

insertions appear to have subsided; those near the second are on the increase.

22nd (eleventh day).—The insertions have all formed good large pustules, and are maturing. There are three small pustules by the side of one of the large ones in right arm, one small pimple on right cheek, another on the forehead, and four or five on both wrists.

23rd (twelfth day).—Pustules scabbing. Eruptions noticed yesterday are vesicular and somewhat larger. Asked Dr. Scudder to see the patient, and that gentleman was of opinion that the eruptions were of the character of small-pox.

25th (fourteenth day).—Eruptions on wrists slightly pustular; those on the face dry. Pustules scabbing.

Dec. 1st (twenty-first day).—The eruptions formed irregular scabs; those from the insertions have dropped off.

B.

Nov. 13th. —The right arm was operated on from Andecolum, and the left arm from Ponnen (operated on at the same time as Andecolum).

15th (3rd day).—Five punctures promise to vivify, and have a papular appearance.

16th (fourth day).—The whole six punctures are elevated, and can be distinctly seen.

17th (fifth day).—Good; two broken; contain a little fluid.

18th (sixth day).—Papule increasing; broken ones have a slightly inflamed base, others looking well.

20th (eighth day).—Those entire are not very promising; small, with little black spots in centre; do not appear to contain much fluid. Notwithstanding, their contents were transferred to ten other subjects.

21st (ninth day).—Vesicles crusting over. No fever.

23rd (eleventh day).—Pustules scabbing. A few small vesicles, twenty to thirty in number, are interspersed over the face, arms, and legs.

Dec. 1st (nineteenth day).—Well. Discharged.

(To be continued.)

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES OF WOUNDS INTO JOINTS.

(Under the care of Mr. JOHN BIRKETT.)

PENETRATING wounds of the large joints always excite alarm in the mind of the surgeon. Even incised wounds, most carefully made, and with every precaution adopted to prevent inflammation, as for the removal of loose cartilages from joints, have been attended with disastrous consequences. Wounds inflicted by rough tools, and complicated with injury to the surrounding parts, must always be attended with corresponding risk to the integrity of the injured member and the life of the sufferer. Taken in time, however, and carefully treated with the appliances of modern surgery, the danger accompanying these serious injuries may at least be averted, and, as the following cases illustrate, the usefulness of the injured joint need not necessarily be compromised. The principles upon which the treatment of the injuries was carried out were as follows: the immediate closure of the wound, the adoption of perfect repose of the body and immobility of the injured member, the local application of ice, and a moderate but nourishing diet.

CASE 1. *Incised wound into the knee-joint.*—The report taken by Mr. E. N. Edwards, the dresser of the case, is as follows:—On Feb. 8th, 1867, a healthy carpenter, twenty-five years old, fell from a height of several feet whilst carrying a basket of tools, with the sharp edge of one of which a wound was inflicted over the outer side of the left knee-joint. It was partly

over the patella, and extended obliquely backwards and downwards about an inch and a half as the limb reposed in the extended posture. The edges of the wound were carefully kept in contact by adhesive plaster and a compress of lint, but synovial fluid escaped freely from the wound the day after the accident. The surface of the whole joint was warmer than that of the opposite side, and the capsular ligament was distended with fluid. The limb was fixed on a straight back splint, ice applied over the joint, and a moderate but nourishing diet allowed.

The progress of this case was satisfactory; for neither local inflammation nor constitutional disturbance to excite apprehension arose, and the upper half of the wound healed in a few days. Synovial fluid continued to ooze from its posterior termination, and retarded the healing process. Ice was continued for twelve days, when the effusion into the joint had subsided. The wound was not covered, and it seemed to heal more quickly under this condition, an incrustation forming over it, beneath which cicatrization advanced.

The man left the hospital forty-eight days after the infliction of the injury quite well.

