

There was a moderate rise of temperature on the night after the operation which soon subsided. By the third day a good deal of swelling of the parts had occurred, and the tension necessitated the removal of the stitches.

The appearances looking somewhat erysipelalous, large doses of tinct. fer. perchlorid. were given internally, a gargle of potass. Permanganat. was substituted, and the swollen area circumscribed by an application of ungu. plumb. carbonat. Under this treatment the symptoms subsided, only some puffiness about the lips remaining. From this time the patient steadily improved; he could speak clearly, swallow, and even masticate, while only a superficial sore, without any swelling, remained on left side of face.

Having reached this condition on 24th February, without any obvious reason he left the hospital and disappeared, presumably feeling well enough to return to his home.

ETAWAH, April, 1891.

MULTIPLE INJURIES.

Compound comminuted fracture of the neck of the scapula (including the entire glenoid cavity) and of the acromion and coracoid processes—Poisoned wounds—Recovery.

BY SURGEON-MAJOR ALEX. S. FAULKNER, I.M.S.

General Remarks.—The following unique case is worthy of record—1st, owing to the unusual and extensive nature of the injuries; and 2ndly, so far as I am aware, it is the only recorded case of recovery after such injuries.

History.—Buksha, *æt.* 21 years, a fairly well developed man was (in the company of his brother and others) engaged in "beating" for a tiger, which was known to be in the vicinity of his village. When he and his brother were isolated from the other beaters, the tiger appeared. The patient remained standing, but his brother at once laid down on the ground and escaped. Seeing the patient standing, the tiger at once attacked him, springing on to his left shoulder and back, at the same time biting him over the left shoulder.

After the tiger left him, the patient was picked up in an unconscious state, bleeding profusely, and was carried to an adjoining camp. Here, after administration of stimulants, his wounds were temporarily dressed, and the patient was conveyed on a cot to my hospital (a distance of 18 miles), and I saw him on arrival on December 7th, 1890.

Condition when admitted.—Patient was very livid from shock and loss of blood. The whole of the left shoulder and surrounding tissues were enormously swollen, and there were in all about 24 wounds in this region, and on his back, front of neck, nose, and right arm.

The exact position and nature of these wounds were as follows:—

Anterior aspect.—There were six wounds on the anterior aspect of the left shoulder, of these the largest just below the middle third of the clavicle and the adjacent circular one were most probably tooth-wounds, the others being more superficial were probably caused by the tiger's claws. The other wounds in front of the neck, left side of nose, and on the right arm were also claw-wounds.

Posterior aspect.—The more serious wounds were situated in this region. There were originally six or seven wounds over this aspect of the shoulder, but as they were found, subsequently, to communicate with each other, the intervening tissues were divided causing a long continuous wound along the spine of the scapula. The two wounds on the back were probably claw-wounds, but those over the shoulder were undoubtedly tooth-wounds.

The tooth-wounds, although of the nature of punctured wounds, were characterized by having their edges contused and lacerated.

The claw-wounds were contused and lacerated without having the characteristics of punctured wounds.

Besides the above local injuries, there was marked evidence of severe constitutional disturbance. His temperature was above 101°, delirium was present, and the patient's body was bathed in perspiration. Tongue was furred, and his pulse was weak and intermittent.

Treatment when admitted.—It was found that some of the larger wounds had been sutured in camp before the patient's arrival in hospital.

These sutures were at once removed, the wounds thoroughly washed out with a perchloride of mercury solution, all blood clots, &c., were removed, and the wounds dressed with iodoform and carbolic oil dressings. The whole shoulder was then covered over with a charcoal poultice. The left arm was placed in a rectangular splint, with a pad in the axilla, and the whole arm subsequently bandaged to his side. The above dressing was changed every two hours, and at each dressing all the wounds were thoroughly syringed out.

As there was a marked rise in temperature, phenacetin was ordered in the evening, and subsequently a hypnotic at bed-time. A purgative was administered on the patient's arrival in hospital. Extra nourishment and stimulants were ordered to be given every third hour.

Owing to the enormous swelling of the parts and to the patient's critical condition, it was thought advisable to interfere as little as possible with the wounds on the first day for diagnostic purposes.

Subsequent history and progress of the case.—The general swelling continued for some

days, and the wounds looked unhealthy and inclined to slough. On the morning of the 12th a spicule of bone was removed from the largest wound on the posterior aspect of the shoulder, and on the following day another piece of bone of larger size came away from the same wound (*vide* Fig. I which gives the actual size of the bones removed).

The general swelling gradually subsided, but the wounds continued to look unhealthy, and at each dressing large masses of slough were removed from them.

On the 18th instant I incised the intervening tissues between the two larger wounds at the back of the shoulder, dividing a branch of the supra scapula artery, which had to be ligatured.

