**Case of compound fracture and dislocation of the astragalus / by Thomas Bryant.**

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# CASE

OF

# )MPOUND FRACTURE AND DISLOCATION

OF THE

# ASTRAGALUS.



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By THOMAS BRYANT.

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.. M—, a commercial traveller, æt. 51, of robust frame, of intemperate habits, was admitted into the hospital under care on August 24th, 1859. A few hours previously to admission he was descending from the roof of an omnibus, n he slipped and fell, with the whole weight of his body n his right foot. The ankle then gave way outwards, ting the sole of the foot in; and in that condition he was ught to Guy's. When I saw him, soon after the accident, und the foot twisted inwards, with its inner margin ing upwards; a wound, two inches long, existed beneath external malleolus, through which the lower extremity of the a projected; and hanging from the wound by a small piece membrane was a large portion of the astragalus, including whole of the upper and outer articulating surfaces, marked pon the plate; this was at once removed, together with smaller pieces marked B and C. The tibia and fibula were d, no evidence of fracture existing. The vessels and soft s, with the exception of the wound, were not materially red. The foot was readily restored to its natural position, kept there by means of a posterior and lateral splint;

the outer being an interrupted one, to allow of the application of lint to the wound. Ice was also applied locally, and opium administered internally.

Everything progressed favorably for some weeks; the wound healed, and the man's health appeared to suffer but little; on October 1st a small sinus alone existing.

On October 15th the foot became somewhat œdematous and inflamed, a collection of matter having taken place in the ankle-joint. A free incision into the part gave exit to a large quantity of pus, and the operation was followed by relief. Profuse suppuration, however, continued for some months, the man's powers being kept up by abundance of stimulants and good food; and on January 5th, 1860, the foot had so far recovered as to allow of the man leaving the hospital for change of air. At this time there existed one or two sinuses leading into the joint, and the foot was more œdematous than natural; but it was otherwise in a good position, and was firmly fixed.

On May 6th he was re-admitted into the hospital. His health had been completely re-established by his visit to the country, and the foot was more natural as regards its size; the sinus beneath the outer malleolus was still open, and through it some necrosed bone was readily detected.

On May 16th I cut down upon the part, and removed the portions of bone marked D, E, F, and H. They were evidently portions of the fractured astragalus which had been left after the accident; a large cavity, lined with granulations, remaining. This rapidly closed in, and, with the exception of the discharge of a small piece of bone on June 16th, convalescence was not retarded, the man leaving the hospital on July 10th, convalescent. The sinuses had healed, and the foot was but little larger than its fellow. The ankle was firmly fixed, and the position of the foot was good; the only defect being some slight elevation of the heel, rendering the leg one inch shorter than the other.

On December 15th he was again seen, and with a good leg. He could walk tolerably well, and could without pain bear the whole weight of his body upon the limb. A high-heeled boot was ordered to be made.

On March last I again saw him. He could take free exercise

upon the limb, without the slightest inconvenience, and was well pleased with the success of his case.

I have thought it well to place this interesting case on record, and had intended to have added some observations upon the fractures and dislocations of the astragalus; but the labours of Mr. Turner,[1] Mr. Pollock,[2] and Mr. Broca,[3] render such an act unnecessary, as in their interesting essays the chief points connected with these cases have been elaborately brought out, and the principles of treatment clearly laid down.

[1] 'Transactions of the British Med. Association,' vol. xi, p. 370.

[2] 'Med.-Chir. Transactions,' vol. xlii, p. 39.

[3] 'Transactions of the Surgical Society of Paris,' vol. iii.

## PLATE

*Illustrating Mr. Bryant's Case of Compound Fracture of Astragalus.*

A, B, C. Portions of astragalus removed after the accident.

A—{*a*. Superior articulating facet. *b*. External articulating facet.

B—*a*. Articulating facet.

C—*a*. Articulating facet.

D, E, F, H. Portions of astragalus removed at the subsequent operation.

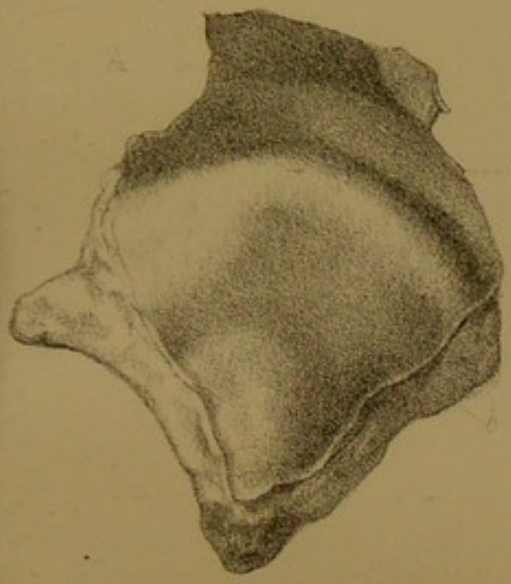
D—{*a*. *b*.} Articulating facets.

E—*a*. Articulating facet.

F. Portions of cancellated structure.

H. Portions of the head of the bone.

PLATE



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