

TWO CASES OF COMPOUND FRACTURE OF THE LEG.

By G. B. STEVENS, M.D., Gloucester.

M. O'C., a stout, healthy fisherman, æt. 19, while at work on the deck of a vessel, stepped upon, or rather into, a coil of rope, which was paying out rapidly, as the vessel dropped astern of another to which one end of the line was fast. The rope caught him about the left ankle, threw him, and then slipped off.

When seen, one hour afterwards, the venous hæmorrhage had been very considerable, and blood was constantly dropping into a pool which had formed on the floor. Examination showed a compound fracture of the left leg, at the junction of the upper and middle thirds, the upper fragment of the tibia, with its periosteum peeled up, protruding for about an inch, and pinning the soft parts firmly beneath it. The fracture was as smooth and as nearly at right angles with the shaft of the bone, as if it had been made with a saw. The fibula was unbroken. Over the external malleolus was a large flesh wound, produced by the scraping of the rope.

Reduction was accomplished by forced extension, and the use of the director to elevate the protruding fragment and thus liberate the soft parts beneath. The wound was dressed with carbolic acid and olive oil, one part to eight, and the leg laid loosely in a fracture-box, extemporized from a wood-box.

When seen two hours afterwards, the venous oozing was so considerable that the dressing had to be removed, and liquor ferri perchloridi freely applied. On the fourth day, suppuration was established, after smart irritative fever; the former was at no time great, no collection of matter forming, while the latter very soon lessened and then ceased altogether.

The subsequent treatment consisted in the use of the flexible Crimean splints laterally, and also of the fracture-box, with a weak solution of chlorinated soda for a local application. There was no necrosis, and at the end of five weeks the union was tolerably firm. The large ulcer which followed the ragged wound over the outer ankle was slow to close. It had healed at the end of seven weeks; the union was firm, with a very slight curve on the inner side of the site of fracture, but without shortening, and the ulcer in the latter situation was trifling. A starch bandage was now applied, and in a couple of days the patient was moving about nimbly with crutches.

E. D., a delicate boy, æt. 10, while sliding in a field, ran into a rock. The force of the shock received on the sole of the right foot caused a fracture of the leg, as a fall on the shoulder produces fracture of the clavicle. There was found a compound fracture of both tibia and fibula, three inches from the ankle, with protrusion of the upper fragment of the tibia to the extent of half an inch. From the appearance of the sock, the patient might have lost an ounce of blood.

The fracture was readily reduced, cotton wool soaked in the blood laid over the wound and confined with a few turns of bandage, and lateral splints applied. On the fourth day, the splints were removed, and the limb placed in a fracture-box made to measure.

The case progressed precisely like a simple fracture, there being no suppuration or irritative fever whatever, and so little swelling that the bandage about the wound, which had been applied snugly, had not to be loosened at all. It was not disturbed till the end of four weeks, when union of the fracture being firm (and without any shortening or deformity whatsoever), and the flesh wound quite healed, a starch bandage was applied, and the patient allowed to get up. While in the recumbent posture, he suffered more from intense itching of the leg, produced probably by the contact of the cotton wool used in the packing of the fracture box, than from actual pain. This was relieved in a great measure by the use of powdered starch dusted between the limb and the cotton wool.

Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES.

EDWARD WIGGLESWORTH, JR., M.D., SECRETARY.

JAN. 30th, 1872. The Society met at the house of Dr. John Homans, Dr. Green in the chair.

Microscopical Pathology of Apoplexy.—Dr. Webber showed two or three specimens, under the microscope, illustrating the pathology of apoplexy. He said Charcot, with Bouchard, first called attention to the fact that disease of the arteries, affecting the external coats, gives rise to dilations of the smaller arteries and the formation thereby of miliary aneurisms, the rupture of which causes the apoplectic effusion. It is not disease of the inner coats