

cut through and the stump can hardly be expected to do well. But the emphysema, as indicated by a crepitus upon pressure, together with some, often but little, general swelling of the limb, may be traced higher than the external appearances would lead us to expect, and this symptom, the product of gangrenous inflammation going on in the cellular tissue, should, I conceive, point out to us the limits for operating. This proceeding demands an apparently great sacrifice of limb; but as it is an established general axiom in surgery to remove all the disease, it is evident that, if we are to consider the emphysema as a certain indication of the disease in question in the cellular tissue, the only safe plan will be to remove the limb beyond the emphysema. I cannot help thinking that the very frequent ill-success which made such men as Pott and Thompson decide against amputating in spreading gangrene may possibly have arisen from taking the external appearances, as the guide instead of the state of the internal parts, to be discovered by the touch. I am aware that, in a case of Mr. Lawrence's, he divided the parts about the shoulder joint, which were full of emphysema, and the patient recovered; but this only shows what the powers of nature may occasionally do—not what we may safely expect of her; and if we have the option of cutting beyond all feeling of crepitus, I conceive it will be right to do so for the sake of security, though, when we cannot even do this, Mr. Lawrence's case shows us that we need not despair, with a good constitution, of saving the life. The sloughs in my case were, I believe, the results of the attack of secondary inflammation of the stump, and therefore a mark only of the very irritable state of the system, not at all otherwise connected with the previous state of the limb. If, then, I am correct, the emphysematous feeling, not the external appearances, should guide us in the choice for the place for amputating—a point of practice which probably most surgeons are in the habit of attending to, but on which, as I find no directions in our authors, I hope my observations may not be now without value.

POST-MORTEM EXAMINATION

OF A CASE OF

SUDDEN DEATH IN A CHILD,

IMMEDIATELY AFTER

IMMERSION IN THE COLD BATH.

By J. NOTTINGHAM, Esq., Surgeon, Liverpool.

A. Dudding, aged two years and three months, had been unusually feeble from the time of his birth, and at a very early period of life was supposed to suffer from some disease of the brain, which was followed by partial paralysis of one side of the body.

The mother had been advised by some friend to dip the child in cold water, for the purpose of strengthening him. To this practice she resorted, and he had already been immersed on three successive mornings, the 26th, 27th, and 28th of May last, previous to the fatal event we are about to notice.

A small quantity of salt had been added to the water, but not immediately before it was used as a bath, and the vessel containing it stood in the open court-yard adjoining the house, and was exposed to

the rays of the summer's sun, so that the temperature of the bath was by no means very low.

On the 29th of May the mother awoke the child from its sleep in the morning, and immediately dipped it in the water, afterwards wrapping it in a blanket as before; but on looking at the face of the child, she perceived a great change in its appearance, and immediately sent for a surgeon.

My friend, Mr. Atcherly, visited the case, seeing the child about five minutes after it was taken from the bath, when "it was pulseless, pallid, and cold; it gasped two or three times and died."

I assisted Mr. Atcherly in the examination of the body on the following day.

When the cranium, thoracic, and abdominal cavities were laid open, one general observation was immediately inevitable—viz., that the contained viscera were in a state of remarkable hyperæmia, being what is usually called much congested.

We sought, however, in vain for any one organ, to the state of which the sudden death could be attributed. No injury of any particular viscus could be observed, nor was there any ruptured arterial or venous trunk to be found.

The liver appeared to contain a great quantity of blood, and the congestion of the lungs, in every part of their structure, was more strongly marked than was that of the brain.

The blood in the cavities of the heart presented but feeble traces of coagulation.

It is, perhaps, worthy of remark, that the fatal effect of immersion in water in this case took place immediately after the child was awoke from its sleep, or even before the waking was complete.

When we attend to the condition of the system during sound sleep, the remora of blood, if so it may be called, in the great viscera, the warmth of the blanket-clad surface, and the gently perspiring skin, we shall at once have some idea of the effect which the sudden shock of cold water at this time might produce; for the introduction of the body from a rare into a denser and colder medium, the nervous system being of a feeble character, to say nothing of the startling or fear, might be easily supposed capable of destroying so feeble an existence, the blood being driven towards the internal organs, and the previously heated surface suddenly chilled, and thus even greater cold risked from the evaporation in such circumstances likely to take place.

Liverpool, Dec. 19, 1841.

ON THE

TREATMENT OF PSORIASIS.

By J. TOOGOOD, Esq., Bridgwater.

Diseases of the skin are generally difficult of treatment and obstinate of cure. I have been in the habit of employing a remedy for many years in one particular affection, which is not in general use, with much success. It was first suggested to me by the late Dr. Willan, whom I met in consultation on the case of a gentleman who had been tormented for many years with a disease which had baffled every practitioner whom he had consulted (and they were not few), and resisted all the known methods of treatment. The following case, which I give in the words of the surgeon with whom I saw the patient, will illustrate the particular affection and mode of cure:—

"E. H., a girl about 16 years of age, who had been liable to slight attacks of psoriasis about three years since, after having undergone great bodily fatigue and mental anxiety, became the subject of a much more aggravated form of this disease than I had ever before witnessed. The skin of the arms, legs, and face, was first affected, and it very rapidly spread over the

whole body. The fissures in the bendings of the joints were so extensive that she could scarcely move, and on getting out of bed in the morning the scales fell from her in such quantities that I could easily trace where she had been; and the eyelids were so retracted that she could not close them when asleep. I tried Plummer's pill, hydrargyrum cum creta, with various tonics, in conjunction with liquor potassæ. I then had recourse to liquor arsenicalis, and baths of sulphuret of potash, all of which had not the slightest effect; and the poor girl's strength failed her so fast, that I began to think the disease would destroy her, when fortunately I was induced to consult you, who advised my trying pitch in the form of pills. I did so, giving her at the commencement ten moderate-sized pills three times a-day, and gradually increasing the dose until she took the enormous quantity of ninety pills every day, thirty at a dose. She had not taken the pills more than a week before there was a decided improvement apparent; and in six weeks or two months she became quite free from every symptom of the disease, and has up to this time continued quite well, and, what is most extraordinary, there is not the slightest mark left on the skin.

