

typical of a large number of others, and, as it is the constipation which gives the most trouble, it is the symptom for which the medical man is usually consulted. Here there is loss of tone not only in the abdominal muscles, but also atony of the intestinal walls, and our object must be to strengthen those parts. This is best attained by certain manipulations, which include circular movements, kneading, and *tapotement* or *pétrissage*. The first procedure can be carried out either with one or both hands, and it is necessary that the abdominal walls should be slightly relaxed, so that the intestines can be reached and acted directly on. But in a case of this nature, although abdominal massage will effect a great deal of good, it will not be productive of lasting benefit if we omit to massage the spine. The cause of the constipation is partly situated here; there is functional derangement of the cord, and until this is removed by mechanical stimulation it is hopeless to expect a complete cure. In these cases I have noticed that from the first day in which massage was commenced the excessive secretion of urea decreased, and after a week had disappeared altogether, leaving the urine perfectly normal. This is the first time that a similar observation has been made, although it has been admitted that galvanisation of the spine has a similar effect where an atonic condition of the spinal cord is found to exist.

CASE 3.—This case is typical of that large class of both sexes who enjoy good health and suffer no inconvenience, except that occasioned by constipation. The abdominal walls were flabby and pendulous, and characterised by great weakness. In cases of this sort the manipulations must be directed towards strengthening the abdominal walls, and for this purpose the abdominal recti must be forcibly separated by the finger-tips inserted deeply along the *linea alba*. This procedure must be followed by the circular movement already indicated. At the same time, the patient is recommended to take deep inspirations for the purpose of strengthening the diaphragm.

Massage is also extremely useful in the very obstinate constipation so frequently met with amongst infants. I have known it prove successful after the failure of the usual remedies. Few applications are needed, generally not more than a dozen, and the time occupied by each should be about ten minutes.

Liverpool.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### NUX VOMICA IN CARDIAC FAILURE.

By A. BOWIE, M.D., C.M., L.R.C.P. ED.

I WOULD like to draw attention to the value of *nux vomica* in the above condition. During the fog which ushered in this year I was asked to see two very marked cases, in each of which death must have speedily occurred but for timely relief.

The first case, a lady aged forty-two, had suffered more or less for three years with bronchitis and mitral stenosis. When I saw the patient her face was pale and anxious and her lips livid; the breathing was short and rapid, and pulsation at the wrist could scarcely be felt; nausea and occasional vomiting of mucus were present, and there was dread of taking food or lying down. The condition had commenced ten hours previously with epigastric pain; but while the other symptoms had increased in severity, the pain seemed to have remained stationary. I prescribed tincture of *nux vomica* in small doses every half-hour for four doses, then every hour, and there was rapid return to the ordinary condition, although the surroundings and the fog remained for some time as they were before.

The second case was that of a gentleman aged forty-nine, who had suffered for some years from mitral regurgitation and persistent although mild bronchitis. Exposure had induced an attack of left lobar pneumonia, which had been running the usual course until the fifth day, when a dense fog occurred in his district. Upon examination his pulse was found to be weak, rapid, irregular, and easily collapsible; his extremities were cold, with clammy perspira-

tion all over his body, and beads of the same upon his livid countenance. He complained of intense pain over the apex of the heart, and his breathing was short and hurried. There was no sickness. His condition had been gradually taking on the above aspect for four or five hours. He had been taking digitalis for two days previously to the attack. This we at once stopped, and substituted tincture of *nux vomica*, as in the other case, with the result that the patient gradually rallied, and in twenty-four hours had lost his cardiac pain entirely.

I think there can be no doubt that the administration of the *nux vomica* in the above cases stimulated the motor centres and the ganglionic system to increased activity, and rescued the patients from the consequences of obstructed pulmonary circulation and engorgement of the right heart.

Harley-street, W.

#### DISLOCATION OF THE METATARSUS.

By H. LITTLEWOOD, F.R.C.S. ENG.,

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IN THE LANCET of Dec. 1st, in the report of the Leeds and West Riding Medico-Chirurgical Society, Mr. Atkinson records a case of dislocation of the metatarsus. Since then Mr. Atkinson has had a second case of a similar nature.

Jane C—, aged thirty-one, was admitted to the Leeds Infirmary on Dec. 2nd, at 8 P.M. At 5 P.M. she had fallen off a chair on which she was standing on to her left foot. It gave her considerable pain, and she fainted. On looking at the foot she noticed there was "a lump with a hollow behind it" on the back of the foot. On examination, the left foot was found to be everted, the metatarsus forming a slight angle with the tarsus. There was a good deal of swelling on the dorsum of the foot; the extensor tendons were prominent; the hollow of the sole was less marked than on the opposite side. On manipulation of the dorsum, the articular surfaces of the bases of the four outer metatarsals could be distinctly made out above the level of the tarsus (about one-third of an inch). The big toe was not dislocated from its cuneiform bone, but the internal cuneiform bone was dislocated upwards from the navicular bone, forming a distinct prominence on the inner side of the dorsum of the foot. The measurement from the heel to the tip of the hallux was the same as on the opposite side; from the external malleolus to the tip of the fifth toe it was a third of an inch less. Under chloroform the dislocation was easily reduced by making traction, and at the same time pressing downwards on the bases of the metatarsals. No crepitus was felt.

This case differs from the one previously recorded in not having all the metatarsal bones dislocated upwards, the big toe not being dislocated, but the internal cuneiform dislocated upwards from the navicular bone. The dislocation was not complete in either case. In the former case a suspicion of crepitus was felt on reduction, suggesting possibly a fracture. In this case no crepitus was felt. In both cases reduction was easy, the foot readily going back into its natural position, in the former case without, and in the latter case with, an audible snap. The amount of swelling consequent on the injury soon disguises the deformity, and, I think, cases may be very easily overlooked, unless seen within a short interval after the injury.

Leeds.

#### CASE OF CRANIOTOMY.

By HARRY EUGENE HACKETT, M.R.C.S., L.R.C.P. LOND.,  
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THE paper read by Dr. Donald at a recent meeting of the Obstetrical Society on Craniotomy induces me to forward notes of a case recently under my care, in which the method suggested by him was used successfully. The case is also interesting by reason of Dr. Donald having previously performed craniotomy whilst he was resident at St. Mary's, and he has kindly furnished me with notes, from which I extract the following.

Mary E. L—, aged seventeen; primipara; duration of labour forty-eight hours. On July 25th, 1886, the patient was brought to the hospital in a cab. The forceps having been tried without success, version was performed. On admission the patient was much exhausted. There was a