

I wish to draw your attention to this subject to day (October 12, 1857), that you may watch the progress of the case, perhaps more especially indeed as there is a great surgical principle involved in the case,—a principle, I say, of great practical surgical importance, which any of you any day may be called upon, even in the most routine practice, to express an opinion about. This principle is the following:—That in all severe surgical injuries of parts, where the great vessels are torn across, and whether the bone be broken or not, we have gangrene to fear, and we shall best consult the safety of our patient by having recourse to amputation as soon as possible.

I will now read for you some cases, which I think, as “teaching by example,” will make the subject clearer than it otherwise would be without such examples.

One day during the vacation, a case occurred, a very striking instance of injury of the large vessels of the popliteal region, followed by gangrene. I give you the case now out of my own private note-book; and here I would advise you all, if you want reliable surgical data to act on in after-life, to take notes of hospital cases yourselves; the labour is considerable, but you will be well repaid. Well, this case, [reads] headed “Gangrene of the Leg, consequent on Rupture of the Popliteal Vessels,” runs as follows:—A boy, aged 9 years, was playing in the street at some children’s game, where he had to run a distance, and touching something of wood, to run off again. He was in the act of turning round with his knee bent to run off, when a certain heavy window shutter he had touched fell on his leg, in the region of the ham, knocking him down, but not apparently at the moment injuring the leg (judging by the integuments, which were not broken), nor was any bone injured.

The lad was brought to St. Bartholomew’s, and I saw him an hour after his admission. The boy was terribly weak and depressed; his pulse was scarcely perceptible at the wrist. On examining the back of the knee, over the popliteal vessels, very considerable swelling had already become apparent; the lower part of the limb also was mottled. There was no breakage or injury apparent, as regarded the integuments at the back of the knee; no pulse, however, could be felt in the anterior or posterior tibial artery. The swelling in the ham was increasing every quarter of an hour. I punctured the swelling, and a few drops of black blood exuded. The case was too clear; the limb became colder and colder. I decided to amputate, as it was quite evident the larger vessels had been injured.

The very serious and unusual depression under which the poor boy laboured may be judged from the fact that we were almost afraid to