting upon the tarsus of the other leg. The head of the bone was distinctly felt, lodged among the glutei muscles. All the other symptoms were unequivocal. In about three hours after the occurrence of the accident, due preparation being made, thirty ounces of blood were taken from the arm, the pullies were adjusted according to your directions, and gradual extension being made, the head of the bone was eventually brought on a line with the acetabulum; a towel was now passed under the thigh by which means the bone was elevated, and suddenly, with an audible snap, it slipped into its proper cavity. The man is going on well, but as he is still suffering from the effect of the contusion, he has not been allowed to make much use of his limb.

I am, Sir,

Your's respectfully,

T. MAURICE.

P.S. The reduction was accomplished in about ten minutes.

OF

FRACTURE OF THE NECK OF THE THIGH-BONE.

I HAVE stated it to be a general principle, that the neck of the thigh-bone, when it is broken within the capsular ligament, and attended with the usual characters of that fracture, viz. occurring in advanced age, a limb shortened, from one inch and a half, to two inches and a half, accompanied as it usually is by an everted knee and foot, such fracture does not unite by an ossific process, but by means of a ligamentous substance passing from the capsular to the reflected ligament, and from bone to bone.

Since the publication of the first edition of this work, I have had the curiosity to ascertain the number of specimens of un-united fractures of the Cervix Femoris, contained in the

different collections of the United Kingdom, and I find them to be as follows :—

In the Museum of St. Thomas's Hospital we have seven specimens, five of which are human, and two are the result of experiments on animals.

Number of Specimens.

In St. Thomas's Collection - -	7 specimens
In the College of Surgeons - - -	1 ditto
In St. Bartholomew's - - -	6 ditto
At Dublin - - - - - -	12 ditto
In Mr. Langstaffe's of Basinghall-street	6 ditto
In Mr. Bell and Mr. Shaw's - -	6 ditto
In Mr. Brooke's - - -	2 ditto
In Dr. Monro's - - - -	2 ditto
Mr. Mayo's Collection - - -	1 ditto
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The main principle upon which this want of union depends, I have endeavoured to shew, exists in the lessened nutrition of the head of the bone ; from the bone, periosteum, and reflected ligament being torn through, and the ligamentum teres being

* I intentionally exclude mentioning the numerous cases I have seen in the practice of my profession, in the living subject, of un-united fractures of this description.

the only source of supply of blood to the head of the bone which remains in the acetebulum ; the arteries of the ligamentum teres are small, and do not appear to have the power of secreting ossific matter, as the head of the bone undergoes scarcely any change after the accident.

But the best proof of the difference of a fracture within, and one external to the ligament, is given in a preparation of Mr. Langstaffe's, *in which a fracture has happened within the ligament, and another external to it, and whilst the latter is seen firmly united, the former has undergone no ossific change.

It is of great importance to determine if this want of union be a general rule or not. In the forty-three cases which I have given, does the non-union depend upon the structure of the parts and seat of the accident, or on the surgeon's ignorance and inattention? It is my belief, that the permanent lameness, the crepitus, the shortened state of the limb, and its everted position, are not in the surgeon's power to prevent or controul; but still, if he has the smallest doubt, either of the nature of the accident or its result, he should employ the means which may suggest themselves to his mind as holding out the hope of a successful issue. (*See page* 140)

* Of Mr. Langstaffe's professional zeal, good sense, and liberal conduct, it is impossible to speak in higher terms than he merits.

There is scarcely any general rule to which some exception may not be found, and I have expressly stated in this work, that "It is possible the neck of the thigh-bone might be broken, without the strong sheath of its periosteum and reflected ligament on the neck of the bone which surround it, being torn; and that, under such circumstances, if they ever were to happen, ossific union might still proceed, but that in such a case, the usual shortening of the limb would not occur." *

Mr. Stanley, assistant-surgeon of St. Bartholomew's Hospital, has kindly shown me a bone, which conveys the idea that the neck of the femur had been broken and united; but it is curious, that the other neck of the thigh-bone, in the same subject, exhibited appearances nearly similar, only external to the ligament. I have in my possession, a fracture of the neck of the bone, and of the trochanter major, in which the periosteum and reflected ligament are not torn, and in which, if the patient had lived, I see no reason why it should not have united. If upon further investigation by Mr. Stanley, it should be found that in his case, the fracture of the neck of the thigh-bone within the capsule, had united, the cases would still remain forty-three to one in favour of the general principle which I have stated. But

* I have, however, seen cases of ligamentous union, even when the sheath remained whole.

in all cases in which a crepitus could be perceived at the joint by moving the thigh, if the leg be but little shortened, I should treat the patient as if the fracture were external to the ligament, although it be internal, as it will have the character of the external, and not that of the fracture within the ligament.