"North Petherton, Aug. 6, 1840.

"My dear Sir,—I regret very much that I did not make notes of the case which I send you, at the time you attended this patient with me, as I am sure the beneficial effects of so simple a remedy cannot be too widely circulated.

"I remain, my dear Sir,

"Yours truly,

"R. STRONG.

"To Jonathan Toogood, Esq., Bridgwater."

This is not a solitary case. I have witnessed the efficacy of this remedy frequently. The best mode of administering the medicine is in the form of pills, composed of three parts of pitch to one of powdered resin.

ROYAL BERKSHIRE HOSPITAL.

Practice of Mr. Bulley.

COMPOUND FRACTURE OF THE LEFT LEG, WITH SEVERE CONTUSION OF THE RIGHT THIGH—AMPUTATION.

Elizabeth Read, aged 28, a stout muscular woman, was brought to the hospital in the night of June 27, in consequence of having received a compound fracture of the left leg, with extensive injury to the opposite thigh. The accident had occurred as she was travelling from Bristol to London on the outside of a night coach. The evening being cold, she had been induced to drink more of spirits than she had been accustomed to take, and, becoming intoxicated, she either fell or jumped off the box where she was riding, and both wheels passed over the leg. On examination the bones were found to be greatly comminuted and protruded, and there was great laceration of the skin and muscles. The integument was separated from the fascia underneath, from just above the situation of the fracture to within five inches of the knee joint. The vessels were clearly distinguishable in the wound, detached from the surrounding tissues. The posterior tibial artery had apparently been wounded by some portion of spiculated bone; but it had ceased to bleed (having been judiciously compressed by a medical gentleman who happened to be present), nor was there any pulsation in that portion of it which was exposed. The other arteries were pervious, seeming to pulsate, but, however, feebly, when pressed between the finger and thumb. They were insulated from their cellular connections for the space of about three inches in the wound, and appeared of a dark colour, as if from a congested state of their vasa

vasorum. The foot was not discoloured, nor was there any considerable diminution of its natural heat.

On examining the right thigh, which had been injured by her coming in contact with the step of the coach in falling, there was just below the trochanter major a contused wound, through which protruded a large piece of detached adeps. Above and below this spot, the integument on the outer side of the limb seemed, from the feel, to have been separated from the fascia underneath, communicating a crepitating sensation when pressed by the fingers, this sensation diminishing as the fingers approached the knee. The inner part of the thigh was uninjured. There was no great discoloration of the skin round the contused part; pulse 110, feeble, and sharp. Her countenance was anxious. As she could not be brought to consent to the removal of the limb, which was considered unavoidable, and being myself generally averse to hasty amputation, the operation was postponed until the following day at noon. To have thirty drops of the sedative solution of opium at once.

28. The patient has passed a restless night, with some delirium. It has been necessary to use the catheter; slight symptoms of concussion of the spine; reaction to some extent has succeeded the collapse of last night; complains of great numbness and pain in the foot of the broken leg, which has become pale and cold; pulsation, on pressing the exposed arteries, cannot now be felt. The extent of destruction above the fracture has now become defined, marking the exact degree of injury she has sustained.

The limb was removed, about five inches below the knee, by a circular incision, obliquely prolonged downwards over the calf, so as to form an integumentary flap at this part; a triangular portion of the fore part of the divided tibia was sawn off, and the edges of the wound were retained in apposition by three points of the interrupted suture. The cut muscles had a pale and bloodless appearance, and contracted but slightly. She lost very little blood from the operation.

DISSECTION OF THE AMPUTATED LIMB.

Beyond the appearances of injury described, there was nothing particular observable, except that the blood-vessels, which had been separated and torn from their connections, had become impervious, owing to the formation of coagula within them.

On examining the right or opposite thigh this morning, it was found that the swelling and general discoloration of the limb had greatly increased. A circumscribed portion of the integument over the upper and outer part has assumed a dark brown dry appearance, like parchment. She complains of numbness at this part and down the limb. A bread and water poultice to be applied.

29. The hardened and discoloured skin has been rendered softer by the poultice, but is indisposed to separate. Solution of chlorate of lime to be added to the cataplasm. She feels excessively languid, and a low typhoid condition of the system seems to be impending. Her bowels have not been moved since her admission; pulse 110, fluttering; tongue brown.

30. The deadened integument of the thigh has become separated, the fascia underneath, to the extent of about the size of a man's hand, having a shining, glossy appearance, and being in a state of slough. The healing of the stump has made no progress; has passed a restless, feverish night; but the bowels have been opened this morning, and she now feels somewhat better; tongue still brown. To have six ounces of wine and a pint of strong ale during the day, and to try and eat a little meat. The opiate to be continued at night.

July 1. The slough upon the thigh has become detached in part; still no appearance of healthy action in the stump; a considerable quantity of pus, which had been confined under the sloughing fascia of the thigh, was discharged. The use of the catheter is not