III. TRAUMATIC TETANUS.

A case of tetanus occurred here a short time since, in which the disease presented the peculiarity of having followed a mere blow on the nose. It terminated fatally in a fortnight with persistent trismus, but only one attack of general spasms. The treatment was by musk and opium.

IV. SINGULAR ACCIDENTS.

Two singular surgical accidents presented themselves in the out-patient's room. One was dislocation of the humerus into the axilla, with fracture of the clavicle on the same side—a complication very rarely observed. The other was a dislocation of the jaw, on one side only, from yawning. The patient was an old man. The dislocation was, as usual, very easily reduced.

V. DUMMREICHER'S, OR THE RAILWAY SPLINT.

This splint, the application of which we noticed in a former number (p. 166), and which succeeded admirably in that case, is again to be seen in action in this Hospital. The patient, a very old man, of intemperate habits, and threatened with delirium tremens, speaks in high terms of the comfort of the application, which keeps the parts (a fractured leg, with much bruising) in very good position.

Original Communications.

TREATMENT OF INJURIES OF THE HANDS AND FINGERS.

By J. H. HOUGHTON, Esq., Surgeon to the Dudley Dispensary.

THOUGH not a hospital surgeon, I may be allowed to bear my testimony to the efficacy of the plan of "treatment of some cases of injury of the hands," proposed by Mr. Birkett in the JOURNAL for December 12th. The surgery of a practitioner actively employed in the South Staffordshire coalfield affords opportunities of treating such cases equal to many hospitals; a day hardly ever passes without some of them coming under observation, and frequently the number is very large. Seven or eight patients with injuries of the hands and fingers, varying from a case of formidable compound fracture to some trivial wounds and lacerations, attended this morning at my surgery.

Seven years experience had fully convinced me of the clumsy and unsatisfactory means at our disposal for treating these injuries, in the shape of adhesive plaster, unguents, and poultices, when about ten years ago I began to apply the water dressing to my cases of injury of the hands and fingers; and the result was so satisfactory, that during the last ten years, with some few special exceptions, I have not used any other dressing. I am fully persuaded that no surgeon, who has not been accustomed to this mode of treatment, can have any idea of its special adaptability to the injuries in question; and I am constantly in the habit of saving parts which, under any other plan of treatment, I feel sure must be sacrificed. I have to-day carefully examined the finger of a boy, about eleven years of age, who was under my care for a compound fracture of the second phalanx of the little finger about eight years since. The case made a permanent impression on my mind for two reasons: first, it was one of the first cases of very severe compound fracture which I saved by the water dressing treatment; and secondly, I had a special interest in the patient's family. When I first saw the case, a wound on the palmar aspect divided the soft parts to at least three-fourths of their extent, the bone also being divided; the distal part of the finger literally hung by the remaining soft part, and the friends thought there was nothing to be done but to snip the parts through, and thus complete the operation. With a small piece of wood I cut a splint to fit the finger. I carefully adjusted the divided parts, and placed them on the bare splint; the finger and splint were carefully rolled together with a minute roller of dry lint. The whole was put upon a splint sufficiently long to give support from the elbow to the end of the fingers. This dressing (dry) was allowed to remain some days, and then, after well soaking, was removed, when a very slight degree of union had been effected, but the parts had regained their normal position. The special water treatment was then commenced, which consisted in the daily careful rolling of the finger on the splint, with a

minute lint roller soaked in water. The patient's friends were directed to keep the roller moist by dipping it into a little tepid water. The wound did not granulate freely; it assumed rather an unhealthy sloughy appearance, and it was some time before a healthy process was set up; yet the result was satisfactory, the parts being perfectly restored, with very little deformity remaining.

On November 17th last, a boy was brought to my surgery, having sustained a terrible compound fracture of the second phalanx of the little finger. The wound commenced at the external side of the finger, at the proximal end close to the joint; it extended inwards and forwards to the distal end near to the second joint; the fracture took the same oblique direction. The end of the finger was retained by the skin and integuments on the inner side of the bone only, and the semi-detached part lay almost at right angles to the finger itself. The wound, which had been made by a blunt piece of iron, had a very unpromising appearance. It was put up, like the former one, with dry lint; this was removed in a few days, and then the water dressing was commenced.

To-day, Dec. 15, the union of the bone is complete; the wound has nearly healed; the joints are both perfect, and the finger is straight. I have no doubt that but for the water dressings the patient would have lost his finger.

