

ELIZABETH RAIGEN

PATIENT'S NOTES

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APRIL - MAY 1824

ST. THOMAS' HOSPITAL

ANN'S WARD

Elizabeth Raigen, age 60, was admitted 19th April 1824, with a compound fracture of tibia and fibula, and an extensive Wound of the integuments (skin). The accident happened in consequence of a heavy carriage passing obliquely over the leg. On examination it was found she had received an oblique fracture of the tibia and fibula, just above the ankle, and therefore not including the joint in the accident. The wound it was supposed was made by the grazing of the wheel, which extended from about three inches below the head of the tibia to just below the ankle joint, ending opposite the tarsal bones, (the wound was very clearly cut) no large artery had been wounded; but they stated she had lost a considerable quantity of blood immediately after the accident, which must have been venous blood. At first she appeared tow, her pulse was very small. By order of Mr. GREEN the edges of the wound were brought together as well as they could by adhesive straps, and the leg was laid on a pillow on it's outer side. she did not sleep during

the night, and was very restless. At 12 o' clock reaction began, and the leg became hot. At this time her pulse was about 70 (small) an evaporating lotion was applied.

20th April 1824 - There was a flight oozing of blood from the leg; the limb continued hot during the day and the evaporating lotion was continued. Her pulse rose from to about 80; in the evening she took 35m: of tinct. opii.

21st April 1824 - she got some fleep during the night. Her pulse this morning was small, and about 102. she has had no motion, but has taken a dose of castor oil. she complains of not pain in the part. There is a flight oozing of matter from the lower part of the leg, shewing the commencement of suppuration.

22nd April 1824 - In our last (report) we stated her bowels had not been opened but that she had taken some castor oil - this procured her two or three motions during the day: we also stated there was a flight oozing of matter from the lower part of the leg, shewing the commencement of suppuration; this has continued to increase, and in the afternoon a

few small vesicles (blisters) appeared on the fore part of the foot, in consequence of which the dressing was slightly loosened in order to favour the return of blood; the tongue was dry and brown: the pulse small and quick, about 100; a saline draught with a small quantity of Tr: Op: was ordered every four hours.

23rd April 1824 - slept a little last night, but altogether had a restless night; the tongue continues dry and brown, the pulse small and quick; has had two motions; the dressing with dressings were removed, and in consequence of the increased state of the suppurative process and the foul appearance of the wound, a piece of lint dipped in nitric acid lotion was applied, and a poultice laid over it. she was ordered a small quantity of wine, and as a generous diet as she could take.

28th April 1824 - The symptoms have continued to increase, and she has become gradually weaker. This day her tongue is very dry, brown, and cracked, her pulse is 90, and small; her bowels have not been open since Monday (26 April 1824).

29th April 1824 - The patient is extremely low; pulse small and weak; tongue dry and covered with brown fur in the middle, but red at the edges; countenance indicative of great prostration of strength; indisposition to speak; bowels opened three or four times by some castor oil. Discharge from the wound increased in quantity, and of very offensive smell; sight of blackness on front of leg as if the part were threatened with gangrene; wine and porter and stimulating medicines ordered to be continued.

It being apparent that the patient was sinking fast, it was thought that the only chance for her life was to remove the limb, and consequently an operation was proposed, to which she consented. Mr. TRAVERS then said that he would perform it tomorrow at one o'clock.

30th April 1824 - Patient rather weaker than yesterday; at half past one o'clock she was brought into the female operating theatre to undergo the operation; the tourniquet being applied, and the artery in the groin compressed well, an assistant supported the limb whilst the operator proceeded to amputate about three inches above the knee joint. The usual steps of

the operation having been completed, great care was taken that as little blood as possible should be lost; three vessels were soon secured, the wound was dressed, and the patient removed from the theatre in 20 minutes from the time she was first brought in. About four ounces of blood were lost. During the operation the patient was quite faint - and brandy and wine were administered, which revived her a little.

On examining the limb it was found an oblique fracture of the tibia and fibula, about three inches above the ankle joint, together with extensive laceration of the integument (skin) extending from two inches below the head of the tibia to the inner malleolus (ankle bone); no attempt no attempt at union of the bone had been set up. The patient was pretty easy after the operation; but gradually sank and died on Monday (3rd May 1824). The body was not examined.