On the 22nd instant on examining this wound I detected deep down a large detached piece of bone apparently devoid of periosteum, which I removed. This piece of bone proved to be the whole of the neck of the scapula with the entire glenoid cavity intact which had been fractured transversely from the body of the scapula and from the acromion and coracoid processes (*vide* Fig. II. The detached spicule of bone shown in this figure was removed subsequently.) After the removal of this bone, the shoulder joint was exposed.

Subsequently abscesses formed in connection with the wounds in front of the shoulder, and another in connection with the large wound about the centre of the patient's back.

The progress of the case was most tedious, numerous spicules of bone were constantly removed as they were detected, and in all over 20 spicules came away during the whole treatment of the case, showing the highly comminuted nature of the injuries.

The patient's general condition remained critical for a long time, but he always took his nourishment and stimulants fairly well.

From the beginning of January to the 13th instant, he was progressing most favourably; his wounds looked healthier, and he had little or no fever. However, on the evening of that day his temperature suddenly rose to 104.6°, and on examining each wound, I detected fluctuation deep down in the tissues in connection with the tooth-wound on the anterior aspect of the shoulder.

The abscess was opened and gave escape to a large spicule of bone devoid of periosteum, much to the patient's relief.

There is nothing special to report further on the treatment of the case; progress was very tedious and the wounds gradually filled up, contracted and healed up, and the patient was discharged from hospital on April 22nd after being an in-patient for 136 days.

Remarks.—This unique case is the only recorded instance I can find by reference to standard surgical works, of a transverse fracture

through the neck of the scapula including the entire glenoid cavity and implicating, in its fracture, the acromion and coracoid processes. In fact, the possible existence of such a fracture has been thought dubious.

Although the acromion and coracoid processes have been implicated in this fracture, they are left *in situ*, and consequently the insertion of the short head of the biceps at the coracoid process and of the deltoid to the acromion process, are not interfered with, so far as their insertions are concerned, and these attachments will be of great service to the patient when a false joint ultimately forms for the head of the humerus.

After recovery, what seemed to me the most important physical signs which might be called characteristic (for diagnostic purposes) of the peculiar nature of these injuries were—(a) a marked shortening of the length of the upper surface of the shoulder from the side of the neck to the head of the humerus, as compared to the opposite side; (b) a distinct sulcus remained on the outer extremity of the upper surface of the shoulder, indicating the absence of the neck and glenoid cavity of the scapula.

After my experience of the case I am of opinion that only some direct and extremely violent means could cause a fracture of so dense and deeply seated portion of bone as the neck of the scapula.

In this case the injuries were undoubtedly caused by a bite of the tiger; the tiger's teeth having absolutely bitten through the bone.

Leaving aside these local injuries, the case is in other respects a most interesting one. It clearly proves, not only from the serious complication of a constitutional nature (*vide* Temperature Chart), which were present throughout, but also from the local manifestations, the tendency to gangrene and abscesses, that wounds inflicted by a tiger on the human subject are decidedly of a poisonous nature.

The case further proves that recovery is possible even after such extensive and dangerous injuries.

My assistants Guru Charan and A. Cowasjee deserve my thanks for their continued attention to this case.

ARISTOL IN VENEREAL DISEASES.—Vincenzo Fisichella (*Riforma Medica*, 1891, p. 238) has tried aristol in the treatment of simple and syphilitic chancres, bubos, mucous, and gummous patches, and has arrived at the following conclusions: 1. In simple or syphilitic chancres aristol produces after a certain time a drying up of the ulcer. 2. In phagedenic lesions the drug is of some use but does not produce a curative action. 3. Compared with iodoform, it is less efficacious, and can only be preferred on account of its odorless properties. 4. It is easily pulverized and it adheres well. The author does not believe that aristol is destined to be of much use as a remedy for the treatment of syphilitic disorders.—*Medical and Surgical Reporter*, May 9, 1891.

