

The Northern Lancet And Pharmacist.

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

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WINNIPEG GENERAL HOSPITAL NOTES.

BY W. S. ENGLAND, M.D.

Medical Superintendent.

Case I.--

I. K., a French Canadian, aged 23, was admitted to the General Hospital May 30th, 1890, under the care of Dr. Jones, having come from Rainy River, where he had met with a severe accident, a log having rolled on to his left leg, producing a compound fracture of both bones of the leg, at the junction of the lower and middle thirds.

It took him and his friend seven days to reach the City, after having suffered great hardship from cold and exposure, the transport being a mixed one by boat portage and rail.

Patient received no surgical aid until near the city, when the leg was put in a box-splint and bandaged.

On admission patient looked very bleached and exhausted; bowels very constipated; anoxia; tongue dry and coated; temperature 101.3-5 F to F., pulse weak and rapid; respiration normal. The leg was found to be gangrenous below the knee and the odor emitted was very offensive. There was a great deal of laceration and bruising of the soft tissues about the fracture.

Patient was a strong and well nourished man; occupation, lumberman; habits, always temperate. On May 31st, patient was given ether and the leg cleansed and examined. Although the patient's general condition was very poor, high amputation was decided on, and Dr. Jones proceeded to remove the thigh in the

middle third, by lateral flaps. It was impossible to find perfectly sound tissue for the flaps, consequently, some sloughing was anticipated. The flaps were sutured and the stump drained and dressed. Patient soon recovered from the anæsthetic and felt much easier, the pain being much relieved by the operation; pulse improved; temperature lower and patient slept better.

July 3rd.—Patient continued to do very well, taking his nourishment and stimulants freely; dressed and found the flaps showing evidence of sloughing in two places; relieved tension by removing the sutures, sleep, fairly good; pain relieved by sedatives; perspiration profuse at times.

July 7th.—Patient looking much brighter; pulse 96; respirations 24; temperature 99° F.; bowels opened. Took down the dressing and removed part of the slough, which came away readily.

June 11th A.M.—Patient continued to do remarkably well. The stump was redressed to-day, after removing the remaining slough, thoroughly cleansing with 1-2000 Hgel. 2, and bringing the wound together by a strip of surgeons rubber adhesive plaster drawn around the stump.

Patient seemed very sensitive to pain when being dressed on all occasions, but especially this time; would twitch up the stump from the slightest irritation to it.

June 11th P.M.—Complains of slight stiffness of the lower jaw and neck.

June 12th.—Had a very restless night; severe pain in the stump and startlings when quiet; was given hypodermics of morphia, gr. $\frac{1}{4}$, as often as was considered safe, but without marked benefit, also bromide of potassium and chloral, freely.

The spasms increased in frequency and intensity and chloroform inhalations were resorted to.

Dr. Jones reamputated the bone, which protruded for about $1\frac{1}{2}$ inches. The flaps were trimmed and resutured and the stump dressed.

On recovering from the anæsthetic the spasms became still more frequent and severe, and soon became tonic with exacerbations about every five minutes. The agony now was extreme and chloroform was given by inhalation and continued till the patient died.