Reports of Hospital Cases. By DR. W. MAC CORRAC. 281

the long flap, or splitting the vessel where it pierces the adductor magnus muscle.

8. In amputations of the leg there is a danger of wounding the anterior tibial artery at the base of the flap; to avoid this the handle of the scalpel should be used in raising up the vessels from the inter-osseous membrane; and in the operation high up in the leg the surgeon must be careful not to cut the origin of the anterior tibial artery when dissecting the short flap.

ART. XIV.—Reports of Hospital Cases.—On Injuries of the Wrist and Ankle Joints. By WILLIAM MAC CORRAC, M.A., M.D., Q.U.I., F.R.C.S.I.; Surgeon to the Belfast General Hospital; and Vice-President of the Ulster Medical Society.


II.—LACERATED WOUND OF THE BACK OF THE WRIST, INVOLVING THE JOINTS OF THE CARPUS—RECOVERY WITH A USEFUL HAND.


IV.—COMPOUND DISLOCATION INWARDS OF THE ANKLE JOINT, WITH FRACTURE OF THE INNER MALLEOLUS, AND COMMINUTED FRACTURE OF THE FIBULA—DEATH FROM PYEMIA.

V.—COMPOUND DISLOCATION OF THE ANKLE JOINT, WITH COMPLETE DISLOCATION OF THE ASTRAGALUS OUTWARDS—EXCISION OF THE BONE—RECOVERY WITH A USEFUL FOOT.

In the following paper I purpose giving an account of some cases of injury of the wrist and ankle joints. I believe they will be considered interesting since they serve to show how far it is possible, in some instances at least, to preserve a limb and its usefulness after severe injury and under rather unfavourable circumstances.

In an hospital situated in the midst of a large manufacturing population, cases of accident are of necessity frequent, and of these none are more so than injuries of the hand or arm requiring partial
or complete amputation. Of course in such cases the practice of conservative surgery should be carried to the utmost limit that it can be with prudence brought. To none is this of greater moment than to working men and women. Unfortunately the mill-working class, who are most frequently the subject of such injuries, are not usually in the enjoyment of the best health. They are confined many hours in close ill-ventilated rooms by day, and in yet closer and worse ventilated rooms by night, while too often their habitual food is of the most innutritious kind. The consequence is that when they incur injuries by machinery, injuries which in spite of the best directed efforts to guard against them but too frequently happen, the wounds often fail to heal kindly. Frequently a wound will close up and seem to have united by the first intention, yet after the lapse of a day or two the adhesions will break down, and more or less unhealthy inflammation be set up, not seldom accompanied by diffuse suppuration in the neighbourhood of the hurt.

I am able to submit to the readers of this Journal not only the history and treatment of each of the following cases, but also the condition of the patient at a considerable interval after recovery, when the amount of usefulness the limb was likely to attain to might be more fairly estimated.

I thought it desirable yet further to illustrate the results by lithographs copied either from careful drawings of the parts, or from photographs. The plates have been faithfully and beautifully executed.

Without further preface, then, I shall proceed to furnish the particulars of the first case.

I.—Mary Jane Waterson, an interesting child of ten years of age, was admitted to hospital under my care, May 21st, 1866. She was employed in one of the mills on “full time,” contrary to the Act of Parliament. Whilst she was engaged on the morning of the 21st cleaning a spinning frame, her left hand was caught between the cog-wheels at the end of the machine. Accidents caused by these wheels are very frequent, and as may be imagined any portion of the hand which passes between them must be irretrievably injured. It often looks, in fact, somewhat as if it had been teased out like a piece of oakum.

On examining the child’s hand, I found three-fifths of it in a shocking condition. The middle, third, and little fingers had been entangled, as well as the corresponding metacarpal bones. The