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SURGERY

Simultaneous Triple Amputation for Railway Injury, with remarks on the Technique of Multiple Amputation.

The following remarks made by John Ashhurst, Jr., M.D., before the College of Physicians, of Philadelphia, appear in the April number of *The Jour. of the Am. Med. Asso.*:—"This patient is brought before the College largely on account of the rareness of simultaneous triple major amputations. It is quite possible that some of the Fellows may not have had an opportunity of seeing such a case.

The patient is a Moor, 20 years of age. He was admitted to the University Hospital, November 28, 1887, having been run over on the Pennsylvania Railroad. I saw him within two hours after his admission. I found a compound comminuted fracture of the right leg, the laceration extending above the knee; complete avulsion of the left leg, the limb having been torn off in its lower third; and a compound fracture of a severe character of the right hand and wrist. There was also a compound fracture of the skull, involving the frontal bone. This, however, was an impacted fracture, of course without much depression, and did not require interference. In addition to these injuries there were numerous brushburns and contusions, some of a grave character. One upon the left buttock was so severe that the separation of the slough left a cavity fully two inches in depth. Notwithstanding these serious injuries, the patient's general condition was very good; he had reacted thoroughly, and his axillary temperature 99° F. Under these circumstances I felt justified in proceeding to the immediate removal of the injured limbs, and amputated successfully the right thigh by the antero-posterior flap method; the left leg, about the middle, by a modified Sédillot's external flap operation, the modification consisting in making both flaps from without inward, instead of cutting the external flap by transfixion; and the right forearm by an oval incision, making use of the uninjured skin of the back of the hand and wrist. Certain variations from the ordinary procedure in amputations I shall refer to when I come to speak

of what I have ventured to term the technique of multiple amputations. After the operations were completed, the temperature had fallen only to 98° F. The patient had no bad symptom and rapidly recovered, and as you see him now all his wounds are healed, and he is perfectly well.

I have collected some statistics of synchronous multiple amputations. I am able to find but one instance of *quadruple* synchronous amputation—a case in which the operations were done for frost-bite by Dr. George E. Jackson, of Dakota. There are several cases recorded of multiple amputations, not synchronous, the one which approaches nearest to a synchronous operation being that of Champeño, a French surgeon, who amputated three limbs on one day and the fourth a few days later.

Of synchronous triple amputations there have been reported four successful cases, not including that presented to-night: one by Dr. Kohler, of Shulysill Haven, Pa.; one by Dr. Lowman, Johnstown, Pa.; and two referred to by Professor Agnew, in his *Surgery*, one occurring in the practice of Dr. Stone, of New Orleans, and the other in York, the name of the surgeon not being given. There are reported four or five triple amputations not synchronous. I have myself resorted to synchronous triple amputation in two cases. Several years ago I had occasion to perform this operation, removing both legs and the right forearm of a man *et* 45 years, of intemperate habits. The patient died on the tenth day, the fatal results being due rather to the visceral lesions resulting from alcoholism than to the operation.

Double amputations are comparatively numerous. I have personally performed fifteen such operations, this number not including two successful cases of double partial amputation of the feet. I have done fifteen double major amputations, of which five have ended in recovery. One of the patients who recovered I had the honor of exhibiting to the College some years ago; the amputations in his case were through the right hip-joint and through the left leg. In the fatal cases, seven of the deaths occurred in less than one day, the immediate result of the shock of the injury and of the operation. Three patients died, one in three days, one in four