

ing Mr. Smith's work, from which I should doubtless have gained some cases.

The record of cases of recovery from serious injuries is useful to remind us of the extent to which our efforts at conservative surgery may, and indeed ought to be, carried out; and of the resources which nature has at hand for our assistance. Provided the vessels and nerves are safe, the constitution sound, and the patient not too far advanced in life, I believe there is scarcely any case of injury in which we may not attempt to save the limb with every hope of success. This opinion, formed some years since, has been gradually confirmed by experience; for, in fifteen years' practice in the South Staffordshire collieries (of which I believe I have had my fair share), I have only had occasion to remove the extremities four times in consequence of accident. Time, patience, and a *judicious management of the patient's health*, indeed "work wonders"; and I would here add my testimony to that of Mr. Jones, of Jersey, as to the necessity of a generous diet after severe injuries and operations.

The operation for resection of the joints is now too well established to need any support from cases such as this; and, at the present day, I suppose it is hardly necessary to refer to the propriety of closing wounds over articulating cartilages—a practice I have always followed in amputations of the fingers and toes, and from which I have never witnessed any ill effect.

You will not fail to observe the state of the false joint, in which you will see there is considerable motion.

Mr. Syme is of opinion that arrest of development takes place after resection of the knee-joint. Mr. Jones and others, however, have not found this misfortune to occur in their cases. It is certain that the right foot of Cotton is much less than the left; and though the removal of the astragalus, and the consequent approximation of the scaphoid to the calcis, would account for the shortening of the foot: it cannot account for the smallness of the foot generally, and of each toe in particular. It may be a matter of opinion whether the arrest of development, which has certainly taken place, has resulted from the accident, or from a want of sufficient exercise of the parts for their normal nutrition. The deficiency of the development of the calf of the leg doubtless arises from want of use, resulting from the constrained motions of the ankle-joint.

From the facts now detailed, I think we may safely infer that, in cases of compound dislocation of the astragalus, we may, as a rule, safely attempt the preservation of the limb, either with or without removal of that bone; and have a fair prospect of success to our efforts.

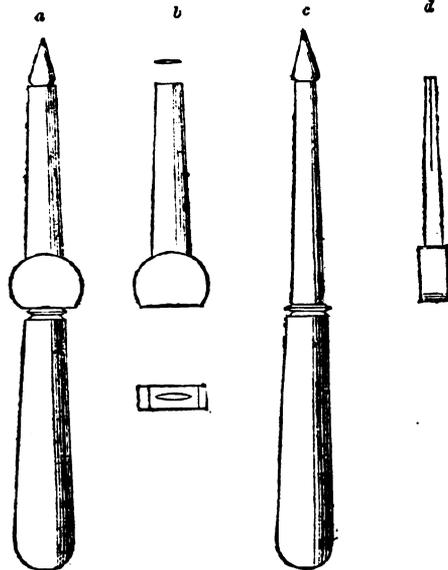
Dudley, May 1855.

### IMPERVIOUS RECTUM: SUCCESSFUL OPERATION.

By HENRY JACOBS, Esq.

WHEN in practice in the Dover Road, London, I was called to attend a Mrs. B. in her third confinement: the labour passed off well, with the delivery of a male child. The next day I visited the mother; and found her and the infant apparently doing well; but the nurse told me "that the latter had not passed a motion". I immediately examined the infant more particularly than I had previously done, and found the external opening quite free. I passed the little finger, previously oiled, up, as I thought, the rectum: finding no resistance for at least an inch, I concluded that there was no abnormal state of the parts. I ordered a teaspoonful of castor oil. No motion followed the use of this purgative. On the third day, I made another examination, passing the forefinger half an inch higher up, when I arrived at the lower end of the rectum, much distended with meconium. This was not easily accomplished, from the smallness of the parts. The infant had taken the breast freely. The urine was natural; the bowels were very tumid. Having fully convinced myself as to the cause of

the retention, viz., an imperforate rectum, I went to Mr. Hills, late cupper, etc., at Guy's, who had an instrument by him, made some years since for a similar case; he kindly lent it me; and I hastened to relieve my patient, which I succeeded in doing. The blade of the instrument somewhat resembles a common lancet, protected by a sheath, etc., as represented. After oiling it and my finger, the latter being



a. Instrument sheathed. b. Side view of Sheath. c. Side view of Instrument. d. Edge view of Sheath.

my guide, the sheath was passed up to the bowel; the lancet forced from it into the intestine horizontally. On cautiously withdrawing the instrument, immediately some meconium, mixed with blood, passed, which was exceedingly offensive. After this, rectum bougies were passed, commencing with a small one, gradually increasing the size until as large as the fore finger. On withdrawing each, some meconium followed. I then gave, with a pipe and bladder, an enema of warm water; a teaspoonful of castor oil by the mouth; and had the infant placed in a warm bath. A wax oiled tent was placed in the orifice the first two days. The fæces were expelled only after the withdrawal of the tent and the introduction of the bougies. On the sixth day, the infant for the first time passed a motion without assistance. Another teaspoonful of oil was given, and repeated. Ever since, a free and natural evacuation has taken place more than once daily. The case proved successful. I saw the infant six months after the operation, when the bowels continued to act.

Asylum, Colney Hatch, May 1855.

### DIFFICULT LABOUR: PERITONITIS: DEATH.

By HENRY G. TREND, Esq.

ON the 18th of February last, about 10 P.M., just as I was retiring for the night, I was sent for to attend a woman at Dowsdale, about five miles from here. It being a bitter cold and snowy night, and not having been previously spoken to, I was going to decline attending, when the man who came said, "Please, sir, the woman who is with her says you are to bring your instruments." On hearing this, I at once rode off. Arrived at the house, I found that the patient had been in "strong labour" since ten o'clock in the morning, and that an old woman, who pretends to great knowledge in these matters, had been with her during the whole of that time. She told me she had "got the feet", but could not "bring it any further". I at once made an examination, and found, not the feet, but both arms protruded through the vagina, with the back of the neck pro-