which the cartilage was in the act of being removed. At the centre it had been removed over a considerable space, exposing its cancelli. And this removal had obviously been effected by absorption through the medium of the red granulation-tissue referred to, and such as is found around articular joint disease in close connexion with the borders of the cartilage, in cases where this is undergoing removal. This tissue occupied the entire subpatellar region of the joint, and was attached to the bare bone, but not to the surface of the adherent cartilage, so that the absorption was taking place at the edge and not at the superficies. The absorption, too, was complete, for there was neither débris nor pus on its surface when the bone was uplifted. This tissue appears to have been itself absorbed after the removal of the bone.

ST. GEORGE'S HOSPITAL.

THREE CASES OF TETANUS TREATED WITH CALABAR BEAN.

(Under the care of Dr. DICKINSON and Mr. POLLOCK.)

SUBJOINED are the notes, supplied by Dr. Fenwick and Mr. Bull, of the second case of tetanus treated successfully at this hospital with extract of Calabar bean.

CASE 2. *Idiopathic tetanus cured by extract of Calabar bean.*—The patient, aged eighteen, was a market-gardener. Two days before his admission he was exposed to cold and wet in a market-garden, and the day before his admission he began to suffer from pain in the loins. No history could be obtained of any injury. When admitted he complained of pain in the loins; tongue was coated, skin hot; bowels were confined, but were opened by a dose of calomel. Ordered thirty grains of bicarbonate of potash, and an equal quantity of the citrate, in water, every four hours. To have also three pints of milk.

July 21st.—This morning he complains much of pain in the back, and there is considerable opisthotonos, the muscles of the back being contracted and as hard as boards, and there is also risus sardonius. Bowels confined. There is an occasional exacerbation of the spasm, lasting about thirty seconds. To have a quarter of a grain of extract of Calabar bean, in a pill, every three hours, and six ounces of brandy mixture in the evening.

22nd.—Ordered a calomel and colocynth pill, to be followed by a senna draught. At 10.30 P.M., one-third of a grain of Calabar bean was injected subcutaneously, and repeated in two hours, and half a grain in pill was given every two hours during the night; the subcutaneous injections being resumed in the morning. The brandy mixture was repeated, and two pints of strong beef-tea were also ordered.

23rd.—The Calabar bean continued as above; a senna draught given.

24th.—He is sleeping quietly, but wakes up sometimes with a cry. There is decided relaxation, to some extent, of the spasm to-day, and he feels much easier. There is considerable redness and swelling on outer side of both forearms, apparently caused by the injecting needle. Bowels acted freely, after a castor oil enema. Half a grain of Calabar bean extract was given in water every two hours.

27th.—Extract increased to two-thirds of a grain every two hours. Bowels kept open by pills and draught. To continue the brandy mixture.

28th.—The spasm generally is much relaxed, and the exacerbations are less violent and not so frequent. He complains much of pain in the legs, and the abdominal muscles are very hard. The extract of Calabar bean increased to one grain every two hours in water.

30th.—2 P.M.: He felt very low this morning, though free from pain. He feels better now; the spasms are less intense and not so frequent, recurring now about once in five minutes. The "risus" is not so well marked except when he talks. Tongue coated; bowels have acted twice to-day; pulse 120.

31st.—The spasms have been more frequent this morning, and he complains of pain about the legs; bowels have acted twice. The breathing having become very slow, and the pupil fixed, a dose of the extract was omitted.

Aug. 1st.—The pain and spasm have ceased again; tongue

coated; bowels open. The Calabar bean was increased to a grain and a half every two hours, the dose being omitted at 12 o'clock, and the brandy mixture continued, but increased a little; the extract to be given every three hours.

4th.—Had one general spasm at 1 P.M. Pupils much contracted in the afternoon, and patient quite under the influence of the Calabar bean. He has had some slighter spasms of flexor of the left leg. Bowels open twice; tongue dry and coated; pulse 90. One grain of the extract to be given every three hours.

8th.—Had a mutton chop and potatoes.

9th.—Since the night of the 6th the spasms have not recurred, except slightly on being touched or spoken to, but the face is still distorted with "risus" when he speaks, and he complains much of soreness (rather than pain) in the back. Tongue is clean and moist. Urine phosphatic. Ordered one grain of extract of Calabar bean, four grains of sulphate of quinine, ten drops of dilute nitro-hydrochloric acid, in an ounce and a half of camphor water, every six hours. Repeat brandy mixture.

11th.—He says that a few times during the day he is attacked by very slight spasms, which hardly cause him any pain, and do not attract the notice of anyone else. Some pain on the right side on deep inspiration, and feeling of soreness about the back; cannot open his mouth very wide, or straighten his knees. Bowels open regularly. Tongue clean and moist. Urine natural. The Calabar bean to be omitted in the afternoon; the brandy mixture to be reduced to three ounces. On the 16th the brandy mixture was omitted altogether.

