hospital twelve days. Nine months afterwards he had another attack, and six months ago a third, for both of which he remained at home, and treated himself by freely taking spirits and beer.

Nov. 14th.—For the past week he has been, as he denominates it, “out on the drink.” During the whole of to-day he has been indulging, and he has taken seven glasses of hot rum, besides gin and beer, and incessantly smoking. He has taken no solid food to-day. Towards evening he got into a row, and received a wound over the temple, which bled rather profusely. He applied at the Charing-cross Hospital for this, and, his wound being dressed, he was admitted an in-patient under Mr. Canton, who prescribed an opiate. In appearance he is the very picture of a man who is addicted to intemperance. His face is bloated; his eyes are expressionless, and have a peculiar unsettled stare; his hand trembles very much, as also his tongue (which is coated white), and his whole aspect betokens the enfeebled constitution of a confirmed drunkard.

15th.—Very feeble. He has obtained no sleep. He spontaneously assures the house-surgeon that he apprehends another attack of delirium tremens if he is not allowed some spirits; and when told that it was intended that none should be given him, he was much astonished, and feared he would not recover. Ordered ammonia and bark, with chloric ether and opium, every four hours, and, as his stomach was irritable, some beef-tea; to have an opiate at bedtime.

16th.—Better. He has had some sleep. He is not so nervous, and is more tranquil in his mind. To have full meat diet daily, but no beer or spirits. Ordered a grain and a half of quinine, twenty minims of chloric ether, and fifteen of tincture of opium in water every four hours.

17th.—Feels much better. He says he experiences the same sort of relief from taking his quinine mixture as he usually does from imbibing his dram of spirits.

21st.—Still improving. The wound in the temple is almost well. The nervousness he complained of has almost departed.

A few days afterwards he left the hospital cured.

ST. MARY'S HOSPITAL.

THREE CASES OF DELIRIUM TREMENS, TREATED WITHOUT STIMULANTS; FATAL RESULT IN TWO.

(Under the care of Dr. ALDERSON and Dr. SIBSON.)

IN the annexed cases no alcoholic stimulants were given after the patients were admitted into the hospital, as will be seen by the details, but some one of the preparations of opium, combined with ammonia, instead. In two a fatal result ensued, probably mainly brought about by the mechanical restraint employed. The prohibition of this terrible source of exhaustion cannot be too stringently enforced; for, as was recently observed in some clinical remarks on this disease made by Dr. Brinton at the Royal Free Hospital, “no matter to what degree reason may be degraded or dethroned, the delirious patient always seems sensible of the debasement and brutality implied by straps and bands.” (THE LANCET, vol. i., 1860, p. 592.) If attendants cannot be procured to gently restrain and watch the patient, it were better under such circumstances to administer chloroform, which we have known to do more good than all the strait waistcoats; and we have in our “Mirror” recorded cases which, sleep having been induced by its employment in the London Hospital, terminated in recovery. (Ibid., vol. ii., 1858, p. 449.) The notes of the subjoined cases were kindly furnished by Dr. W. H. Broadbent, medical registrar to the hospital.

Robert S—, aged forty-five, butler, was admitted into the above hospital, under the care of Dr. Alderson, May 16th. He had been engaged in his occupation as butler up to the date of his admission, enjoying good health, but drinking largely. When brought to the hospital, his countenance had a wild expression, there was general tremor, and he was apprehensive of some intention to injure him on the part of his fellow-servants; the skin was perspiring; pulse quick; tongue white and creamy. He was ordered two grains of opium at once, and a grain every hour till sleep should be induced.

May 17th.—In much the same condition; can answer a question rationally, but is unable to fix the attention on any subject. The following mixture was substituted for the crude opium:

sesquicarbonate of ammonia, four grains; solution of morphia, twenty minims; tincture of lavender, fifteen minims; and acetate of ammonia mixture, one ounce, every four hours.—Eleven P.M.: Very noisy; sweating profusely; in other respects about the same. As it was found that he and another patient suffering from phrenitis were mutually exciting each other, and disturbing the ward by responding in loud shouts, he was removed to a separate ward. During the night he became violent, and the attendant, without consulting the house-surgeon, put on the strait waistcoat. At four A.M. the house-surgeon was called. His struggles had suddenly ceased, and he was found unconscious; pupils fixed and dilated; surface cold and clammy; slight convulsive movements of the extremities, and twitching of the mouth; pulse imperceptible; respiration suspicious. He died in ten minutes.

At the post-mortem examination nothing was found beyond slight sub-arachnoid effusion.

Thomas C—, aged thirty-six, admitted, under the care of Dr. Alderson, June 4th, 1860. He is a pipe-maker, and, in carrying round his pipes to public-houses, has been in the habit of drinking much gin and beer. He has had several attacks of delirium tremens. When admitted, had not slept for two or three nights, but had imagined that people were jumping about outside his window, and deriding him. Hand and tongue unsteady; skin cool; pulse 88; tongue white and moist; no actual delirium. Ordered two ounces of compound senna mixture, to be followed by twenty minims of solution of muriate of morphia, with three grains of sesquicarbonate of ammonia in camphor mixture, every four hours. He had a pretty good night, continued to improve, and on the 12th was discharged cured.

