

TREATMENT OF SLOUGHING ULCERS.

In a great majority of cases, the sloughing process had advanced far before the patients were received; in some, as formerly stated, bones were denuded, and tendons and ligaments destroyed. But in very few, even where the destruction was greatest, was treatment by incision omitted; and in those only where, from fever or flux, there was great constitutional debility. The amount of incision was regulated by the extent of disease in the tissues under and around the ulcer. In some instances, where it did not descend below the integuments, the ulcerative process being phagedemic rather than gangrenous, and the destruction neither very rapid, nor reaching under tissues, it was sufficient to relieve the more superficial vessels, and to substitute scarification for what is understood by incision. More frequently, however, it was necessary to use the knife freely, passing it through the skin, and into the underlying cellular structure. Whatever the proper depth might be, the scalpel was carried quickly from beyond the limit of surrounding disease to the ulcer, often through it. The distance between the incisions varied, but was generally less than a quarter of an inch; their direction was most frequently parallel in the line of the limb, occasionally radiated from a circle, clear of the affected integuments, to the ulcerated centre, according to the position of parts, and degree of vascular action. In many cases, it was necessary to repeat the practice; in some, frequently.

The effects of this mode of treatment were generally prompt and most satisfactory. The relief to pain and irritation was often immediate; and, although the remedy was a painful one, patients sought rather than shunned its repetition, upon the recurrence of bad symptoms; so unequivocal was the benefit derived from it.

Instead of sanious fetid discharges from the ulcer—its ashy, livid, or black surface, and abrupt margin—there was secretion of pus, separation of sloughing matter, and a crop of florid healthy granulations; the surrounding parts, which had been tumid, darkly inflamed, or oedematous, or having both conditions combined, became flaccid and shrunken, assuming the pale complexion of health. In no instance did the sloughing action extend to the incised surfaces, which either healed speedily by adhesion, or more slowly, but not less surely, by granulation.—*J. Wilson. Med. Notes on China.*

TREATMENT OF FRACTURE.

Sir B. Brodie gives no sanction to the operation of cutting down on the broken ends of the bones, and sawing off a portion of each of them, for the purpose of procuring union, and supposes that no modern surgeon, having a moderate share of prudence, would undertake it. In reference to the introduction of the seton in these cases, he remarks, that the result of the practice in this country appears to be, that sometimes it is successful in the upper extremities, but that where it has been performed on the lower extremities, as far as he knows, it has only succeeded in a single instance. The operation is uncertain and the result tedious. Sir B. Brodie speaks favorably of the treatment by pressure proposed by Mr. Amesbury, and states that it succeeded perfectly in three cases which were attended with him. This success, in one of these at least, was not so complete as is represented, since it appears that there was so much yielding motion between the upper and lower portions of the fractured femur, "that it was plain that the union could be merely ligamentous." In this mode of treatment the pressure must be considerable, so as to cause some inconvenience to the patient, both from pain and from swelling of the limb below. But the inconvenience is only temporary.

"The principle of Mr. Amesbury's practice is simply that of keeping the ends of the bones in perfect repose, and at the same time applying pressure, particularly on the broken surfaces, so as to keep them in the closest possible contact with each other. Of course no general rule can be laid down as to the mode of attaining this object. In a case of transverse fracture, one kind of apparatus must be employed, in one of oblique fracture another, and in one of comminuted fracture a third. The apparatus will also differ accordingly as it is a fracture of the arm, the fore-arm, the leg, or the thigh. In a case of oblique fracture a very simple apparatus will do all that is required. Secure the limb by fastening it to a single rather broad wooden splint. Apply a pad of thick leather on each side of the fracture, and then a tourniquet, by which the two opposite surfaces of bone may be kept firmly squeezed against each other. By means of the tourniquet the pressure may easily be regulated, and increased or diminished as the

patient can bear it. The best kind of tourniquet is not the common one, known under the name of Petit's, but one which occupies a smaller space, invented by the late Mr. Savigny, and sold by Philip and Whicker in St James' street.

"I do not say, however, that this method always succeeds. I have tried in the case of the little boy whose case I have already mentioned (on whose leg I afterwards used the seton), and without advantage. There was another patient in this hospital on whom it was tried for a considerable time under Mr. Amesbury's observation, and no union was effected; and it appears that Mr. Amesbury met with some cases in his own private practice, in which he has adopted it, and no doubt done ample justice to it, but in which it has failed. Still it has proved a very successful method on the whole, and certainly very much more successful than any other."—*Sir B. Brodie.*

INHALATION OF SULPHURIC ETHER VAPOUR.

Proceedings of the Surgical Society of Ireland.

Dr. Macdonnell said he proposed to bring under the notice of the society this evening a case illustrative of (what, no doubt, every one in the room had heard,) the use of inhalation of sulphuric ether vapour, as a means of producing insensibility under surgical operations. He supposed that at all events many gentlemen present had seen what had been published by him in the *Medical Press* regarding this case; he was, therefore, unwilling to detain the society with a lengthened statement of it now, his principal object at present being to elicit from the society an expression of their opinions respecting the cases to which this wonderful agent may be considered applicable—namely, the cases in which its use might be dangerous or improper, and the cases in which it is only to be resorted to occasionally. Lastly, and not least, he expected that there would proceed from this society—as the proper place for such a purpose—an expression of opinion, pronounced against the incautious use of this agent, either on the part of persons actually ignorant or of those but imperfectly acquainted with its properties. By an incautious use of it a serious injury to this agent would arise as well in public estimation as in that of the profession, and it was a power, he believed, that would prove of immense benefit to suffering humanity. Great discoveries have often been known to suffer materially from an improper application. On these grounds, therefore, he thought it right that the incautious use of the agent under consideration should be protested against, and the earlier the better. He would now state in a very few words the heads of the case, and the principal points that occurred both at the time of the operation and since.

A young countrywoman received a wound over the elbow-joint six or seven weeks ago, and after a fortnight (during which the case was greatly mismanaged) she came under Dr. Macdonnell's care. On examining the wound he had no doubt that the joint was involved, there being profuse discharge, ulceration, and a sinus through which a probe could be passed into the joint. Almost all the cartilage of the latter was found to have disappeared at the time of the operation; a portion of that which covered the cup of the radius and the olecranon process alone remained. Caries had extended through the whole of the rest of the joint, and separated a portion of the inferior extremity of the humerus from the shaft.

In spite of every endeavour to arrest the progress of the disease, hectic very soon set in, together with diarrhoea and bed-sores, the latter having been caused by the patient's inability to move from the dorsal position, the slightest attempt at motion being productive of excessive pain. Under this rapid sinking, it was unanimously decided to operate with the least possible delay. The use of the ethereal vapour had just been heard of in Dublin, so it was determined to try it here. Owing to slight imperfection in the apparatus there was at first some delay in bringing the patient under the influence of the vapour;