July 23rd, 6 A. M. Pulse, 112; face flushed; fœtid discharge from the wound.
8 " Pulse 120, after changing bed.
9 1-2 " Pulse 108.
11 1-2 " Pulse 118.
1 P. M. Pulse 118.
4 " Pulse 116.
9 " Pulse 116.
July 24th, 4 A. M. Pulse 120.
6 " Pulse 126.
8 " Pulse 126.
12 M. Pulse 126, difficult to count.

From this time the patient became drowsy; pulse very rapid; aroused with some difficulty. As I was completely worn out from constant watching during two nights and three days, Dr. McDonough kindly relieved me, in whose watch the patient gradually sank and died at six P. M.

In review of this case I would remark that nothing was given by the mouth until an hour after the patient had recovered her senses, when brandy and water, at the rate of one teaspoonful to six of water, was administered every fifteen minutes. Later, beef tea was substituted, being given once in thirty minutes with milk and flour porridge, boiled a long time and strained, with the addition of one-third lime water.

From the commencement to the termination of the case, there was not present the least symptom of nausea, and but once or twice hiccough. The patient from choice voided her urine voluntarily. She did not complain of pain, or even tenderness. There was no meteorism, and not until the second day was there the least discharge from the wound. The patient insisted upon talking and laughing, and was not unfrequently quite rebellious against her attendants. In addition to this absence of so many of the symptoms most unwelcome in the course of any capital operation, and especially abdominal sections, there was also an absence of that peculiar congested condition of the face and conjunctivæ, an expression of the countenance which one will never forget who has seen it well marked. I have never myself failed of observing it in those cases where *ether* had been adminstered in large quantities, and continued for a long time.

The case now reported is probably the first one in which the removal of the puerperal uterus has ever been performed; and it is undoubtedly the most heroic of the bold procedures as yet resorted to by Dr. Storer in extreme gynæcological emergencies. Nothing else could have been done; the patient begged for the chance of life, however small, and it was a matter of surprise to all concerned, in view of the terrific character of the operation, that she could have survived it at all, and still more so for so long a time. It is a question worthy of consideration, in connection with the extraordinary tolerance of primary shock here exhibited, whether the menstrual period, and the parturient one, which normally corresponds to it, may not, after all, be a less dangerous time for operating than it is supposed to be by surgeons. Dr. Storer has recorded a case of ovariotomy, performed in the presence of Mr. Spencer Wells, where he purposely operated during menstruation, and the patient recovered admirably; it being probably the first case in which the section was intentionally, if ever, performed during the presence of the catamenia.—*Gynæcological Journal.*

Selections.

HOSPITAL REPORTS.

Surgical Clinic of W. W. DAWSON, M. D.

Reported by S. W. Anderson, M.D. Resident Physician, Cincinnati Hospital.

POTT'S FRACTURE—THREE CASES.

In Pott's fracture, the fibula is fractured from one to three inches above the external malleolus and the internal malleolus is broken off at its base. The injury is often simple, the bones in such cases are easily reduced and kept in position with but little trouble. Sometimes, however, it is one of the gravest of accidents, baffling the surgeon at every step, in his efforts to make a good and symmetrical limb. Such a case I presented to you in the wards a few days ago. The patient died yesterday from alcoholism, and I propose to dissect the limb in your presence.

CASE I. POTT'S FRACTURE—DEATH OF THE PATIENT.

He was a Polander, aged 42 years, by occupation a bar-keeper. He stated that the evening before his admission he received a kick on the outer side of his ankle, which caused his foot to be thrown to one side with the bottom turned directly outward. On his admission he was extremely nervous and suffered from muscular contractions which dragged the astragalus almost entirely off from the articulating surface of the tibia. The foot was still everted. He was chloroformed and an examination made which showed a fracture of the fibula about one and a half inches above the external malleolus and probably a fracture of the internal malleolus, though this was not positively diagnosed on account of the swollen condition of the part. The inflammation and swelling were so great that it was impossible to adjust apparatus so as to control the great deformity of the limb, and had this patient lived he would have had at best an enlarged, widened and greatly deformed ankle. I warn you, gentlemen, when you are called to such a case as this, not to make rash promises in reference to restoration; give your patient and his friends to understand that they must expect an imperfect limb.

In twenty hours after his reception in this house he showed signs of delirium tremens, he soon after became jaundiced, had no appetite, and suffered considerably from vomiting. The injured limb was very painful and had to be frequently changed from one position to another by various modifications of the dressings. He gradually sank and died on the fifth day.

The specimen which I show you is livid, swollen and greatly deformed; as I cut into it you see escaping a large amount of effused blood, and I find, first, the ligaments of the joint lacerated; next, the internal malleolus broken off on a level with the articulating surface of the tibia, and when I carry the knife over to the fibular side of the leg I expose that bone broken obliquely about one inch and a half above the joint. The dissection gives you