CASE 2. *Lacerated wound of leg communicating with the knee-joint.*—The following case is reported by the dresser, Mr. J. A. Sharp:—A healthy, hard-working man, twenty-one years old, was admitted on August 23rd last into Accident ward, in consequence of an injury received about an hour before, and produced by the kick of a horse. The calkin of the horse-shoe had struck the man just below the left knee-joint, the articulation at the moment being flexed. A wound was inflicted in front of the leg, over which a surgeon quickly placed a pad of lint and plaster. As blood flowed from beneath this dressing, it was removed, and a contused lacerated wound of the integuments was seen. It was somewhat quadrilateral, oblique in direction, and about three-quarters of an inch in diameter, and situate two inches and a half below the anterior edge of the upper articular surface of the tibia, a little below the tubercle of the tibia. The soft parts were cut through to the surface of the tibia. The knee-joint was swollen, and when pressure was made over the patella, the blood flowed more freely from the wound. The last observation led to a very careful examination of the injury by Mr. Birkett, who found that there was not only blood within the synovial capsule, but also air; for upon continuing the compression, bubbles of air came out of the wound with the blood, and upon percussing over the swollen joint, the peculiar dull sound of a circumscribed collection of air beneath the integuments was recognisable by all the bystanders. It was not possible to expel all the air; but the size of the distended capsule was much reduced by expressing the blood from within it. The diagnosis was then clearly established, that from the integumental wound a free passage extended through the synovial membrane into the knee-joint, that blood flowed into its cavity, and that air had also gained admission therein. The limb was placed in an extended posture, and kept so by means of sand-pillows. Pressure was made over the joint to expel as much of the blood and air as possible; a compress of lint was strapped over the track of the injury between the wound and the head of the tibia, and water-dressing was applied on the wound itself. In spite, however, of this local treatment, the joint soon became again swollen, probably from effused blood. The character of the bleeding was venous. Strict repose was enjoined, ice was kept constantly in contact with the whole anterior and lateral surfaces of the joint, and a moderate diet only was permitted.

There was not an untoward symptom in the progress of this man's recovery. The wound healed in about a fortnight; the joint continued swollen, but was never painful; and he was very unwilling to follow the strict rules imposed as regards the absolute repose of the member. Ice was employed for three weeks, it being continued after the external wound was healed. For five weeks the man was kept in bed, and appliances used to maintain extension of the joint; and when he left the hospital, forty-three days after the infliction of the injury, the movements of the joint caused no pain.

The patient called at the hospital on Dec. 2nd, and stated that he did not experience the slightest inconvenience from the injury.

CASE 3. *Wound of elbow-joint, complicated with fracture of the olecranon.*—This patient was admitted on the 4th April last, and from the report of the case by Mr. C. H. W. Parkinson it appears that the man, twenty years old, was struck at by a fellow-workman with an ordinary carpenter's hand-saw, the back edge of which was very thin and sharp. With this weapon a wound was inflicted transversely across the posterior

region of the left elbow-joint. The integuments were divided for about two inches in length, rather obliquely; and three-quarters of an inch of the olecranon ulnæ was cut off, which retained its ligamentous and tendinous attachments, and allowed the cavity of the joint to be seen during its flexion. Three sutures were employed to adjust the wound of the skin, and the arm was placed on a straight splint, well padded at the elbow. Moist lint was laid over the wound. After a day or two the wound became inflamed, and the man complained of pain. Ice was applied over the joint, which reduced the inflammation, although the wound assumed a sloughing aspect. The sutures were removed, and a lotion with permanganate of potash was applied over the wound. An angular screw splint was substituted in place of the straight one, but this, even, caused pain and swelling of the arm. In a few days it was removed, and the arm steadied by pillows. Ice was used for thirty days. After forty-six days the wound was quite healed, but still the joint was kept perfectly at rest, somewhat flexed. He left the hospital in sixty-nine days after receiving the injury, the member saved, but the movements of the joint impaired.

ST. MARY'S HOSPITAL.

CASES OF HÆMATEMESIS.

(Under the care of Dr. SIEVEKING.)

SOME interest attaches to the following cases from the circumstance that the patients rapidly improved after the occurrence of an eruption about the body. Mr. J. R. Hill, house-surgeon, has been good enough to give us a note of the history.

M. B——, aged twenty-four, admitted June 16th; servant, looks strong and healthy, and well nourished. Had rheumatic fever, and after this she suffered from shortness of breath and palpitation of the heart. She was well up to ten months ago, when she was taken ill with pain in the head, giddiness, &c. Vomited her food, and had great pain in the left part of the chest. She recovered in a week, but the sickness still remained, which had lasted up till the time of admission. She was treated as an out-patient for some time. On the 12th of June her hands and feet swelled, and were very painful; this symptom disappeared, leaving stiffness and soreness. She then spat up some red blood after a slight cough. Vomits a dark-brown fluid; catamenia regular; tongue furred, darker in centre; breath very fetid; pulse 84; bowels regular. Ordered compound soap pill, two grains; tannic acid, three grains: three times a day.

June 17th.—Great pain in epigastrium extending to shoulder; appetite bad; vomiting blood; throat sore; heart normal. Ordered blister to epigastrium, and milk diet.

19th.—Pain relieved, but still bringing up large quantities of blood and vomit. Ordered, fifteen minims of tincture of muriate of iron, and an ounce of infusion of quassia, three times a day.

