scybala; 8.15, an injection of laudanum and starch (ten drops) was administered, after which she slept till 2 A.M., and again from 3 to 6 A.M., when she had a motion, not fluid and natural in colour, with the addition of a small patch of bloody mucus. The fourth day, at 7.15 A.M., a small natural motion; 9, a little mucus; 3 P.M., a small natural motion, after which two pints of the above-mentioned solution of nitrate of silver were injected. She would not allow the whole three pints to be thrown in on account of the pain which they caused. The injection was retained less than a minute. It brought away with it less than the first, but some scybala, less than before. She continued to have evacuations for three-quarters of an hour, the last being mucus without blood. The pain did not wholly cease for an hour and three-quarters, and then only after a laudanum injection. She continued weak and nauseated until 7 P.M., when she began to feel quite easy, and continued so until 9.15 P.M., when she fell asleep. After an hour of restless sleep she fell into a natural slumber, in which she continued uninterrupted until morning. No motions since 4.15 P.M. The fifth day was a good one. She was able to knit a good part of the day. She had one motion between noon and 1 P.M., with a little mucus, and another at 2 P.M. quite natural, semi-solid. She slept soundly during the night. She seemed to have caught a little cold towards morning, from insufficient covering, and complained of soreness in the bones, &c. It passed off, however, early in the morning of the sixth day. At 2 P.M. of the sixth day she had a small motion, quite solid. Began to long for food and experienced a hungry feeling, which the milk only took away for a short time. She took large quantities of the milk, but was not satisfied. She had neither pain nor ache, and the tongue was much cleaner. On the eighth day she began to take a little breast of chicken and soft-boiled eggs, and day by day her diet was improved. On the fifteenth day she had had no return of diarrhoea, had been up for three afternoons, walking a little about the room, and feeling stronger each day. Ten days having since elapsed without any further tidings, it may be inferred that she is now quite well.

As the treatment had to be conducted, after the first visit, by correspondence, at a distance of fifteen hours by messenger, some delay unavoidably occurred in advising the successive steps of the management of the case. Had the patient been within reach, I should have given the first injection a day sooner, and the second two days sooner. The return to a more nourishing diet might also have been slightly accelerated. On the whole, however, the case leaves little to regret, and nothing to desire. The very small quantity of laudanum required after the inauguration of the nitrate of silver treatment is most instructive. The easy and continuous sleep after such prolonged insomnia is also a feature worth noting. Any treatment which can cure so aggravated a form of dysentery as this one in so short a time, and with no drawback but the temporary pain of the injection, is an invaluable resource to the practitioner.

Beyrouth.

ON A CASE OF

SIMPLE FRACTURE OF THE STERNAL END OF THE CLAVICLE INTERNAL TO THE RHOMBOID LIGAMENT.

By G. OWEN WILLIS, L.R.C.P., L.R.C.S. ED.,
SENIOR SURGEON TO THE MONMOUTH HOSPITAL.

J. E—, aged fifty-four, a labouring man, was admitted into the Monmouth Hospital on July 18th, 1881. He stated that two hours previously he slipped off a hayrick, fell heavily on his outstretched right hand, and also struck his right shoulder. On examination a simple fracture of the sternal end of the right clavicle was discovered within a quarter of an inch of the sternal head of the bone. The direction of the fracture was obliquely downwards and outwards. The outer fragment rode high in the neck from the action of the clavicular fibres of the sterno-clavicular mastoid muscle and the weight of the arm. The fractured end of the outer portion was very sharp, and threatened to lacerate the skin. The inner fragment presented no marked sign of dis-

placement, was freely movable, easily depressed, and on pressure the sensation was conveyed to the finger of its being loose and rolling. He had fractured the sixth and seventh ribs in front of and close to their angles. My efforts to adapt the broken ends of the clavicle were but partially successful. Apposition of the ends was gained when the right arm was raised and the fingers of the right hand

FIG. 1.

touched the left ear, the point of the elbow being slightly tilted forwards by a pillow. Any attempt to fix the limb in this position was not tolerated for long. I had to content myself with slinging the arm and placing a pad of cotton-wool on the shaft of the clavicle; this last kept in position by strips of plaster crossing the chest from back to front. He had a sharp attack of pleurisy, and was

FIG. 2.

very restless, often getting in and out of bed, but recovered and was discharged convalescent on August 29th, 1881. I saw him again on August 30th, 1882, when a photograph and cast were taken. The broken end of the outer fragment was rounded off and lessened by absorption, and he had fibrous union permitting of some movement. That morning he had done a bit of stiff digging, and considered his recovery a good one.

