was never very severe, was immediately checked by creasote. The stitches were removed on the fourth day. There was some slight suppuration from the lower part of the wound. On the twentieth day the patient was up and walking about the ward. She was discharged well on the twenty-eighth day.

CASE 10.—A. H.— was operated on by Mr. Christopher Heath on the 26th of November. She had been repeatedly tapped; and a year previously an operation had been attempted, but abandoned on account of adhesions. The adhesions were very strong and general; and, in enlarging the incision upwards, a piece of small intestine, which was firmly adherent to the abdominal wall, and perfectly empty, was divided in three-fourths of its circumference. The operation was completed with great difficulty, owing to the adhesions, and the pedicle was tied and dropped in. An artificial anus was then established by stitching the edges of the divided intestine to the abdominal wall.

Jan. 30th.—She has recovered well from the operation, the bowels acting regularly per rectum, a compress restraining the discharge from the artificial opening. Mr. Heath proposes shortly to close the fistulous opening, when more detailed notes of the case will be published.

CASE 11.—S. P.—, aged twenty-six, was admitted on Oct. 11th, 1870. She had been married five years; had one child four years of age; the catamenia were regular. Her husband objecting to an operation, she was discharged in three days. She had noticed the swelling in the abdomen for five months.

Readmitted Dec. 12th, 1870. Her abdomen has increased in size in all measurements: she is now 42½ in. round at the umbilicus, 3½ in. more than in October. She has had rather more pain. The abdomen is somewhat more distended on the right than on the left side; there is perfect resonance in the left flank, but deficiency in the right; the rest of the abdomen is absolutely dull; free fluctuation is felt at all points; the skin moves freely over the swelling; the urine is free from albumen.

On Dec. 17th Mr. Christopher Heath operated, when a large multilocular cyst of the right ovary, consisting of one large cyst and several small ones, weighing 2½ lb., was removed. A few adhesions to the omentum were easily broken down; otherwise the growth was perfectly free. The pedicle was tied with ordinary strong ligature thread, cut off, and dropped in. There was some hæmorrhage from a band of adhesions, which was treated in the same manner as the pedicle. There was also some hæmorrhage from the omentum; one vessel was twisted, and part of it being still disposed to bleed, Mr. Heath removed it with the clamp and cautery. The wound was closed with wire sutures, and the abdomen was covered with linseed-meal poultices sprinkled with tincture of opium, which were changed every four hours. The fluid amounted to eighteen pints, and was very slightly viscid.

The patient recovered well from the operation, being only troubled with some pain, which was subdued by an opiate enema. Vomiting came on eight hours after the operation, which was checked by a drop of ipecacuanha wine given every hour, after the failure of bismuth and hydrocyanic acid, milk and lime water, and iced champagne. The sutures were removed on the fifth day; the wound had entirely healed. The bowels were opened by an enema on the ninth day. The temperature never rose above 100° 6', and was only twice over 100°.

The patient was discharged on Jan. 12th, feeling moderately strong, but occasionally complaining of pain in the right side.

Provincial Hospital Reports.

NEWCASTLE-UPON-TYNE INFIRMARY.

CASE OF COMPOUND DISLOCATION OF THE ANKLE-JOINT;
DELIRIUM TREMENS, TREATED WITH LARGE
DOSES OF CHLORAL.

(Under the care of Mr. RUSSELL.)

THE following case has been communicated by Dr. F. Page.

J. W.—, a fat, bloated woman, of intemperate habits, married, and aged twenty-nine years, was admitted during

the night of the 26th October, 1870, suffering from compound dislocation of the left ankle-joint, the result of a fall while intoxicated. The tibia, fractured through its malleolus, projected from a clean cut wound about two and a half inches in length, exposing the whole of its articulating surface. The fibula was fractured just above the external malleolus. The joint was freely syringed with an aqueous solution of carbolic acid (one part to twenty), and the dislocation reduced without removing any bone. The margins of the wound having been carefully fixed in apposition by means of wire sutures, it was dressed with carbolic oil, and the limb put upon a back splint and slung.

Oct. 27th.—Patient has had some sleep. Complains of great thirst. Ordered three pints of beer during the day; chloral hydrate, forty grains at bedtime.

28th.—5 A.M.: Very delirious and unmanageable; has got her leg out of the splint. Apparatus readjusted. Ordered four ounces of whisky.—10 A.M.: Has taken all the whisky. Has not slept, though she has been, and is, much quieter.—2.30 P.M.: Very excited and delirious. Ordered forty grains of chloral, and two ounces of whisky.—6.30 P.M.: Has kicked the leg out of the splint, and bruised it very considerably. Is very delirious and excited; has, in fact, delirium tremens. The leg, now very much inflamed and covered with large bullæ, was put up in interrupted side splints. A drachm and a half of chloral given.—7.30 P.M.: Still very unmanageable. Has been out of bed. Two nurses ordered to remain in charge all night. A drachm and a half of chloral again given.—11 P.M.: Excited, but quieter; has not slept. One drachm of chloral given.—At 12 o'clock, the patient still being quieter but sleepless, another drachm of chloral was given; and an hour afterwards she had fallen asleep.

29th.—9 A.M.: Remains in a profound sleep; pupils much contracted; is easily roused to take beef-tea and milk, but falls asleep again almost immediately.—2 P.M.: Has awakened, and is quite sensible and quiet; slept at intervals during the evening.

30th.—Passed a restless night; is very thirsty, and has been frequently purged, passing rather copious fluid, and very offensive evacuations. Continues quite sensible.

Nov. 3rd.—Doing well. Has been taking large quantities of fluid food, with an occasional glass of whisky; asks for solid food now, and enjoys it. Ordered one pint of beer daily, and no other stimulant. A wound has formed over the fracture of the fibula, and the bone is exposed. The leg put again upon a back splint, and slung.

Jan. 10th, 1871.—Wounds not quite healed, but the patient able to go about the ward on crutches. Discharged.

Remarks.—To succeed, in a large surgical hospital, in saving the limb of a patient suffering from severe compound dislocation of the ankle-joint, complicated with delirium tremens, is a most satisfactory result. The above case is additionally interesting from the quantity of chloral taken—340 grains in nine hours and a half. Two other cases of delirium tremens have recently been most successfully treated by drachm-and-a-half doses of chloral. The drug has been supplied by Mr. H. Brady, the well-known Newcastle chemist.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28TH, 1871.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON NEURITIS OF THE BRACHIAL PLEXUS.

BY JULIUS ALTHAUS, M.D.

In this paper the author has given a detailed description of a case of peripheral paralysis and anæsthesia affecting the whole of the right upper extremity, not a single motor or sentient nerve-fibre of the same having been spared. After excluding cerebral, spinal, and sympathetic paralysis, the influence of lead, of hysteria, and other causes, the author traces the affection to a rheumatic inflammation of the brachial plexus before its entrance into the axilla. The case was at first treated with various medicines and faradisation; but without any beneficial influence. The patient, however, recovered completely by a judicious use of the