

## CLINICAL LECTURE.

*Clinical Lecture on Wounds of Blood-vessels of the lower extremities.—By WILLIAM LAWRENCE F.R.S., Surgeon to St. Bartholemew's Hospital. (Condensed from the Medical Times & Gazette.)*

When arteries under the calf of the leg are wounded, it is difficult to follow the well-founded and generally received rule, of exposing and securing them, even under the best circumstances; that is, if we see the case early, when there is no great swelling, and their natural relations are not obscured by ecchymosis. Frequently we do not know what vessel is wounded, nor the precise locality of the mischief. Sooner or later, and often very quickly, the whole limb is swollen by extravasated blood, while all the soft parts may be lacerated, contused and infiltrated with blood. Incisions to discover the injured vessel would obtain very little success; in such a state they might be attended with dangerous loss of blood, and must of necessity be extensive and deep. Hence amputation is sometimes demanded to avert worse consequences. We have an example of this in a patient still in hospital, although recovered from the amputation.

*Violent contusion of the leg. Rupture of the anterior tibial artery. Amputation of the thigh. Recovery.*—John Conner 43, tolerably stout, intemperate, admitted 5th April, 1853, about 1 P. M., while very drunk. He had been knocked down by a fire engine, and one or both of its wheels passed obliquely over the back of the leg from below the calf to the knee. The engine weighed 26 cwt., and there were 14 men on it. Next day the limb, especially the calf was greatly swollen and tense, slightly livid, looking mottled. There was no external wound. The anterior and posterior tibials pulsated, but very feebly. Messrs. Archer felt at the same time, one artery in the foot, the other the radial; the numbers corresponded. 30 leeches were applied in the evening, from increase of pain, which had become great during the day. 7th. Relieved by the local bleeding which had been copious: but he did not sleep. An opiate at bed time. 22d. Has had more or less pain and rested badly. Last night suffering in the calf greatly aggravated, extending to ankle and heel and still present, entirely preventing rest. Limb enormously swollen from ankle to ham, and as hard as a board, tension extreme, pain severe and unremitting, urgently requiring relief. Having found some little yielding to pressure, I made an incision 7 inches long, from a little below the head of the tibia downwards, and then opened the fascia, which was extremely tense, to the same extent. The integuments eaped widely, and the muscles protruded at the slit in the fascia. A little dark liquid blood escaped. 30 grs. tr. opii at bed time. 13th. Easier after incision, and slept tolerably during the early part of the night: but pain returned with great severity towards morning and it still continues in the calf, ankles and heel. Limb swollen throughout, with the same incompressible hardness, Pulse 92, small and soft; countenance worn and anxious. 15th. Great and continued suffering, little sleep, although two half drachm doses of tr. opii were taken each night. An incision of some inches was made through the integuments and fascia, on the inner side of the limb, where the tension seemed least, but without benefit. 16th. As there had obviously been some deep seated vessel or vessels injured and the state of