I have been influenced to publish this case at such length because fracture of the sternal end of the clavicle is rare, whilst fracture internal to the rhomboid ligament is very rare. Holmes, in his "Principles and Practice of Surgery," 1875, says, "it has not as yet been proved." Bryant makes no mention of the injury, and I am indebted to the kindness and courtesy of my old teacher, Mr. Henry Morris, of the Middlesex, for the following references:—Hamilton refers to three cases (in a record of 105 fractures of the clavicle) in which the fracture was within one inch of the sternum, and he says that in such fractures, which are, of course, within the fibres of the rhomboid ligament, there is but little displacement. Lonsdale mentions a

case in a child three years old, which came under his care in the Middlesex Hospital, and which he regarded as a separation of the epiphysis. Malgaigne mentions two cases, in one of which the fracture was so near the sternum that it was difficult to say whether it was not a partial dislocation; the displacement was only trivial. There are two preparations in the Musée Dupuytren in Paris of fractures very close to the sterno-clavicular joint, and in both the displacement is considerable, and in both the outer fragment is thrown down and forwards. Hamilton, in a recent edition of his work, says he has had a case of fracture close to the sternal end, the specimen of which he showed to the New York Pathological Society. The man from whom the specimen was taken was forty-five years old, and the fracture, occasioned by a fall upon the shoulder, extended from the sterno-clavicular articulation upwards and outwards an inch and a half. The fragments were overlapped three-quarters of an inch, and were firmly united. The character of the accident was not recognised until after death. The specimen is now in the Bellevue Hospital. In the case I report there can be no doubt that the rhomboid ligament was ruptured, and it was remarkable that the displacement of the outer fragment, which was very considerable, was upwards and not downwards, as in the cases collated by Mr. Morris.

Menmouth.

TONIC TREATMENT IN MITRAL DISEASE.

By J. BROWN, L.K.Q.C.P., L.R.C.S.I.,

HONORARY MEDICAL OFFICER TO THE BOLINGBROKE PAY HOSPITAL.

THE following case is interesting as demonstrating the benefit derived from a tonic treatment in a case of dropsy, with regurgitant mitral disease, enormously enlarged liver, and albuminous urine.

Mrs. B—, aged forty-nine years, a widow, came first under my care as a private patient in August, 1881. She was then suffering from rheumatic arthritis and bronchitis. She had a distinct mitral murmur of old standing; her liver was very much enlarged, coming down half way to the umbilicus; there was no ascites, but considerable cedema of the ankles. She was a free liver, her usual stimulant being Irish whisky. She improved under treatment, which was continued for about three weeks. I did not see her again until she came under my care at Bolingbroke Pay Hospital on April 4th last. She then presented the following symptoms:—The valvular murmur was very distinct; she could not lie down on account of difficulty of breathing; her liver was very hard, and extended half way between the umbilicus and the pubis; there was considerable ascites, and her legs were cedematous to half way up the thighs; her urine was scanty and very albuminous; her skin was slightly jaundiced; temperature normal. All stimulants were stopped, and she was treated from April 5th to the 15th with a mixture containing digitalis, squills, carbonate of ammonia, and gentian; as the bowels were confined, compound jalap powder, forty grains, was given when required. No improvement being apparent, and as she seemed weaker, on the 15th a mixture of tincture of perchloride of iron and tincture of digitalis, of each ten minims, with glycerine, was given three times a day after meals, and was continued for nearly three months, most of which time she was kept in bed. In August all dropsical symptoms had disappeared; the liver was much reduced in size about two inches below the ribs, and no trace of albumen in the urine. All treatment was then stopped, but she remained in hospital until Oct. 8th. For the last six weeks she was able to walk several miles a day, which she had not been able to do for some years, and when she left the liver was still smaller, no trace of albumen, and she was gaining flesh, and slept well in natural position. I think this case bears out some of the ideas put forward by Dr. Leech in his introductory lecture to a discussion in Medicine at the last meeting of the British Medical Association.