These two cases (out of hundreds similarly treated, but which seem too trivial to note) are given, because the first, from particular circumstances, made an indelible impression on my mind; and the second is now under treatment.

I carefully endorse the whole of the statements made in Mr. Birkett's highly practical paper, and go a little further: for here cases in which patients have been confined to bed have been rare; with very few exceptions, the patients have attended daily at my surgery, the arm supported in a sling, and frequently the hand resting on a good long wooden or zinc splint; in some cases, the patient is directed, when at home, to rest the hand and arm on a table, with the hand well raised. Irrigation, though an elegant, is not an essential part of the treatment; it is amply sufficient that the lint be kept moist. I generally direct a little water to be kept warm in a basin near the fire: if the fingers are the injured part, they are dipped into it; if the hand, the lint is frequently moistened with a sponge. The stripes, as Mr. Birkett justly observes, require to be applied in various ways: "sometimes in an oblique and sometimes in a vertical direction;" and in my opinion, the whole success of the treatment depends on the tact with which the lint is adjusted, and in this there is considerable art, particularly in injuries of the fingers. I use stripes of common lint, twelve or eighteen inches long, from one-half to three-quarters of an inch wide, and rolled up like common rollers; these are well soaked before they are applied. If I have to deal with a simple wound or laceration, the finger is simply rolled with the roller; but if I have to deal with a compound fracture, the fractured finger is placed on a small splint of wood or gutta serena (adapted to the particular case), and the roller is applied round the finger and splint together. The plasticity of a finger so handled is marvellous; and by altering and arranging the position of the splint and the roller, almost any deviation from the proper position of the bones or soft parts may be rectified, the exuberance of granulations restrained, and the shape of the part maintained.

I am pleased to see a gentleman of Mr. Birkett's position advocating what some will consider a very unsurgical, though a very beneficial course, as illustrated in Case 4; I mean, leaving the projecting ends of bones (of the hands and fingers), from which the integuments have been torn, to be covered by granulation instead of removing the part. I have long adopted this plan; and, though it is by no means a brilliant practice, I am sure it is far more conducive to the patient's welfare, than the more orthodox and dazzling recourse to operative proceedings.

A CASE OF LARGE GALL-STONE ESCAPING THROUGH THE WALLS OF THE ABDOMEN AFTER MANY MONTHS SUFFERING, WITH ULTIMATE RECOVERY.

By DRAPER MACKINDER, M.D., F.R.C.S., Gainsborough.

On August 28th, 1856, I was requested to visit a Mrs. B., a delicate lady, aged 75 years, who had frequently complained of a pain in her right side, but now seemed to be suffering from an attack of acute hepatitis, for which I attended her until October 23rd, when she became convalescent.

On February 7th, 1857, she sent for some medicine to relieve a pain in her side, and nine days afterwards I was ordered to see her in consequence of an aggravation of her symptoms. I found her suffering much from pain in her right hypochondrium, increased by pressure, a difficulty of breathing, a dry furred tongue, thirst, vomiting, a quick feeble pulse, and a distinctly circumscribed hardness at the inferior border of the liver, movable like a tumour, and exquisitely sensitive. As time advanced, this tumour descended along the external margin of the right rectus to the superior boundary of the iliac region. Here the integuments became inflamed, and fluctuation was soon perceptible over a radius of three inches; and on March 3rd the abscess burst, and gave exit to about three ounces of pus. At the end of April, an inch above the opening, a hard substance, of the size and configuration of a hen's egg, was perceptible to the touch; but the integuments, for four inches around, were hardened, nodulated, red, and so very painful, that a proper exploration was not permitted. Poulitices were ordered to be applied, and tonics and liberal diet were administered, the patient's debility requiring the recumbent position. Early in May, while she was standing by her bed, the hard substance before mentioned suddenly rolled on the floor, having escaped through the abdominal wall at the middle of the right iliac region. It proved to be a large ovoid gallstone, very hard, weighing six drachms, measuring two inches by one and a half, and exhibiting, on fracture, a beautiful crystalline composition of nearly pure cholesterine in the centre, with a thick coating of colouring matter, and carbonate and phosphate of lime. The old lady is now in capital health.

[Errata. In my case of "deficiency of fingers transmitted through six generations," page 845, in the eleventh line from bottom, for "sister" read "sisters"; and in fifth line from bottom, for "his" read "her".]

