

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY DR. HENNIS GREEN AND DR. STREETEN.

No. 25. Vol. I.] LONDON, SATURDAY, MARCH 20, 1841.

PRICE SIXPENCE.
[STAMPED EDITION SEVENPENCE.]

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CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION
AT GUY'S HOSPITAL,

BY BRANSEY B. COOPER, ESQ. F.R.S.

(Published with Permission of the Lecturer.)

MONDAY, MARCH 15, 1841.

LECT. XIII.—On *Gangrene; with Cases.*

GENTLEMEN,—There is a very interesting case now in the house, in which gangrene has undergone a natural process of separation, by what is termed spontaneous amputation. I shall read you the notes of this case, and then make what incidental remarks may suggest themselves, with regard to its peculiarities, enlarging a little on the causes of the condition termed mortification, gangrene, or sphacelus, simply premising that the proximate cause in every case is cessation of the circulation in a part, and what are usually termed the causes, are merely the various agencies by which this cessation may be accomplished. These are the notes of the case as handed to me by my dresser:—

“Catherine Green, aged 18, a girl of delicate and highly irritable habit, was admitted into Martha ward Jan. 27, 1841. She stated that she was an inmate of the South Institution, Walworth, where, a few days previous to her admission to this hospital, and during the severe frost in the middle of January, she was ordered to sweep the snow off some part of the building; after doing which she found her feet excessively cold, and suffered much pain in them. She then complained to the matron, who ordered her feet to be put into hot water, and gave her a glass of wine. She still continued to suffer very severe pain in her feet, extending up the leg; and on the “taking-in day,” was admitted under Mr. Cooper. On examination, the feet were found of a dark livid hue, with several vesications filled with serous fluid upon them. Sensation was very much impaired, and though wrapped in flannel, they were nearly cold. Her countenance was anxious, and her pulse very weak. Her feet were ordered to be kept enveloped in warm blankets, and aromatic spirits of ammonia, with camphor mixture, to be given every four hours, with some Dover's powder at bedtime. Under this treatment the parts seemed inclined to recover themselves; but they soon relapsed into their former condition. Ammonia and bark were ordered, with warm poultices to the feet.

On the 13th of Feb., seventeen days after her admission, the line of demarcation between the dead and living structures began to show itself, just above the ankle-joint. The medicine, causing nausea, was discontinued, and ten ounces of wine per diem ordered instead, with one-third of

a grain of muriate of morphia at bedtime. The dead parts continued to separate satisfactorily, leaving a healthy granulating surface behind, and the gangrene increased in depth as it extended downwards, till at the junction of the tarsal bones with the tibia, on the right leg, and the cuboid and navicular with the astragalus and calcis on the left, vitality entirely ceased, and a spontaneous amputation was effected. On Friday, the 5th of March, Mr. Cooper completed the separation of the left foot by dividing those ligaments which were not quite detached. No hæmorrhage followed, and the stump was ordered to be dressed with the warm-water dressing. On the following Monday Mr. Cooper removed the other foot, with the exception of the astragalus and calcis, the removal of which he deferred for a few days, as the ligaments which unite these bones to the tibia and fibula were not sufficiently destroyed to admit of easy separation, and the poultices were ordered to be continued on this foot. Within the last few days she has had a slight attack of fever, for which a mixture composed of sol. of acetate of ammonia, wine of tartarised antimony, and camphor mixture, was ordered. Her pulse is now about 120, and very irritable; and on compressing the arteries a small degree of hardness is perceptible. The heart's action is excited, and the beats are sharp; her tongue clean, and bowels open. The only pain she now complains of is in the back, produced by her long continuance in the recumbent posture. The granulations are healthy, and her appetite is improving.”

Here, then, is a case of gangrene from exposure to cold, one of the very common causes of the condition; but you will observe, that the cold was not very intense, nor the exposure long continued; there must, therefore, have been some constitutional cause predisposing this patient to be thus affected, as the physical cause alone is not sufficient to account for it, numbers of persons being exposed to a greater degree of cold, and for a longer period with impunity. In some cases cold is so intense, or, speaking more correctly, heat is so rapidly abstracted, that the blood is coagulated, and the exposed part converted into a solid icy mass; but more commonly, in this country, cold does not produce gangrene in this direct manner; it depresses the nervous powers of the part so greatly, that the softer textures cannot support the reaction which invariably comes on as the first effects of the cold go off. In Russia and America the complete freezing of the part of which I have spoken, is very common, and well known by the name of “frost-bite.” It occurs without the affected person being aware of it; and I remember once when travelling in a sledge in Canada, with the thermometer 32° below zero, that one of my ears was frost-bitten. I did not know it,