In examining the neck of the thigh bones in old and diseased persons, extraordinary and very unexpected changes will be found. It is very common to observe the neck of the bone in a great degree absorbed, and if a perpendicular section be made of such a bone, near to its cartilaginous surface, the head of the bone will form one portion, the trochanter another, and a portion of cartilage will unite them.

The head and neck of the bone are sometimes so much softened as to be incapable of being removed from the acetabulum without being broken. During the present winter this happened in each neck of the thigh-bone, in a subject in the Dissecting-room at St. Thomas's Hospital.

It often happens, that the neck of the thigh-bone is bent down so that the head nearly touches the shaft of the bone, giving it, to an inexperienced eye, the appearance of fracture. *(See plate* 30, *fig*. 1.)

When the neck of the thigh-bone of some persons is cut through, a line of solid bone will be seen proceeding from its shaft upwards, through the neck of the bone, having the character of a fracture united.

If the edge of the acetabulum be diseased, a projecting circle of bone will be often seen surrounding the neck of the thigh-bone, looking like an united fracture.

These circumstances must be first well inquired into before persons can form a clear judgment upon the subject of fractures, or they are constantly liable to mistake the effects of age and of disease for fractures of the bone.

I shall here take the liberty of subjoining the following letters, one from Mr. Stanley, assistant-surgeon, of St. Bartholomew's Hospital, and Demonstrator of Anatomy at that Hospital; one from Dr. Monro, Professor of Anatomy at Edinburgh, and one from Mr. Colles, Professor of Anatomy and Surgery at Dublin, as each of them is interesting as regards the facts upon this subject.

Lincoln's-Inn Fields, February 25, 1823.

My Dear Sir,

We have in the Museum of St. Bartholomew's, twelve specimens of fractures in the neck of the thigh-bone; six external to the capsule, and united, and six within the capsule. In three of the latter there is no union, and in the other three there is union by ligamentous matter.

I remain, Dear Sir,

Your's most respectfully,

EDWARD STANLEY.

This letter shews the difference of fractures within, and fractures external to the ligaments, in regard to their union.

Edinburgh, February 17*th*, 1823.

My Dear Sir Astley,

In answer to your query respecting fracture of the neck of the thigh-bone, I beg leave to inform you, that I have had an opportunity of examining two cases only after death, and in both of these, the broken ends of the neck of the bone were united by a substance somewhat like to ligament.

I have seen several persons who had, during their lives, a fracture of the neck of the bone, but in all of them a bony re-union had not taken place.

In the catalogue of the Museum, which was bequeathed to the University by my father, mention is made of the fracture of the neck of the thigh-bone which had re-united by a bony union. Upon examining the preparation with attention, it appears to me that there had been no fracture, but a disease in the trochanter major, and that a number of osseous speculæ have shot upwards within the capsular ligament, giving the appearance of an ill set fracture.

Should you wish to have a drawing of this preparation, I shall have great pleasure in sending it to you.

There is also a specimen in the Museum of a fracture of the thigh, about four lines beyond the insertion of the capsular ligament, at the root of the trochanter.

Your's most truly,

ALEXANDER MONRO.

Stephen's Green, Feb. 12, 1823.

My Dear Sir,

Since the receipt of your letter, I have carefully examined all the specimens of fractures of the neck of the thigh-bone contained in both Museums of our College of Surgeons. In that which is appropriated to the use of the School, I find seven instances of fracture within the ligament, each of these have been described in my paper on this subject, in the Dublin

Hospital Reports. Since the publication of that Essay, the Conservator of our College-Museum has collected five specimens of fracture within the ligament. In this Museum are also four instances of fracture external to the condyle ligament. In the School-Museum are two instances of fracture external to the ligament. Of this latter description of fracture, less than one half the number are united by bony union. Of the fractures within the ligament, not one has made a nearer approach to bony union than that described in the paper alluded to. I must say, that I have never yet seen an instance of bony union where the fracture had been within the ligament. We have very many specimens of a disease of the head and neck of the thigh-bone, which is of frequent occurrence amongst our labouring poor. On this subject I have some idea of writing a paper for the next volume of the Dublin Hospital Reports, and of endeavouring to shew, that in all probability the supposed cases of fracture within the ligament united by bone, were merely instances of this disease.

