Clinical and other Notes.

EARLY ESTABLISHMENT OF COLLATERAL CIRCULATION AFTER LIGATURE OF THE EXTERNAL ILIAC ARTERY.

By CAPTAIN S. R. GODKIN.
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SEROY, M. C., aged 31, was admitted to hospital on September 10, 1910, suffering from aneurysm of the left common femoral artery.

He had a pulsating tumour about the size of a hen's egg in Scarpa's triangle, 1 in. below the fold of the groin.

On September 15, 1910, the left external iliac artery was tied.

An incision 2 in. long was made parallel with and ½ in. above Poupart's ligament, which was pushed up, and the artery tied with a double silk ligature, ¼ in. above its level. The wound was closed layer by layer, with catgut sutures. Poupart's ligament was stitched to the fascia lata of the thigh. The whole limb was wrapped in cotton wool, lightly bandaged over the wool, and then wrapped round with a blanket.

Patient was allowed to sit up in bed three days after the operation. On the eighth day a feeble pulse could be felt in the posterior tibial artery at the ankle. On the tenth day the stitches were removed from the skin: the wound was quite healed and the pulse was more perceptible in the posterior tibial artery. On the twelfth day the patient was allowed to walk. Eighteen days after the operation, the patient was walking about, and cooking his own food. He still complained of slight pain in the knee-joint.

On October 12, 1910 (twenty-eight days after the operation), he proceeded on three months' sick leave. He then had no pain in the thigh or knee.

The point of interest about this case is the rapidity with which the collateral circulation became established, in a part where the anastomosis is by capillaries only.

FRACTURE-DISLOCATION OF THE SPINE WITHOUT PARALYSIS

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SEROY, D., aged 28, was admitted to hospital on September 2, 1910, suffering from fracture of the spine caused by a wall falling on him.

There was a marked angular curvature of the spine at the level of the twelfth dorsal vertebra. There appeared to be at least 1 in. displacement
of the lower part of the vertebral column backwards on the upper part. He was in great agony with pain in the body at and below the level of the fracture.

He had no paralysis of motion or sensation. He was given morphia for the pain, and kept in whatever position afforded him most ease. At first he lay on one or other side. He passed urine normally. During the day a large semi-fluctuating swelling developed on either side of the fracture.

September 5, 1910. Bowels have been constipated. The swelling of the back is somewhat less. He can now lie on his back. He is encouraged to do so. The curvature is slightly less than it was at first.

September 6, 1910. Considerable wasting of the muscles of the pelvis and thighs was noticed to-day.

September 10, 1910. Patient can now sit up in bed, by pulling on a rope from the ceiling with his hands. The curvature of the spine has been steadily diminishing since the third day after the accident.

September 16, 1910. Pain in abdomen and loins still present, especially on turning movements of the trunk.

September 23, 1910. Curvature now consists of a slight prominence of the twelfth dorsal, first and second lumbar spinous processes. Patient started to walk to-day, with the aid of a stick in each hand. Muscles of the pelvis and thighs have recovered their normal size.

October 2, 1910. Walked a couple of steps without sticks. Can walk comfortably with a stick in each hand. He still has pain on turning movements of the trunk.

October 18, 1910. Patient to-day proceeds on six months' leave.

The remarkable features of this case are (1) Amount of displacement at the site of fracture, without any paralysis; (2) The practically complete reduction of the fracture by postural treatment only. No active measures were taken to reduce the fracture.

NOTES ON A CASE OF SYPHILIS TREATED WITH "606."

By Captain J. A. Turnbull.
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I have read of so many cases of syphilis treated successfully with "606" that I thought the following case might be of interest, as the "606" on both occasions evidently became encapsulated and syphilitic eye symptoms developed.

Private Y. was admitted into hospital on September 5, 1910, with the following symptoms of syphilis. Some pharyngitis; roseolar rash over body; glands shotty; hair falling; several mucous patches on lips and tongue.