SECONDARY HÆMORRHAGE AFTER AMPUTATION.

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IN an interesting communication in the ASSOCIATION MEDICAL JOURNAL of Dec. 28th, 1855, on the Treatment of Secondary Hæmorrhage after Amputation, Mr. Prichard, in commenting on the third case which he brings forward in illustration, and in which the bleeding took place from a stump after amputation of the thigh, objected, together with his colleagues, to the ligature of the common femoral artery, as "an operation that would be attended with great risk"; and preferred "stripping open the stump, and applying turpentine freely to the surface".

Having lately had under my care a case in which I successfully tied the common femoral artery in a case of secondary hæmorrhage from a stump after amputation of the thigh, I have subjoined the particulars of it, under the idea they might be worthy of attention.

CASE. A healthy labouring man, aged 26, was admitted into the London Hospital about the middle of last August, having received a compound comminuted fracture of the leg from machinery. My friend Mr. Gowland amputated at the lower fourth of the thigh. The ligature of the artery came away on the twenty-first day. On the thirty-seventh day, arterial bleeding to considerable amount occurred from the inner angle of the stump; this was checked by pressure. Four days afterwards, however, arterial bleeding recurred profusely. In the absence of Mr. Gowland, I was called hurriedly to see the patient. I found him almost pulseless, and the surface of his body bedewed with a cold clammy perspiration. The man having been placed on the operating-table, a fresh attack of hæmorrhage came on, but was arrested by pressure at the upper part of the thigh, and over the part whence the blood issued. I immediately made an incision two inches long, commencing it directly below Poupart's ligament, and, about a quarter of an inch below the latter, tied the common femoral artery.

The patient very soon rallied after the operation; the stump was enveloped in cotton wool, and was kept somewhat raised for about a fortnight. The ligature came away on the sixteenth day: there was no recurrence of bleeding, and the patient progressed favourably afterwards.

The reasons that induced me in this instance to tie the common femoral artery, instead of stripping open the stump, and searching for the bleeding vessel, were, the prostrate condition of the patient, the facility of the operation, the small quantity of blood that would be lost during its performance, and the probability that the bleeding came from some large branch of the profunda. During the operation not half an ounce of blood was lost. Had the stump been laid freely open, the severity of the operation, and the large amount of blood that would have escaped from a number of small vessels, and probably from the artery that had given way, might, in the enfeebled state of the patient, have brought on a fatal termination.

Reviews and Notices.

THE INFLUENCE OF TROPICAL CLIMATES ON EUROPEAN CONSTITUTIONS. By JAMES RANALD MARTIN, F.R.S., Surgeon Bengal Army, retired, late Presidency Surgeon, and Surgeon to the Native Hospital, Calcutta. Part II. London: 1855.

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IN our previous notice of this work, our remarks were confined to the considerations which the author gave to the diseases occurring in the tropics, and the treatment to be there pursued under various circumstances. The second part, which we now propose to examine, embraces the

"nature and treatment of the diseases of Europeans, on their return from tropical climates." If the former portion of the work is interesting and important to the navy or army surgeon, the latter is equally valuable and acceptable to the practitioner at home. In the times of Warren Hastings and Clive, the retired servants of "John Company" formed but a small number in themselves; nor did their diseases attract especial consideration. In the present day—with our increasing territories and our improved facilities of communication—there is a great increase in the number of Europeans proceeding yearly to the East, and a consequent proportional number of returning invalids. We witness this in society as well as in the practice of most medical men.

These facts have, in a great measure, called forth the second portion of the work—we may almost say, the first treatise of its kind; and they will excuse and justify this second and separate notice given to the volume in our JOURNAL.

"In proceeding to treat an European invalid," says Mr. MARTIN, "just returned from India, it will be found that a consideration of all the antecedents, within the tropics, is quite as necessary to a just appreciation of his condition, as that of the present influences of an English climate. Both circumstances of climate have in fact so strict a relation one to the other, that a consideration of either, examined apart, must fail to lead to a thorough understanding of those important agencies and changes which modify and stamp the habit and constitution of the individual, so as to render him a special and peculiar subject of medical care."

And that the returned Indian is a special and peculiar subject of medical care, no one can doubt who has had any experience of his condition or disorders in this country; or if it be doubted, let us turn to Mr. Martin's account of this altered state.

"They generally present, on their arrival in Europe, examples of the severer ravages of acute tropical disease, or of those which, from their original violence, from their frequent recurrence, or from the consequence of severe treatment, have baffled alike the endeavours at immediate cure, and those intended to promote convalescence by recourse to the many changes of climate attainable by a removal to the hill ranges and the seas of the East."

In the introductory chapter to this portion of the work Mr. Martin has given, for the benefit of the English practitioner, a general outline of the effects of the climate and exposure in the tropics; and of the diseases which influence the return of our countrymen, and from which they may seek relief or recovery here at home. To one paragraph of this chapter we would call particular attention. It daily occurs that an opinion is required to be given, whether one patient is in a fit state to return to India, or whether another may be benefited by a visit to that country? It may often be a question—it has been to us—whether a medical man is justified in recommending an officer to relinquish the certainty of pay and the prospects of rank and honour in the East, for the sake of health with a reduced income and comparative idleness in this country. The feelings of the soldier are for his duty; perhaps, and too often anxiously, for his family; and yet we have our duty to perform. It is some comfort, and we feel it, in such a case, to have the experience of a good authority to guide us, and to be able to turn to the following remarks:

"In the instance of Europeans desiring to proceed to India, or in those of officers wishing to return to their duties there, I always rest the question of their fitness to encounter the climate on the existence, or otherwise, of organic diseases in any of the three cavities. Where, on careful examination, none such is discoverable, I determine at once that such person may proceed to a tropical climate with an average probability of enjoying health. When any considerable degree of functional disturbance is apparent, within the cerebral or abdominal cavities especially, I call for delay, and await their removal. On the other hand, where there exists a hereditary or other disposition to morbid affections of the chest, I recommend such persons to proceed to India, as offering the best prospect of escape from a condition of disease which, in England, terminates too frequently in hopeless pulmonary consumption. Such, in a few