New Wandsworth.

KING'S COLLEGE, LONDON.—The Right Hon. Sir John Mowbray, Bart., M.P., D.C.L., has consented to preside at the Annual Dinner of Associates and Students, to be held in the College Dining Hall, on January 17th, 1883. Mr. H. Courtenay Luck, A.K.C., F.R.G.S., of the College, is acting as secretary.

A VACCINATING INSTRUMENT.

By CHAS. EDWARDS, A.B., M.D., F.R.C.S.

THE instrument resembles a miniature subcutaneous syringe with needle, but differs altogether in application and partly in construction. It is supplied by Messrs. Weiss and Son, who have constructed it beautifully and most satisfactorily.

The following instructions must be understood and carefully attended to:—

1st. Prior to operating apply the stoma or apical aperture of the needle to the lymph well exuded from the vesicle of the vaccinifer, then draw back a little the patent vulcanite piston. The instrument is thus charged somewhat beyond the basal aperture of the needle. The terms "basal" and "apical" I borrow from the extremities of the fang of the *neidr*. The instrument is now ready, by barely remoistening its point for as many *instantaneous* operations as are required.

2nd. How to operate: Do not gradually and slowly introduce the needle-point, as with the lancet, but quickly and with the *neidr* stroke just beneath the cuticle. By this method you infallibly introduce the lymph, no blood, as from the lancet puncture possibly intermingling, and the small quantity of air between the basal aperture of the needle and the perfect piston when compressed by the "stroke," causing a reflex wave or rebound of the lymph into the puncture, thus sufficiently resembling, at least, in effect, the action of the anguine compressing muscles. A start of the patient, or any possible unsteadiness of the operator, is provided against by a beautiful little guard on the needle, by which too deep a stroke is rendered impossible. There is to be no injecting or even meddling with the piston during the operation, simply remoistening the needle-point.

The following are the advantages of this instrument: Rapidity, perfect introduction of the lymph, the absence of unsightly scars or scarifications so revolting to parents, however much they may be thought meritorious by others.

One word as to vaccination from arm to arm. If we must use the now conventional term ferment, and if the vaccine lymph be or contain this ferment, though it is not my wish to christen it or make a raid on the Greek prepositions to denote its successive results, still as all ferments act within a certain range of temperature there can be no temperature so sure for vaccine lymph as that secured by its coming from one living arm to another.

Cheltenham.

DISLOCATION OF THE UPPER AND LOWER ENDS OF THE LEFT HUMERUS BY THE SAME ACCIDENT.

By WILLIAM W. MOXHAY, M.R.C.S.,

SURGEON TO THE ROYAL BERKS HOSPITAL.

C. S—, aged fifty-six, was admitted into the Royal Berkshire Hospital seven weeks previous to Sept. 4th, 1852, with a dislocation of the left elbow, the condyles of the humerus being thrown forwards over the radius and ulna. He had been struck at the back of the upper arm by the handle of a winch which was rapidly revolving. I was then house-surgeon to the hospital, but a medical friend acting for me reduced the dislocation, and all went on so well that the man was made an out-patient in a few days. On the above date he appeared and complained of some stiffness of the shoulder-joint on the same side; this, be it remembered, being seven weeks after the injury. I found the head of the humerus under the coracoid process, and I gave him one-grain and half-grain doses of tartarised antimony every ten minutes while extension of the limb was made downwards and outwards by means of pulleys. This went on for about half an hour, when he became deadly faint and could scarcely be kept in the chair. Extension was then suddenly left off and his elbow brought down over my knee as a fulcrum, when a sort of pop was heard and felt, and the bone returned to its natural position, only, however, to recede again to its acquired place. This was repeated once or twice on again replacing it, and at last we succeeded in