1846;* and in conclusion, I beg to recommend it to the thoughtful consideration of all who are interested in psychological inquiries. It is characterized by Dr. Carpenter in the last edition, just published, of his *Principles of Human Physiology*, "as the most remarkable example upon record, in illustration of the nature of a purely sensorial and instinctive, as distinguished from an intelligent existence, and the gradual nature of the transition from one to the other."† It attracted the notice of some of the most distinguished physiologists of the day when it was published, and was commented upon with great ability in the *British and Foreign Medical Review*, vol. xxiii, p. 229, *et seq.*, and there its psychological importance and bearings are well pointed out.

31, Norfolk Street, May 20th, 1855.

[At a time like the present, when the physiology of the nervous system is engrossing so much of the attention of the medical philosopher, the republication of Mr. Dunn's unique and highly interesting and instructive case in our columns will be a boon to our readers. It will appear in an early number of the JOURNAL.—EDITOR.]

CASE OF EXCISION OF THE ANKLE.

By CHARLES COTTON, M.D., F.R.C.S., Surgeon to the West Norfolk and Lynn Hospital.

SAMUEL GOLDSMITH, aged 26 years, by trade a shoemaker was admitted an in-patient, with diseased ankle, on March 4th, 1854. He had enjoyed good health up to about two years ago, when, after a long walk, he felt pain in the right foot and ankle, which in four months assumed a constant gnawing character, especially at night, and altogether disabled him from using the limb. This was soon followed by swelling, and ultimately by abscess, which continued to discharge in spite of judicious surgical treatment.

On examination, the patient was observed to be of a spare habit; he had a pallid strumous aspect, and appeared to have had much suffering. The whole right limb was considerably wasted; and the ankle was much swollen, having an opening on the outer side, through which a probe easily entered the cavity of the joint. He proposed to submit himself to any kind of treatment, but on no account would he suffer amputation. He was at once ordered generous diet with porter, blue pill and opium at night, and mixture of iodide of potassium twice a day. The foot, after being secured in a quiet position, was directed to be frequently surrounded with hot moist flannels, encased in oil silk.

April 18th. His health was much restored; the swelling of the joint was greatly reduced; and the opening on the outer side was healed. The foot and ankle were bandaged after Scott's plan, leaving an outlet on the inner side for the discharge of matter from a lately formed opening; and the patient left the hospital "relieved".

Jan. 8th, 1855. He was this day readmitted. His health had much declined; he complained of sleeplessness and loss of appetite; and presented extreme pallor and emaciation. The ankle was greatly swollen, and puffy and deformed, having several large openings, particularly on the inner side, communicating with the tibio-tarsal joint, and giving vent to a profuse sanio-purulent secretion.

Jan. 10th. The patient threatening to leave the hospital rather than submit to amputation, sanction was given in consultation to the chance of excision.

OPERATION. On Jan. 17th, he was placed on the table, under the complete influence of chloroform. Dr. Cotton then proceeded with a strong bistoury to form a semilunar flap on the antero-lateral aspect of the inner ankle, embracing the

malleolus, and terminating below and just behind it. This, on being dissected upwards, allowed of an easy examination of the open joint, when the extent of the disease of the osseous and other structures was found so formidable that amputation was suggested and urged as being the more judicious procedure. The operator, however, pledged to the patient, at once sawed off the internal malleolus, and proceeded, by means of the gouge and strong forceps, to remove in fragments the whole of the softened astragalus and calcaneum; and completed the operation by boldly gouging out the articular end of the tibia, together with the softened and carious surfaces of the tarsal bones, leaving the fibular malleolus after treating it in a similar manner. The cavity—a frightful one—was then partially filled with lint; and the flap was replaced and connected, except at its most depending part, by sutures. An unimportant hæmorrhage only attended the operation. On removing the patient to bed, the limb was secured to a wooden foot splint, and placed on its outer side; and thirty drops of sedative tincture were given.

Jan. 18th. He had passed a good night, and had no pain. The flap, formed of ulcerated integument, was cold and blue-looking, and threatened to slough. Full diet and porter, and an anodyne at night, were ordered.

Jan. 20th. Free suppuration had commenced, permitting of an easy removal of the lint. The flap had partially sloughed, exposing the joint cavity, which contained healthy looking pus, with several loose portions of bony *débris*. A McIntyre splint was substituted, and the whole limb was inclined inwards, to facilitate the escape of matter.

