

The Northern Lancet.

Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placed monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.

WINNIPEG, NOVEMBER, 1889.

HOSPITAL NOTES.

CASES TREATED AT THE WINNIPEG GENERAL HOSPITAL DURING THE MONTH OF OCTOBER.

Under the care of Dr. A. H. FERROCKSON, Professor of Surgery in Manitoba Medical College.

Reported by Dr. J. G. Calder, House Surgeon to the Hospital.

DOUBLE AMPUTATION.

O—O—, age 44, Icelandic farmer from Glenboro, admitted October 24, a strong, healthy man with a good family history. Had his feet frozen in Iceland twenty years ago; were then amputated above the ankles, two lateral flaps being evidently made, leaving the cicatrices directly beneath the stumps; the wounds never healed properly, and much of the time he went about on his knees. During the last nine years he has been wearing hollow wooden legs, made by himself. He has been under treatment at various times, but the sinuses leading down to the carious ends of the bones persisted. His left arm has also been amputated below the elbow; his left shoulder is found dislocated and ankylosed, subcoracoid.

Both stumps were removed at one operation by a modified form of Teale's operation, a long anterior and short posterior flap being made, the posterior flap being half the length of the anterior, instead of one quarter, as in Teale's. About two inches of bone were removed from each, periosteal flaps for tibia and fibula, and the fibula was sawn one quarter inch shorter than the tibia, in order to throw the weight of the body more on the larger bone, thus preventing the rubbing together of the two bones during walking and to facilitate the tying of the

interosseous artery. The flaps were brought together by interrupted sutures, the angles left open for drainage, but no drainage tube of any kind inserted.

On second day after operation, evening temperature 100, pulse 72, but no oozing, and patient feels very well.

Third day, evening temperature 100.4; pulse 96.

Fifth day.—Temperature now normal, and patient doing well.

Eighth day.—Temperature still normal; dressings removed to-day and both stumps found perfectly aseptic—right one completely healed, left has a small sinus at one side, but does not reach as far as the bone. Both were redressed antiseptically as before.

Thirteenth Day.—Patient without a bad symptom.

SPINAL INJURY. No. 1.

A—B—, age 35, carpenter, came in from Carman, October 4th. Two days before admission, the wall of a building on which he was working fell, throwing him from a height of seven feet upon a pile of lumber and timbers, his back striking across a stick of timber, the wall falling upon him. He noticed a large lump, about the size of the closed hand, in the lumbar region, slightly to one side of the spinal column. This was accompanied by very severe pain at the seat of injury. On being removed to the house, this lump disappeared. On admission a large bruise was found in the lumbar region opposite the first four lumbar vertebrae, very painful on pressure: the spines of the first and second lumbar vertebrae were separated, leaving a clear space of about an inch; no lateral deviation or crepitus; severe pain in both lower extremities, especially in the thighs, more particularly on right side; was hyperæsthetic below seat of injury; no sleep since accident; had complete control of bladder and rectum. Pulse 72; respiration 24; temperature 99; urine normal.

Treatment.—Horizontal position on a fracture bed. Bowels cleared with a saline. A mixture of aconite, belladonna and opium, in which lint was soaked, was applied locally, oiled silk being placed on