If you have any wish for them, I shall have great pleasure in sending you sections of some of these cases, which I am certain might be passed upon many surgeons for fracture of the neck of the bone.

I am, my dear Sir,

c Your most sincere Friend, A. Colles.

ON

DISLOCATION OF THE KNEE-JOINT.

Cases of dislocation of the knee-joint are so rare, that every case of this accident is worthy recital, and I feel greatly indebted to my friend, Mr. Toogood, surgeon, at Bridgewater, for the following detail of one which occurred under his care.

CASE.

December 5th, 1806.

Francis Newton, a strong athletic man, thirty years old, fell from the fore part of a waggon, heavily laden with coals, and intangling his foot in the frame work of the shaft, was dragged for a very great distance before he was released. I saw him two hours after the accident. The left knee was very much swollen, the tibia, fibula, and patella were driven

up in front of the thigh, and the os femoris occupied the upper part of the calf of the leg, the internal condyle being nearly through the skin; it was a complete dislocation, and the appearance of the limb so dreadful, that I despaired of being able to reduce it; but, to my surprise, it was more easily effected than I imagined. By placing two men to the thigh whilst I extended the leg, the man became directly relieved; the whole limb was placed in splints, and the strictest antiphlogistic treatment observed, with the most perfect quiet; the symptoms were very mild, and by carefully watching him, he suffered very little inflammation or pain. At the expiration of a month, I allowed him to get up, and on the 29th of January, he came into this town, a distance of four miles in a cart, and walked from an inn to my house, with his leg but little swollen and having some motion of the joint. He eventually recovered a very good use of his limb, and walks with so little inconvenience, that he has followed his business of a waggoner ever since, and this day, Nov. 30th, 1822, I have seen him walking by the side of his team with very little lameness.

ON

DISLOCATION OF THE OS HUMERI.

Partial Dislocation of the Os Humeri Forwards.

Mr. Bachelor of Southville, aged thirty-six, fell from a chaise on the 12th of November, and he supposes pitched on his shoulder. On rising he could not move his right arm for ten minutes, when some sudden spasm gave him the power of moving it underhand. Inflammation succeeded, the shoulder became much swollen, with pain down the arm to the fingers, and particularly in the direction of the cubital nerve. On looking at the arm the same evening, he found that the os humeri appeared to be advanced.

It is two months since the injury, and now the hand is benumbed; there is much pain at the insertion of the biceps

into the fore arm, so that he has been often obliged to rise twice during the night to put his hand in warm water.

The appearances are a projection of the acromion, and a hollow beneath it; the head of the os humeri rests against and under the corocoid process, and the scapular end of the clavicle is opposite to the middle of the head of the bone. The biceps muscle was relaxed and lessened; the corocoid process of the scapula was with difficulty felt above, and to the inner side of the head of the os humeri.

The principle of treatment in these cases is to oppose the pectoralis major by a clavicle bandage, with a broad strap over the head of the os humeri, and to bring the elbow forward to keep the head of the os humeri back.

Dislocation of the Os Humeri Backwards.

A man fell from the roof of a coach and struck the point of his left shoulder against a projecting stone. He suffered little pain from the accident, but finding himself incapable of using his arm, he came immediately to the hospital.

Upon examination, I found that the head of the humerus was thrown upon the dorsum of the scapula, where it presented a considerable prominence behind the glenoid cavity, and immediately under the spine of the bone. The vacancy beneath the acromion was not so remarkable as in the axillary

dislocation. The arm was closely applied to the side, and slightly inverted, the elbow being directed rather anteriorly. Free motion was permitted forward and backward, but the limb could not be raised or carried across the breast without great difficulty.