Jan. 26th. He was ordered to take an acidulated quinine mixture. The wound was healthy, and had numerous granulations sprouting from the bottom. The foot was adjusted to the splint, and a bandage applied, leaving an outlet to be dressed daily with water dressing.

Feb. 2nd. The patient was looking better, and gaining flesh; the wound had closed up considerably by granulations; and the discharge was less abundant. The case on the whole progressed very favourably.

Feb. 15th. The foot was placed on another splint; the patient raised the limb himself, without any support to the foot.

Feb. 28th. The contour of the foot and ankle were in every way improved. The wound was filled up with granulations; and there existed a considerable amount of firmness between the foot and leg; so that the patient was enabled to move the limb freely without support.

March 15th. The patient had sat up frequently in bed. Sand bags had been employed several days to steady the joint, in lieu of the splint. He was allowed, at his request, to leave his bed.

April 28th. He was much benefited in health, and had regained flesh. A strumous, ulcerating, discharging sore remained at the seat of operation. The patient was much pleased with the altered appearance of the foot, which he could flex and place on the ground. He was made an out-patient.

May 22nd. He presented himself at the hospital, when he was reported by Mr. Coulcher, the house-surgeon, as able to plant the foot on the ground, and to flex considerably the ankle. The health had much improved, and he was in confident hope of one day regaining the use of his limb. An open ulcer continued to discharge at the inner ankle.

REMARKS. The operation of excision in this instance was not undertaken at the entreaty of the patient, or out of condescension on the part of the surgeon, and was not, therefore, one *de complaisance*; but was rendered imperative by the desperate condition of the patient, who having determinedly settled the question of amputation, was at length, under the assurance that the foot should be, if possible, spared, prevailed upon to submit to the cutting out of the diseased bones, as his only chance of life. The particulars of the case report no surgical novelty; but the result—restored health, and at least a painless well-shapen

* Case of Suspension of the Mental Faculties, Powers of Speech, and Special Senses, with the exception of Sight and Touch, occurring in a young woman, and continuing for many months, in consequence of her having fallen into a river, and been nearly drowned. By Robert Dunn, Esq., Surgeon. (Vide *Lancet* for 1845, vol. ii, pp. 536-588.)

† *Vide Principles of Human Physiology*, p. 663. By Dr. W. B. Carpenter, M.D., F.R.S., F.C.S. Fifth edition. Churchill: 1855.

foot—may possibly prove of sufficient interest for publication, even though the practice recorded, that of leaving the using of the limb, to the patient's "feeling of animal consciousness", after the fashion of Abernethy's monkey, be not in accordance with the "rules laid down by the warmest promoters of excision".

P.S.—The case of "successful excision of the knee-joint", reported in the ASSOCIATION JOURNAL of August 4th, 1854, has been honoured by a far from complimentary critical notice in the *Edinburgh Medical and Surgical Journal* of October 1854. It will not perhaps be uninteresting to the authorities of that periodical to learn that their predictions, as to permanency of cure, have not been realised; as the boy, now upwards of twenty months after the operation (as was reported in Mr. Butcher's excellent monograph in a recent number of the *Dublin Quarterly Journal of Medical Science*, continues in the enjoyment of better health, and has the use of a firmly ankylosed serviceable limb. The prospect of an operation of "settled inexpediency" triumphing over unmerited obloquy, and the admission of its right "to a fair and properly conducted trial", must prove very gratifying to Mr. Jones and others, who have had as yet but to deal with "bare statements and preconceived opinions".

King's Lynn, June 5th, 1855.

CASE OF SCIRRHIUS OF THE PANCREAS AND STOMACH.

By JOHN S. BARTRUM, Esq., F.R.C.S., Surgeon to the Bath General Hospital.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, on March 29th, 1855.]

THE case of scirrhus pancreas now laid before the society presents no features of special interest, except in a negative sense, but will serve to elicit the experience of those members whose opportunities are more abundant or observation more correct.

