

### AMPUTATION OF LEG FOR CARIES; RECOVERY UNDER THE CARE OF DR. RAILLIE.

REPORTED BY MR. E. REILLY.

NOKOOR CHUNDER, Bengallee, aged 22, from Hooghly, admitted 15th February, 1869, for caries of the entire left tarsus, as well as the lower end of tibia; the joint also was greatly enlarged, painful, and perforated in every direction by openings of sinuses leading to the bones, and discharging sanious foetid matter; the patient was reduced to a perfect skeleton, and was extremely weak. Still, in the absence of any signs of tubercular disease in the chest or abdomen, hope was not precluded, and it was considered that the removal of the limb might afford him a chance of life. Accordingly after a short course of steel and quinine, with anodynes at night, and nourishing but light diet, amputation of the leg just below the tuberosity of the tibia was performed on the 10th March, by making a broad semi-circular flap of skin over the bones, and a smaller one below, and then dividing the muscles down to the bones by the circular method; by which means the integument covers the bones and muscles (in very attenuated subjects) more perfectly: the cancellated structure of the head of the tibia being found quite softened, almost pulpy, was freely rubbed over with Calvert's pure crystallized carbolic acid, and the flaps brought into place, the stump wrapped up in cotton. In a few days it had almost healed by adhesion, the middle portion only discharging a little: this was dressed with carbolic oil, and within the month the wound was closed, and the patient left the Hospital, looking even sleek.

### HERPES FRONTALIS.

BY ASSISTANT SURGEON F. M. MACKENZIE,  
*Presidency General Hospital.*

THIS skin disease has lately been investigated by Messrs. Bowman and Hutchinson, who have reported their cases in the Ophthalmic Hospital Reports, Vol. VI., Part I.

Mr. Hutchinson collected notes of twenty-eight cases, and one of his opinions drawn from them is supported by the following case which was admitted during the last month at the General Hospital. Mr. Hutchinson states in the report referred to that "it is only when the side of the nose is affected that any serious inflammation of the eye ensues." The scars produced by the disease remain for life, and show well how it must have been arranged and the course of the nerve it followed.

John Hallies, cook, aged 50, states that for three months after fever which he had in 1836, he suffered severe pain in the right side of his head, and at the end of that time an eruption, which he thought was erysipelas, appeared on the right side of his forehead. His right eye was not influenced by it, and the eruption did not go down the side of his nose. The pain in his head ceased, and the eruption healed in three weeks or less; but he had slight pain in the scars for some time.

There are numerous confluent scars extending from the foot of the nose to the scalp on the right half of the forehead; they reach just up to the middle line on the forehead, but none transgress it, and they are most numerous and confluent at the inner third of the right half occupying the distribution of the supra trochlear nerve. There are a few scars on the side of the temple, near to the roots of the hair.

### CASE OF DISLOCATION OF THE PATELLA, INWARDS.

BY DR. RATTON,  
*Civil Surgeon, Nursingpore.*

J. B., a strong, well-made man, was thrown violently from his dog-cart on the 12th instant; he at once complained of a rending pain in the knee, and felt as if his leg were immoveably fixed in a vice.

I was fortunately at hand, and on examining the knee, found the patella well to the inner side of the joint, pressing on the inner aspect of the inner tuberosity of the tibia, to which it was superimposed, the leg flexed, and immovable, the foot extremely everted, and raised from the ground; patient vomiting frequently, and suffering severely from shock.

I at once drew the patella forcibly to its proper position, at the same time extending the leg, and rotating inwards, it returned with a very distinct snap, and was followed by a sense of great relief to the patient.

The day after the accident, the knee was swollen to nearly

double the size of its fellow; on the following day inflammation threatened, quickly checked, however, by the application of twelve leeches.

The knee is now doing well, though considerably swollen and discoloured. A back splint and cold lotions are being used. I am induced, from seeing in Erichsen's Surgery that there is but one such case recorded, to send you the above particulars.

### A CASE OF SHOULDER PRESENTATION; SPONTANEOUS EXPULSION.

BY CASSY KINCUR MITTER,

*Officiating House-Surgeon, Midwifery Wards, Medical College Hospital.*

WHEN the shoulder presents, the child, of course, lies across the mother's pelvis, with the head in one iliac fossa, and the breech in the other. Delivery is impossible while the child remains thus. It becomes absolutely necessary, therefore, that the position of the child should become changed before it can be expelled. In the majority of cases, we are called upon to bring about this change; but in some cases Nature herself effects this, without any assistance from our hands. During uterine contractions under favourable circumstances, the abnormal presenting part may go up, and the breech may be substituted, or it may remain so, while the body of the child is doubled up, and so expelled; the breech being the first to born.

As no such cases appear to be on record in this country, where this occurrence is perhaps more frequent than in Europe, in consequence of the slender and diminutive size of many of the Bengallee children, the case given below, which occurred in the Midwifery Wards of the Medical College Hospital, will be found interesting, as illustrating one method of natural termination of shoulder presentation:—

Kooranee, a Mohamedan woman, aged 20 years, was admitted into the Midwifery Wards of the Medical College Hospital on the 13th of March, 1869, at 8 a. m. She was advanced nearly to the full term of her first pregnancy. Labor pains commenced at 3 p. m. in the afternoon of the previous day (12th March), membranes ruptured at 9 p. m. The pains continued steady, and at 1 a. m. next morning an arm protruded from the vulva. Two native *dyees*, who were attending the case, endeavoured to deliver the child by traction at the arm, but could not succeed. The humerus was fractured at about its middle.

On admission the patient was very restless; pains were coming every 15 minutes or so, but were not strong; pulse 120; fetal heart's sounds not audible; right arm of the child was hanging out of the vulva; a portion of the umbilical cord was prolapsed with no pulsation in it; the child was in the abdomino-anterior position, with the head towards the right side of the mother; the shoulder was very low down, and so firmly jammed up behind the pubes, that the examining finger could not be made to pass it. Turning was thought necessary, and the obstetric physician of the Hospital was sent for. Unfortunately, I was away from the room for five minutes or so, and on my return after this short interval, I found, to my surprise, the child was being expelled, the right arm remaining much in the same position, as when I left her. I hastened to the patient and assisted her as circumstances required,—the upper part of the thorax and the head of the child having been expelled while I was by her side.

The child was still-born. Its right arm, shoulder, and the right side of the posterior aspect of the chest, were discoloured, the discoloration extending a little beyond the mesian line towards the left. There was also an ecchymosed mark, along the mesian line of the anterior aspect of the neck, about  $\frac{1}{2}$  an inch broad at its widest part; the right humerus was fractured at about its middle, probably during traction by the *dyees* before admission; the neck was curiously elongated.

#### *Weights and measurements of the child.*

Weight of the child	...	2lbs. 10 $\frac{1}{2}$ oz.
" " placenta	...	" 10 oz.
Length of the child	...	16 inches.
" " cord	...	22 "
Transverse diameter of the shoulders	...	4 $\frac{1}{2}$ "
" " hips	...	2 $\frac{1}{2}$ "
Circumference " round the shoulders	...	9 $\frac{1}{2}$ "
" " pelvis	...	6 $\frac{1}{2}$ "

There was slight uterine pain for two days, after which it disappeared; the uterus was found well contracted, and there was no unusual symptom present. On the 17th of March, 1869 (5th day after delivery), she complained of tenderness in