Thomas M—, aged thirty-four, admitted, under the care of Dr. Sibson, March 16th, 1860. For the last six months has been suffering from cough, with pain in the side and expectoration, and he has been in the habit of taking half a pint at least of brandy daily. When admitted, he was agitated, tremulous, apprehensive, but not delirious. Skin moist; pulse 90; tongue white and moist. He was ordered ten grains of colocynth pill with calomel, and mixture of the acetate of ammonia, with excess of ammonia; at night he had forty minims of Battley's solution, and twenty minims every three hours till sleep was produced. Diet, broth, with a pint of porter.

March 17th.—He had a little sleep in the night, and seemed about the same. The opium to be repeated at night.

18th.—Did not sleep, and now insists on going home, imagining that some mischief to him was intended. He was easily persuaded to return to bed; but he required constant watching during the day, and towards evening became violent. Battley's solution to be given every two hours.

19th.—Very much excited, and with difficulty kept in bed; imagines that he is to be punished for some crime. Hands tremulous; skin perspiring freely; pulse 98; respiration 24. As he became more and more violent, and as he was an exceedingly powerful man, and could not be restrained, he was removed to a separate ward, and the strait waistcoat was put on. His efforts to free himself were fearful, and though the opium was increased in quantity, and given at shorter intervals, he had no sleep.

At about six A.M. on the 20th he ceased to struggle, and seemed to sleep; but it was soon seen that this was not sleep, and before the house-surgeon could be called he was dead.

On post-mortem examination, both lungs were found universally adherent and greatly congested. There was slight subarachnoid effusion, and both lateral ventricles of the brain were greatly distended by fluid.

UNIVERSITY COLLEGE HOSPITAL.

HISTORY OF A CHILD FIVE YEARS OLD, BROUGHT IN WITH SYMPTOMS OF POISONING BY RUM; RECOVERY.

(Under the care of Dr. PARKES.)

DR. TAYLOR, in his work “On Poisons,” gives an instance of three ounces of brandy proving fatal to a boy of seven years in thirty hours; and another of a child of the same age who swallowed eight ounces of undiluted rum, during the absence of her parents from the room. In the latter a recovery ensued, although the quantity of alcoholic liquid taken was so much larger; but this desirable result was brought about by the early use of the stomach-pump, with other energetic treatment. The

quantity of rum taken by the child, in the following case (which we give as recorded in the hospital books), was about three ounces; and a recovery ensued after the evacuation of the contents of the stomach. In some respects (as also occurred in the case of poisoning from the eight ounces of rum) the symptoms resembled poisoning by opium:—

A healthy-looking child, aged five years, was brought into the hospital on Sept. 3rd, 1859. He is well made; has no rickets; the chest well formed. He is totally insensible; the limbs flaccid to the highest degree; he cannot be aroused by calling or speaking; the eyes are partially open; the pupils contracted, but not closely; the eyeballs roll a little; no strabismus nor lividity; temperature good, but not high; no sweating; pulse 108; respiration 30, regular; a little snorting; aspect that of a child in profound sleep, excepting that the eyelids are not closed, the eyeballs not turned upwards, and the pupils not closely contracted; no flush; no pallor. His mother says his colour is as usual. No injection of conjunctivæ; no heat of head. The arteries of the neck are throbbing, and perceptible to the eye; pulse felt at the wrist. The brachial arteries are rather full; arteries throbbing; jaws clenched, with occasional snore; no grinding of the teeth; the breath has odour of spirits; no urine in the bladder.

History.—He has been suffering from whooping-cough and pneumonia (left lung), and confined to the house six weeks since. On the morning of Sept. 3rd, between seven and eight, he was running about as usual. He afterwards drank about half a quart of rum; his father beat him; he ate some bread and butter, cried incessantly for an hour and a half, then lay upon a couch, and remained in his present torpid state. He was much flushed generally all over, and the face covered with perspiration. When this state of countenance came on his bowels acted. At twelve o'clock salt-and-water was administered, which he did not vomit. An hour afterwards an emetic was given, which was also inoperative. A tube was then introduced into the upper part of the œsophagus, causing vomiting and ejection of matter, which smelt of spirits. He had not anything to eat before taking the rum.

The patient completely recovered, and was discharged from the hospital.

CLINICAL RECORDS.

NECROSIS OF THE STERNUM.