CASE. A. M., aged 52 years, married, but never pregnant, for several years had suffered from attacks apparently of debility, accompanied by continuous epigastric pain, without tenderness on pressure, vomiting or swelling. These attacks quickly subsided under change of air, tonics, and sedatives, and she resumed her ordinary active duties. By slow degrees, her skin became slightly yellow and muddy; she lost power and flesh; the attacks of gastrodynia becoming more severe and less amenable to remedies. The sensation was described as being not so much pain as painful exhaustion, requiring and receiving immediate relief from nourishment. In the spring of 1854, for a while the most painful spot was immediately below the edge of the liver at the edge of the false ribs, where a circumscribed spot an inch square was tender on deep pressure; this was ascribed to irritation or inflammation of the pylorus or duodenum, as the motions were not properly coloured with bile. There was no increase of size or general tenderness, and the pain extended through to the back. The catamenia were regular, till shortly before death.

The digestive functions appeared to go on naturally; a large amount of nourishment given in small quantities was daily digested; the most troublesome and distressing symptom was uncontrollable flatulence from the stomach, not dependent on the time or kind of food. The bowels were rather irregular and irritable, otherwise the motions were of natural consistence and colour, except when deficient in bile. On no occasion was anything resembling fat or oily matter detected, even while taking cod-liver oil, though carefully watched for. Vomiting was rare, and then it appeared to arise from distension by wind; the matter vomited had never any blackened or other appearance leading to a suspicion of cancer of the stomach. The urine was natural. After a while, the right thigh and leg became swollen, the pain extending in a line from the right hypochondrium to the right groin; the femoral vein be-

came tender in several parts of its course, and the thigh more swollen. The abdomen became tympanitic, and death took place from inanition, notwithstanding the large quantity of nourishment continually taken, and apparently digested.

The epigastric region was in the later stages somewhat prominent, but not markedly so; there was indistinct dullness; it being not so resonant as the other tympanitic parts of the abdomen; at one period of the disease a hardness was discernible in the pyloric region, the liver at that time appearing to extend below its natural limits.

On examination after death, the head of the pancreas was enlarged to the size of a goose egg, by the deposit in its tissue of white scirrhus cancer; there were similar deposits in the smaller end, and in some neighbouring absorbent glands. The pancreas was not adherent to the duodenum or liver. The pyloric end of the stomach, especially at its larger curvature, was much thickened by the deposit of cancer, apparently colloid, without any abrasion of the surface, but covered with the dark black slimy mucus so often ejected in cases of cancer of the stomach; this deposit ceased abruptly at the pylorus. The duodenum appeared quite healthy. The liver, spleen, and other abdominal organs, were healthy. The thorax was not examined.

REMARKS. The question that arises in this case is, which organ was probably the first diseased, pancreas or stomach? My impression is, that the pancreas was the first disordered; or, more probably, the deposit took place simultaneously; but the failure of the gland in its proper functions had the greatest share in the debility and inanition, which alone marked the case till some weeks previous to death.

Bath, May 1855.

MALFORMATION OF THE OESOPHAGUS.

By FREDERICK MASON, Esq.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, on March 29th, 1855.]

ON the 17th December 1854, Mrs. — was delivered of her second child. It was less than the average size, and without the usual development of fat, but was otherwise apparently well formed; and although it was not a strong child, there appeared no probability of a speedy termination to its life.

On the following day, I noticed that the breathing was accompanied by loud mucous râle from a collection of mucus in the pharynx; and the nurse stated that the child frequently vomited a quantity of thick stringy stuff (mucus). It passed meconium once.

December 19th. The nurse complained that the vomiting continued, and that the infant did not appear able to swallow anything; and although it sucked, the milk did not pass lower than the upper edge of the sternum: and when it reached this place, the child became uneasy, until it had ejected the whole. It would then suck again.

December 20th. The child appeared very hungry, and manifested great eagerness for the breast; but the milk was returned immediately. I now suspected some malformation of the oesophagus that prevented the passage of the food to the stomach; and as the infant was evidently getting weaker and wasting rapidly, I recommended small injections of milk and water: these were retained, and on two occasions returned some time after, being thrown up stained the colour of meconium.

During the succeeding days, the child continued to waste, at the same time exhibiting the greatest desire for the breast; but, in consequence of the milk being always returned so quickly, the mother discontinued the attempt to suckle.

The infant died on the 24th December, having lived seven days.

I made a *post mortem* examination the next day. The