

The Northern Lancet.

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WINNIPEG, DECEMBER, 1889.

HOSPITAL REPORTS.

CASES TREATED AT THE WINNIPEG GENERAL HOSPITAL DURING THE MONTH OF NOVEMBER.

Under the care of Dr. A. U. FERGUSON, Professor of Surgery in Manitoba Medical College.

Reported by Dr. J. G. Calder, House Surgeon to the Hospital.

COMPOUND FRACTURE TIBIA AND FIBULA.

B—M—, age 40, brewer, a heavy drinker, admitted November 4th, very much intoxicated, about an hour after injury, tibia and fibula found broken about three inches above ankle, about an inch of the lower end of upper fragment of fibula protruding through the wound on outer side of leg, bones very much comminuted, foot greatly everted. Patient had been seen soon after accident by Dr. Chown who wrapped the limb in a moist carbolic dressing and sent him to hospital. Parts were first thoroughly washed and made aseptic, the opening through the skin enlarged to allow the protruding end of the fibula to be replaced and the bones brought into apposition.

A dressing of moist bichloride gauze was now applied and the leg put up in a well padded Macewen's half-box splint, the open side and top of the box being replaced by Gooche's splinting. On the second day marked traumatic delirium tremens appeared; during the next three days required forcible retention in bed, temperature 100-101.5. On the fifth day he managed to get out of bed twice, and gave his leg such bad usage that it was thought advisable to remove dressings, but everything was found perfectly aseptic and it was put up as before. The delirium continued and on the eleventh

day he again sprang suddenly from his bed, on twelfth day temperature normal, wound dressed found perfectly aseptic and nearly healed, an abundance of antiseptic dressing was put on and the leg was put up in plaster. Following this the delirium gradually disappeared.

Forty first day.—Doing well, plaster not disturbed yet, temperature still normal.

This case shows the marked benefit of the antiseptic treatment in these cases which are so often fatal in patients suffering from delirium tremens.

McBURNEY'S OPERATION FOR RADICAL CURE OF HERNIA.

J—R—, age 26, laborer, admitted October 7th, with double inguinal hernia. Had been unable to work for a long time on account of pain, had no money or friends and was compelled to sleep in the open air all summer, when admitted was suffering from acute bronchitis and gonorrhoea. Tubercular history in family. Treated for his cough for five weeks, before ready for operation.

RIGHT SIDE.

Operation.—The incision made was the same as in Macewen's operation but smaller. On cutting down to the sac the hernia was found to be omental and firmly adherent down to the bottom of the sac in such a manner that it was absolutely irreducible, although before the operation it was apparently reduced quite readily. The omentum was separated from the sac, ligatured and cut off, but in doing so the sac was so lessened that it was thought advisable not to complete Macewen's operation as was intended, but to ligature and cut off the sac and finish with McBurney's operation. This was done and the wound dressed. The left hernia was not touched as patient took anaesthetic very badly.

Second day.—Slight traumatic fever (100 F.) which entirely disappeared on fourth day.

Seventh day.—Redressed and found perfectly aseptic.

Thirteenth day.—Redressed, filling up nicely with granulations; perfectly aseptic.

Nineteenth day.—Redressed, still doing well.