20th.—Still great pain, and hæmatemesis. Ordered, five minims of dilute hydrocyanic acid, ten grains of bismuth, ten grains of carbonate of magnesia, and an ounce of almond mixture, three times a day.

24th.—Bowels confined; pain in head and epigastrium (which was relieved by blister).

27th.—To be fed by beef-tea enema.

28th.—To have ten grains of compound kino powder three times a day, and a blister to the epigastrium.

29th.—Great thirst; felt giddy and fell out of bed last night; had an epileptic fit; vomited a small quantity of blood. Ordered bismuth and dilute hydrocyanic acid.

July 2nd.—Still vomiting small quantities of blood, though improving.

4th.—Not so well; great pain in epigastrium; very sick. Ordered gelatine and milk alone.

6th.—No sickness, but an eruption of vesicles in groups has broken out over the body, which burst and leave a brown scab on face, chest, and arms, looking very much like eczema.

10th.—Improving; no sickness. Still on gelatine and milk.

19th.—Mutton-chop ordered; no sickness; improving.

28th.—Still in the hospital, but has had no more sickness nor pain in the epigastrium.

Some few months ago, a girl was admitted with violent hæmatemesis, which did not yield to any treatment until an eruption of erythema nodosum appeared, when she rapidly improved and went out quite well.

GREAT NORTHERN HOSPITAL.

A NOTE ON MENORRHAGIA.

TROUBLESOME cases of menorrhagia treated with success are always worthy of record, for there are few disorders more trying to the medical practitioner. The result of treatment in the following instance, which was lately under Dr. Murray's care at this hospital, was very favourable. The patient was a woman of highly scrofulous habit. She had had many children, and her uterus was large, heavy, and indurated, with the mucous membrane of its interior granular, and bleeding at the least touch. The loss of blood was severe at the periods, and continued during their intervals, though not to so great an extent. She had, however, sustained so much loss, that complete amaurosis had occurred, and her health was otherwise most seriously damaged,—the nervous system being generally shattered.

Dr. Murray, after having tried plugging, and the various styptics usually employed, even injecting the uterus with a solution of iron, met with great success in adopting the course which was originally, we believe, suggested by Dr. Henry Bennet,—viz., plugging the uterus itself.

Three or four small pieces of cotton wool were used, to each of which were fastened long pieces of silk for the purpose of withdrawal. These little plugs having been first dipped in a solution of the sesquichloride of iron, were carefully pushed through the speculum into the uterine cavity, by means of the sound, and allowed to remain *in situ* from twenty-four to forty-eight hours, the iron preventing any unpleasant consequences from decomposition. This treatment was pursued for about ten days, after which time menstruation took place in a normal manner, and there followed no hæmorrhage of any kind.

Dr. Murray is disposed to think that the delay which often takes place before local remedies are resorted to in some cases of menorrhagia, is frequently attended with the most mischievous results. The timely application of various forms of styptics to the uterine membrane will often save the patient from the serious and sometimes irreparable consequences of a long-continued drain from the system.

ST. GEORGE'S HOSPITAL.

A CASE OF ENCEPHALOID DISEASE OF THE LIVER; RAPID DEPOSIT.

(Under the care of Dr. WADHAM.)

A CASE involving some points of interest in regard to cancerous disease of the liver was lately in this hospital. Of 83 such cases analysed by Frerichs, only 7 were in persons under thirty years of age. The age of this patient was twenty-eight. The rapidity of progress was unusually remarkable. As more often happens than not in cancer of the liver, there was no jaundice. Dr. Reginald Thompson, medical registrar, has obliged us with notes.

The patient, Henry H——, was a carpenter, who was admitted on Nov. 14th, 1867. He had been in perfect health until five weeks before admission. His illness began with rigors, and pain in the right side of the thorax and in the liver. He had not been jaundiced.

On admission, he was suffering principally from dyspnoea. On being closely questioned, he said he had a feeling of constriction—of tight lacing—across the liver. This organ was found to be enormously enlarged; it extended from the level of the right nipple to below the umbilicus, and measured in this direction eleven inches; it was nodular and hard. There was no tenderness and no jaundice. The right lung was dull, and the sputa contained a large quantity of elastic tissue. The cervical veins were much distended. The disease was diagnosed to be encephaloid deposit in the liver and right lung. The patient died on the 22nd November, the liver having increased in size.

The post-mortem examination was made by Mr. Pick. Several masses of encephaloid cancer were found in the right lung and in the liver. This organ was of an enormous size, and weighed 210 ounces.

THE Bishops come in for their share of ailments. The Bishops of Exeter, Bath and Wells, and Hereford, were unable from illness to hold their ordinations at Christmas.