THE fact is well known to surgeons, that when necrosis has attacked any of the flat bones, the separation of the sequestrum is a tediously long process, even if it should occur at all. The denuded, or we may say carious surface, may remain rough and exposed for a considerable period, sometimes even for several years. This is the general experience with the pelvic bones, the scapula, and the sternum. The destructive influences often penetrate pretty deeply into the last, owing to the circumstance of its being less compact and firm in texture than the other bones. The spongy structure readily crumbles away by the ulcerative process, and the minute fragments are thrown off in the secretions. The cure of a carious condition of the sternum is, therefore, not very readily accomplished, unless the affected parts are removed with the aid of a gouge, and care be taken that the pus or other secretion does not burrow over the bone. We have noticed some six or seven instances during the past few years in which patients were under treatment in our hospitals for disease in this situation, and, perhaps, the majority of them were the result of strumous abscesses. The cure of the greater number of them was tedious, although it was effectual.

Another case of the kind is at the present time in St. Mary's Hospital, under Mr. Walton's care, in the person of a young woman, aged twenty-one, with a well-marked strumous diathesis, and who has previously been the subject of abscesses in other parts of the body, as evidenced by the presence of numerous cicatrices. About eighteen months ago a lump spontaneously formed over the upper third of the sternum; this suppurated and burst, and a sinus was left about two inches in length, extending down to the bone, which was in a carious condition. On her admission, the sternum all around was much swollen, and the parts tender, as if encircling an actual sequestrum. None, however, has been found. The sinus was slit up, and the old wound laid open to the bottom, since which, free suppuration has become established, healthy granulations are springing up, and there is a prospect of the morbid process being stopped.

On the 5th of August, a female was brought into the ope-

rating theatre of King's College Hospital, with necrosis of the sternum, and disease of the costal cartilages, the result of a strumous abscess in the breast five years before. Sinuses had formed in various directions; some of them were subcutaneous, whilst others were deep, and burrowed amongst the deeper tissues, especially implicating the subjacent osseous and cartilaginous structures. As the patient was very nervous and irritable, most of these were slit up under the influence of chloroform, and the surface of the sternum was exposed, rough and denuded of periosteum. The carious surface was gouged away, and a spicula of dead bone was removed from the superficial parts. Free and healthy suppuration has become established, and under the use of good diet and tonic remedies, it is expected that the parts will assume a healthy character, and completely heal up.

COMPLETE REDUCTION OF THE HEAD OF THE HUMERUS AFTER SIX MONTHS' DISLOCATION.

In July of last year we placed upon record an instance of attempted reduction of a dislocated shoulder of nearly seven months' standing, by Mr. Prescott Hewett at St. George's Hospital. The old adhesions were broken up under chloroform; and although the head of the bone was not restored to its natural position, the joint was so much improved that considerable motion was gained and the deformity lessened. The patient might have been still further benefited, but he left the hospital prematurely. In long-standing dislocations of the shoulder, it is seldom indeed that the head of the humerus is restored direct to the glenoid cavity; in most cases, if any improvement is effected, it is by the capsule forming a cushion between the two articulating surfaces, which not only permits of pretty fair motion, but lessens the deformity. This we have now seen on several occasions. Some months back, however, an elderly man was brought to Mr. Brodhurst, at the Royal Orthopædic Hospital, whose right shoulder had been dislocated six months. An effort was made to effect reduction, and no difficulty was experienced by Mr. Brodhurst in breaking up the adhesions, and most effectually reducing the dislocation,—that is, restoring the head of the humerus to its normal receptacle, the glenoid cavity, which took place with an audible "click." The bone was retained in position without much difficulty; and notwithstanding that there was atrophy of the deltoid muscle from disuse, and considerable shortening of the great pectoral muscle, the patient was gradually obtaining good motion. In this case there was no intervening capsular membrane to interfere with the accomplishment of reduction; and as this circumstance is extremely rare after the first three or four months, Mr. Brodhurst's case may perhaps be considered as one of the most remarkable on record. Dr. Keppell had informed him that he had succeeded in reducing two cases of dislocation of the shoulder at the unusual period of seven and fourteen months' duration, and in both cases with satisfactory motion; but we are inclined to doubt whether, in the second case, the reduction was a perfect one. Might there not have been a cushion of capsular membrane between the articulating surfaces?

WELL-MARKED SYPHILIS IN A FEMALE CHILD AGED TEN YEARS.

WHEN a young child, the subject of primary syphilis, is brought before a surgeon, the disease is usually found to depend, in some way or other, upon the accidental contact of the poison by means of the clothes of an adult person, who may possibly be a near relative of the child. This occurrence is by no means so rare, amongst the children of some of the poorest and most abandoned of our population, as might at first sight be supposed.

A case differing very much from such a condition of things, however, was recently in President ward of St. Bartholomew's Hospital, under Mr. Lawrence's care. A little girl, ten years old, the child of humble but clean and respectable parents, was admitted, on the 19th of July, with a series of mucous tubercles on both labia, excoriations of the perinæum and verge of the anus, together with ulceration of the tonsils and hard palate. She had, besides the foregoing, a secondary leprosy eruption about the arms and body. Her mother knew nothing about these, but the child confessed to having had carnal connexion with her cousin, a lad of fourteen years, and no doubt was contaminated by him. There was no evidence of penetration, because the hymen was entire, its aperture being of the size of a goose-quill. She was otherwise a stout little girl, and well developed in every way.