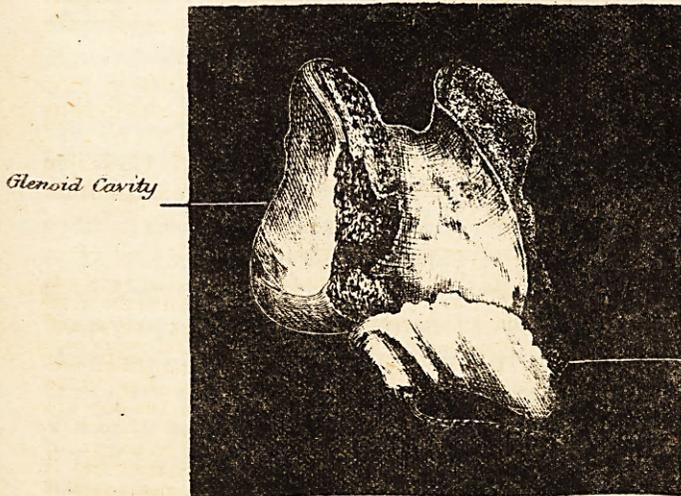
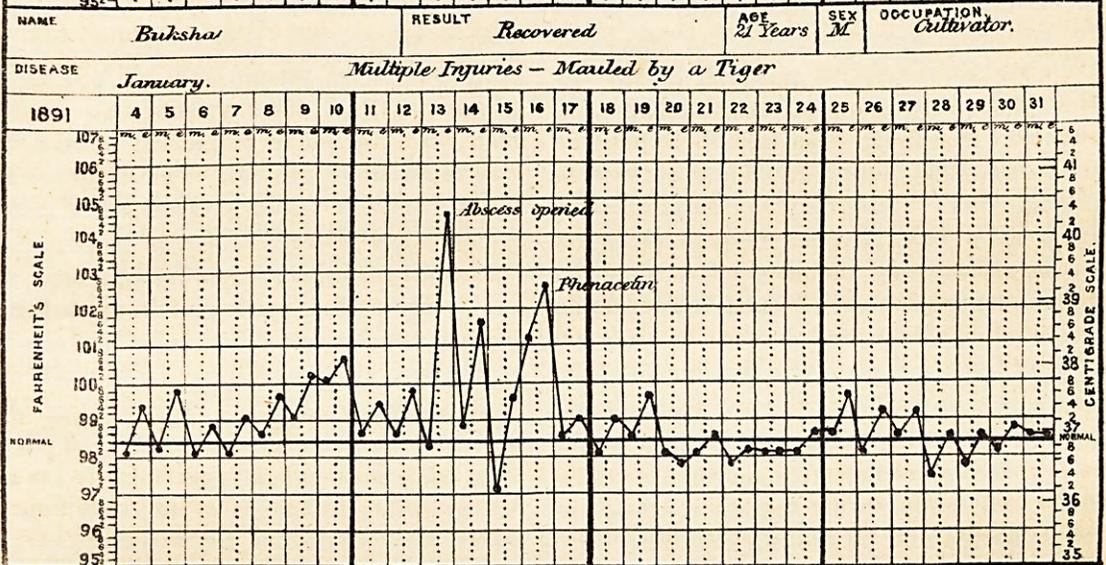
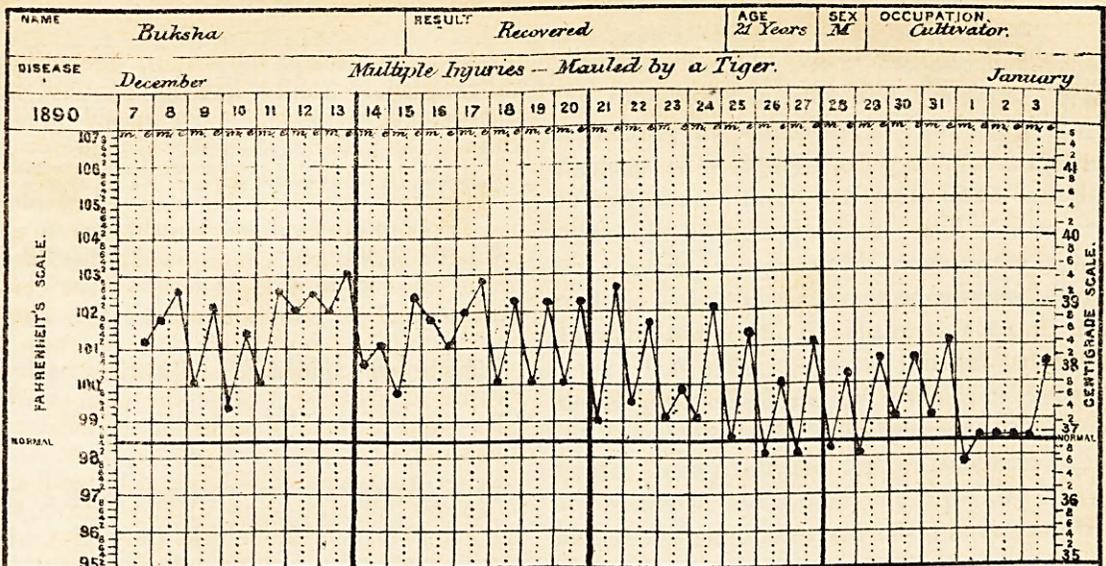


Fig I. Spicule of Bone, Actual size.

Detached spicula of Bone

Fig II. Neck of Scapula and Glenoid cavity, Actual size. Posterior aspect.