

obtained by the preliminary opening of the trachea, which not only facilitated the giving of the chloroform but obviated any subsequent interference with the steps of the main operation; and (3) the rapid and complete recovery of the patient.

Operations on the Eye:—Cataract.—Twenty-four cases were operated on, and as they were not picked ones, the results were unusually satisfactory. In the twenty-one cases under the heading of cured, vision was good and fingers could be correctly and readily counted. Of the remaining three, two obtained partial vision and could distinguish large objects, and in one—a case of soft cataract, in which the needle operation was performed—no vision resulted, ophthalmoscopic examination revealing double optic atrophy.

A MIRROR OF HOSPITAL PRACTICE.

MEDICAL COLLEGE HOSPITAL.

GANGRENE OF FOREARM CAUSED BY UNDUE TIGHTENING OF SPLINTS APPLIED TO A SIMPLE FRACTURE OF HUMERUS IN THE MIDDLE.

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THIS was a case of much interest, exemplifying the risks that may follow the tight application of splints and bandages in cases of simple fracture.

The patient, a Hindu, aged 35, fell from a cocoanut tree on 20th December and received a simple fracture of his left humerus about the middle of the bone. A few days after the accident the arm was bound up by some friends who pretended to a knowledge of surgery. The splints employed consisted of a number of fine bamboo twigs, which completely encircled the limb from the shoulder to the elbow. They were kept in position by a tightly applied bandage. No allowance appears to have been made for the swelling that might result from inflammation, so after 3 or 4 days the forearm became strangulated and finally gangrenous.

He was admitted into the Medical College Hospital on the afternoon of 4th January, that is, 15 days after the receipt of the injury. I saw him at 6 P.M., and found that the whole forearm and the arm to the extent of about 2 inches above the elbow were in a state of advanced gangrene and stinking strongly. There was a well defined line of demarcation at the junction of the sound and gangrenous parts. The skin of the rest of the arm as far as the shoulder was blistered, the cuticle almost entirely denuded, and the surface of the cutis scored longitudinally from the pressure of the twigs which had regularly cut into it. The patient was at the same time in a low and prostrate state from septicæmia, face haggard, tongue dry and covered with a brown fur, lips dry and cracked, pulse small about 120, and temp. 101°. Immediate amputation was essential, and at first sight, considering the damaged condition of the whole of the skin of the arm, it seemed that the limb should be removed at the shoulder joint. Closer examination, however, showed that there were healthy strips of skin left between the blistered scores caused by the pressure of the twigs, so I resolved to leave the upper fragment of the humerus if it were found healthy and to amputate at the site of fracture. An incision was accordingly made through all the soft tissues about 2 inches below the fracture. The bones and soft tissues were found to be in a healthy state. A flap of skin was accordingly made by the modified circular method and the muscles cut 1 inch above the site of fracture. The splinted end of the bone was then sawn off, the flaps brought into position and a drainage tube introduced. The subsequent progress of the case has been most satisfactory: the only dif-

ference between it and an ordinary amputation being that daily dressings were necessary owing to the profuse discharge from the blistered surface of the flaps and of the skin above them. It is now 27 days since the operation, the flaps have united entirely without inflammation and healthy skin has formed over the whole stump. The septic fever disappeared after the first few days and the patient is now strong and well.

The removal of the arm at the seat of fracture was in this case, I think, much better operation than amputation at the shoulder joint. Owing to the prostrate state of the patient to amputate so close to the trunk would certainly have been attended with danger to life, besides the stump which he now possesses is certainly more useful and sightly than the gap that would have been left if the limb had been removed at the joint. The removal of the limb at the seat of fracture was, as the event proved, a much better plan of treatment than removal at the shoulder joint would have been. Owing to the prostrate state of the patient to amputate so close to the trunk would certainly have been attended with serious danger to life: besides the stump which he now possesses is far more sightly and it might be said more useful than the gap which would be left after the complete removal of the limb.

JHANG DISPENSARY.

CASE OF STRANGULATED HERNIA TREATED SUCCESSFULLY BY TAXIS.

UNDER CARE OF ASSISTANT SURGEON KHAZAN CHAND.

Gur Bakhsh Singh, a Hindu Male, aged 23 years, resident of Lan, a village in the Jhang Tehsil, came to Hospital on 12th July 1884, suffering from symptoms of strangulated Regninal Hernia.

Previous History.—He says that as he was accompanying a wedding party on a camel, he fell and got the rupture. He consulted a barber, who tried to reduce the gut but without any effect. He then went to Kot Ise Shah, and was received into the Hospital as an in-door patient, where he remained for five consecutive days. The Hospital Assistant in charge tried taxis, warm bath and taxis, and gave enemas, but having failed to reduce the Hernia, advised his friends to take him to the Jhang Hospital.

From the day of accident (2nd July 1884 to the day of his admission to this Hospital—12th July 1884) the symptoms such as total stoppage of the bowel action, severe pain at the seat of rupture, vomiting anything taken into the stomach, sleeplessness, anxiety, restlessness, inability to take food and to drink, dry and furred tongue, pinched features, tenderness and swelling of the abdomen, and at last stercoraceous vomiting, these severe symptoms continued to increase in intensity.

State on Admission to Hospital—12th July.—The patient restless: his tongue dry and furred, pulse feeble, small and compressible; cold perspiration all over the body; vomiting fecæ; fits of pain in the Hernial Tumour.

Treatment.—The patient was made to sit in hot water for 15 minutes and Taxis tried, but without success. Twenty drops of Tincture Opium were given by the mouth but were ejected. Then 20 drops of Liquor Morphia and 2 of Atropine were injected hypodermically, and $\frac{1}{4}$ grain of Morphia with a little quantity of sugar was rubbed on the tongue. The patient was then put on a table, the feet of which were raised for an angle of 30° and hot fomentations applied to the Hernial Tumour. In this state, Taxis having failed, Chloroform was administered and Taxis retried for about an hour, when at last the Gut went back. After reduction, pad and spica bandage were applied and nothing but milk and water given for food.

13th July.—The patient better; has had eight motions; his appetite has improved but gurgling still going on.

Treatment.—The bowels were washed out with soap and water enema; and 20 drops of Dilute Sulph Aromatic in an ounce of water were given.

14th July.—His bowels moved thrice; stools semi-fluid; appetite improved; on the whole much better. Given:—

Acid Sulph. Aromat, Dil	...	20 drops,
Tinct opii.	...	15 "
Peppermint water	...	1 oz.