Reduction was easily effected in the following manner:—The scapula being fixed, extension was made, by means of a cloth twisted around the elbow, for about three minutes, when finding no disposition in the head of the bone to return to the cavity, although it was already in close contact with its lower and back margin, I made a fulcrum by my right hand in the axilla, and grasping the elbow in my left, readily succeeded in lifting it into its socket.

J. S. Perry.

House Surgeon's Apartments,
St. Bartholomew's Hospital.

Mr. Perry, without solicitation, had the kindness to send me the foregoing case, for which I am much indebted to him; our large Hospitals in London should be made as conducive as possible to the public advantage by a liberal and reciprocal communication.

Fracture of the Neck of the Os Humeri.

January 1823.

William Mills, aged 72, fell down during the severe frost upon his shoulder, three days after which he was admitted into Guy's Hospital. The arm and shoulder were much swollen, there was also acute pain and discolouration of the integuments; crepitus could not be felt, and from the degree of swelling, it was impossible to ascertain the precise nature of the accident. Leeches and evaporating lotions were applied. The shoulder was again examined on the second day, after the swelling had somewhat subsided, and a fracture of the neck of the humerus was discovered. The pain and swelling again became greater, and gradually increased, the integuments inflamed, having the appearance of erysipelas, the skin became discoloured and gangrenous. He was feverish and irritable, then delirious, and gradually sunk on the tenth day from the accident.

Appearances found on dissection.—The integuments and cellular membrane, on the inner part of the shoulder over the clavicle, were considerably thickened, having a sloughy appearance; and on cutting through the deltoid muscle, a large quantity of bloody matter mixed with serum was effused. The capsular ligament was extensively lacerated, the humerus was fractured through the cervix, also obliquely through the head, and a small spicula of bone was separated from the cervix.

James Mash, *Dresser to Mr. Foster.*

Compound Dislocation of the Os Humeri at the Elbow Joint.

William Dowson, aged 13, was admitted into the accident ward of Guy's Hospital on the 5th November 1822, at twenty minutes past seven o'clock in the evening, with compound dislocation of the elbow-joint, occasioned by a cart in which he was riding, being overturned and falling with great violence upon the elbow of the left arm.

The appearances were as follows:—the condyles of the humerus were thrown inwards through the skin; the articulating surface receiving the sigmoid cavity of the ulna, being completely exposed to view; the ulna was dislocated backwards, and the radius outwards; the lateral and capsular ligaments were torn asunder, with extensive laceration of the parts about the joint, but the artery and nerve remained perfectly free from injury.

By the kind assistance of Mr. Key, the reduction was easily effected in the following manner. The humerus being firmly grasped above its condyles, making that part a fixed point, we gradually extended the fore arm from the position in which it was, (at right angles) and the parts returned to their relative situation, but upon slightly moving the fore arm, the parts became displaced as before; but the reduction was effected a second time as above described, and in the

semiflexed position the arm was dressed with adhesive plaster, and a pasteboard splint put on, previously dipped in warm water, so as to give it pliability in order to adapt it to the form of the part; a roller was then applied, and a sling was attached to the wrist and conveyed round the neck, by which means he was prevented from moving the arm from the posture in which it was placed. He was then laid recumbent, with the elbow resting on a pillow, and the evaporating lotion of our Hospital used, to keep the parts constantly moist and cool. I saw him during the night, and found him generally composed, and that he had slept. Early the next morning he was free from pain, his pulse 112; he experienced much thirst during the day, without any other unpleasant symptoms, except some tension of the parts, by no means considerable; on the following morning, there being some symptoms of inflammation, accompanied with pain in the head, I drew from the right arm ten ounces of blood, which appeared to relieve him; in the evening of the same day he was restless, and complained of great thirst; small quantities of barley water were given to him, and in the evening three grains of hydrag: submur. He slept during the night, and on the following morning the pulse had risen to 121; and febrile action appearing, the julepum ammon: acet: was given to him every three or four