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SATURDAY, DECEMBER 26TH, 1857.

CHARGE OF ATTEMPTING TO PROCURE MISCARRIAGE.

WE congratulate Mr. Andrew Halliday Carmichael on a very narrow escape from the toils of as mischievous a party of three as could well be found in any country village. This gentleman, but for the good sense of an English jury, might have been at this moment picking oakum and refreshing himself with stirabout in a Yorkshire prison, instead of enjoying a good Christmas dinner at home, as he is now no doubt doing. It will be remembered, that he was committed to prison some time ago on the charge of having caused the miscarriage of his maid-servant, at Mexbrough, near Doncaster. For this alleged offence he was tried last week, and, we are glad to say, acquitted. The evidence against him was simply the statement of the girl herself, and the presence in a surgeon's cupboard of a female catheter! The *dramatis personæ* in this awkward little interlude are briefly described. First, there was the prosecutrix herself, a young woman, named Harriet Atkinson. "We all know the pure and simple manners of the country," says Record sarcastically, and are not therefore surprised to hear that she kept "her only son at home" with her mother—a child unfortunately that was not honestly come by; and this was not her only slip, it appears, by many. Then we have a certain Mrs. Lewis, the bad woman of the village, whom her neighbours used to burn in effigy, and otherwise stigmatize by what in the language of the north is termed "riding the stang" about her. In short, she appears to be one of those creatures to be found in most districts, who will tell any lie, or do any thing, for a

consideration. Then we have an officious policeman, anxious to show his zeal by beating up human game and hunting it down at the assizes. The girl was engaged to keep house for him by Mr. Carmichael, a gentleman who practised in the village for some time with great credit. The engagement, according to her account, ripened into a more familiar connection, the consequence of which was her pregnancy. Immediately on her discovering this, she informed him of it, and he replied only, "Oh! you must miscarry"; and forthwith he produced miscarriage with instruments.

Such is the statement of this very virtuous girl, with a child at home at her mother's. Upon this evidence alone—no, we forget that a female catheter was found in his cupboard—upon these evidences, then, a respectable medical practitioner was committed for trial by the magistrates, and was placed in the common dock and tried. Medical evidence of course there was none that could, by any possibility, involve him. Mr. Blythman, of Swinton, made an examination; but, like an honest man, he confessed that he "could not form an opinion upon the symptoms he detected." The reader will feel naturally astonished to find that the committal took place at all. The magistrates were certainly far more credulous than those who dismissed the equally absurd charge against Mr. Delves, of Tunbridge.

"All's well that ends well." Two charges of this kind having occurred, however, so very lately—and as all bad as well as "all good things are three", according to the German proverb—we beg, by way of advice, to recommend all our young bachelor associates not to take into their service as housekeepers young females of tarnished virtue; or, if they do, most certainly to be cautious what they are about, and especially to be careful not to have a female catheter in their possession; otherwise such a fact may possibly go hard against them!

THE WEEK.

THE circumstances connected with the disputed election to the surgeons of Queen's Hospital, Birmingham, have been submitted to the consideration of the Attorney-General and Mr. Serjeant Hayes. Both these eminent members of the bar have given as their opinion, that "the election of Mr. West was not valid; that, therefore, Mr. West has not, and never had, any just and legal ground of complaint." Mr. Gamgee has thereupon addressed to the Principal of Queen's College the following letter:—

"SIR,—Having just read in the *Birmingham Daily Press* Mr. Suckling's letter to the Dean of Faculty, conveying the opinion of the Attorney-General and Mr. Serjeant Hayes that Mr. West's election on the 14th October ult., was not valid, I hasten to inform you that in the event of Mr. West's supporters on the Council of Queen's College concurring in that decision, I shall then be prepared to retire from the position of Surgeon to the Queen's Hospital, and Lecturer on Clinical Surgery in the Queen's College, to which the Council appointed me on the 13th November ult., and the duties of which office I have discharged in obedience to the Council's order.

"When candidates are again invited by public advertisement, I propose re-submitting my claims for the Council's consideration.

"I trust this disposition on my part may be accepted as evidence of my earnest desire, not only to offer no obstacle to a settlement of the pending difference, but to facilitate it by every means in my power.

"I have the honour to be, sir,

"Your most obedient humble servant,

"JOSEPH SAMPSON GAMGEE.

"Birmingham, Dec. 22, 1857."