hours, and in the evening his pulse had fallen to 109; he complained of darting pains in the shoulder, and his bowels being in a constipated state, I gave him 3^{3} of ol: ricini, and two hours afterwards he had a copious evacuation, from which he felt easier and much relieved, and he passed a good night. On the following day I found him free from pain and much better. The next day (Sunday) he complained of slight pains in the upper arm, accompanied with a small discharge from the wound. On the following day he was better, pulse 105, and on Tuesday the discharge had increased, but on the three following days it decreased, when I ventured to dress the wound; the granulations were extremely healthy, the parts appeared to be well adjusted, leaving only a small sinus, by which means the discharge escaped. It was again dressed as at first, with the exception of the splint; the lotion was discontinued, the parts being perfectly cool, and the tension much reduced. The bowels being confined, the ol: ricini was repeated, which procured him two stools. On the following day he complained of pains in the shoulder, the discharge was again increasing, but on the four following days he proceeded well; the pulse varying from 98 to 109. On the sixth day from the first dressing I again dressed the wound, the granulations were rather prominent but healthy, and it was dressed with straps of soap cerate during the

six following days; he continued to get better, but on the seventh day from dressing the wound the second time, some inflammation appeared, and the lotion was renewed, the discharge at this time was very slight; on examining the part, an abscess had formed upon the external condyle, which I relieved in a day or two after by the lancet; the quantity of matter discharged was about ℥ij, but quite healthy. The next day he was much better, and from this time until the 24th of December he continued improving, on which day he was able to leave his bed and walk about the ward; by great attention to the use of passive motion, he is now enabled to move the joint to a considerable extent.

Samuel White, Dresser at Guy's Hospital.

I frequently witnessed the progress of this case with the greatest pleasure. A. C.

Lateral Dislocation of the Radius.

Mr. Freeman, Surgeon, of Spring Gardens, brought to my house a gentleman of the name of Whaley, aged 25 years, whose poney running away with him, when he was 12 years of age, he struck his elbow against a tree whilst his arm was bent and advanced before his head. The olecranon was broken, and the radius dislocated upwards and outwards

above the external condyle, and when the arm is bent the head of the radius passes the os humeri. He has an useful motion of the arm, but neither flexion or extension are complete.

Dislocation of the Radius Forwards.

Mr. Tyrrel informed me that a sailor, about 30 years of age, came to St. Thomas's Hospital as an out patient, with a dislocation of the radius forwards, which had happened between six and seven months. The head of the radius could be distinctly felt upon the fore part of the humerus, especially when the arm was bent as much as the nature of the accident would allow, and when the hand was bent as much as it could be towards the fore arm. The position of the limb was half supine; and when the humerus was fixed, the hand could neither be rendered perfectly supine or prone. On the attempt to flex the fore arm, a sudden check to its motion was produced by the head of the radius striking against the humerus. From constant use of the arm after the accident, considerable motion had been re-acquired,* yet the man was anxious for an attempt being made to reduce it, which he was persuaded against, and he went to Guy's Hospital, where the same advice was given to him.

* For he could, although with great difficulty, touch the lips with his hand.

CASE OF FRACTURE OF THE CONDYLES OF THE OS HUMERI.

Portsea, March 5th, 1823.

Dear Sir,

Allow me to recommend to you the bearer, Mrs. Hewett, of Southsea, who met with a severe accident on the 21st of September last, by a fall from a chaise, which occasioned a compound fracture of the left arm, as follows:—the external and internal condyles were fractured longitudinally; the intermediate space which receives the olecranon was quite comminuted, and three pieces of bone were extracted soon after the accident from the external wound; there was also a transverse fracture about two inches and a half above the condyles.—Evaporating lotions were applied during the two first weeks, and the case proceeded favourably. I more particularly call your attention to the wrist of the right arm, which was much injured at the time of the accident, having recommended friction, which I am afraid has been neglected.

If time will permit, your opinion of the above case will much oblige,

Your's respectfully,

THOMAS IVIMY.

This lady has in a great degree re-acquired the flexion and extension of the left arm.

A. C.

Compound Fractures of the Olecranon.

I have seen two cases of this accident in the last six months, both of which have done well.

Compound Dislocation of the Wrist, Ulna Projected, and Fracture of the Radius.

June 21*st,* 1818.

John Winter fell from a ladder upon his hand and knee; the hand was bent back, and the ulna protruded at the inner part of the wrist. Mr. Steel, of Berkhampstead, attended, the bone was reduced, a roller was put around the wrist, and the wound healed very soon by adhesion. In seven weeks he was well, excepting that a slight swelling of the tendons remained for a few weeks longer.

FINIS.