18th.—Has had no more spasm except a little in the left leg, which wakes him up when he tries to sleep. Much stiffness about groin and knees. Tongue a little dry and coated, and breath slightly foul. He is up and dressed for some hours in the day. Slight rise of temperature this morning (98°-99°).

24th.—Complains of stiffness and pain in groin and back. No more spasms.

25th.—He was sent to the convalescent hospital at Wimbleton, where he remained till Sept. 6th, on which date he left, having had no recurrence of the symptoms, and being in good health.

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

SEVERE GUNSHOT WOUND OF ANKLE; RECOVERY.

(Under the care of Mr. HAMILTON.)

For the following notes we are indebted to Mr. Henry Caddy, house-surgeon.

John G.—, aged twenty, was admitted into the hospital on Dec. 27th, 1875, with gunshot wound of right foot. He had been at Birkenhead shooting small birds, and, while carrying his gun, with the muzzle downwards and in close proximity to the foot, by some accident it exploded, and the charge of small shot entered the foot. He was brought across the river in the steamer, a surgeon having his thumb on the femoral artery all the way. Three hours elapsed before he was admitted; he was very pale and faint, and had a feeble pulse. On examination the charge was found to have entered at the inner malleolus, and issued at the middle of the sole of the foot, leaving a bridge of skin and tissue half an inch thick, and about an inch and a half wide between them. The entrance wound was large, inverted and blackened, the exit very ragged and everted. When pressure was taken off the femoral artery the hæmorrhage was profuse, but the bleeding points could not be seen. Plugging did not arrest the hæmorrhage. Mr. Hamilton decided to divide the bridge of tissue, and it was not till this was done, and the whole extent of wound laid bare, that the arteries, the internal plantar and some small branches, could be secured.

When the skin had been divided an enormous wound was formed, and the extent of the mischief was more clearly seen. The bones injured were the internal malleolus—the end quite gone,—part of the astragalus, and the cuboid and scaphoid bones. The latter appeared to have been shot away completely. The bottom of the wound was covered with débris of bone and tissue. The length of the wound

from the ankle to the sole was nearly five inches, and the breadth four. It became a question whether immediate amputation would not be the safest course to adopt. It was, however, decided to try to save the foot. No shot was found in the wound. The wound was dressed with carbolic oil, and the leg and foot were put on an iron splint with two side splints and swung in a cradle.

Dec. 28th.—Passed a restless night; the foot very painful. Pulse 110; temperature 101°. The dressing not touched to-day.

29th.—Patient very uneasy and dissatisfied; his foot being very painful. Great thirst; tongue dry and furred. Foot dressed under the carbolic spray; the carbolic oil being again applied. Pulse 116; temperature 102°.

30th.—Foot easier, and passed a better night.

31st.—Wound beginning to discharge; is dressed twice a day under the spray. The leg was taken off the back splint, and laid on an outside splint, the patient turning on his side. As he gets very little sleep at night, he was ordered thirty drops of the sedative solution of opium at night.

Jan. 2nd.—The wound discharging, and beginning to gape very much. He is a very restless patient, and cannot lie long in one position; consequently his foot has to be lifted about a good deal. To meet this difficulty, he was again put on back splint with an outside wooden splint, and being securely fastened, the whole leg was turned in the cradle in whatever position he required.

3rd.—Had a better night. His leg easier in the cradle.

4th.—The wound continues to be dressed twice a day under the carbolic spray.

13th.—Wound presents a healthier appearance; shreds all separating, and granulations springing up. Takes his food pretty well, and sleeps better.

18th.—Wound healthy; all sloughs have come away; granulations cover the whole surface. The foot is in good position, still on the splints. The appetite is good, patient sleeps well, and has very little pain. The wound measures five inches long and two inches and a half broad.

28th.—Wound filling up very rapidly. He had a slight feverish attack last night, but that has passed off. He has still the same dressing, carbolic acid under the spray. Small pieces of bone have come away, but there is no bone visible now in the wound.

Feb. 8th.—An ulcer appeared on the heel, probably due to the dressing keeping the heel constantly damp, and to the pressure. The leg was therefore taken off the back splint, and laid on its side.

16th.—Edges of wound rapidly closing in. The patient from this day was daily placed on a perambulator, and wheeled into the open air.

March 30th.—Left the hospital. The wound had contracted into a deep fissure with the edges turned in, about two inches long, and about a quarter of an inch wide, from which there was little discharge. The foot was much thickened and flattened, but quite straight. He walked about with sticks.

July 16th.—The patient has now quite recovered; the wound is healed; he is able to walk long distances; he uses a stick, but more from habit than because he needs it.

Remarks.—At the time of admission it seemed almost hopeless to attempt to save the foot of this patient. The partial destruction of so many bones of the tarsus, the very large size of the wound, the openings into the articulations, and the persistent hæmorrhage, made it so. Of the means used which tended to produce the favourable result, the most important probably were: First, the perfect immobility which was secured to the whole joint, however much he might move the rest of the limb; the foot was placed at a right angle to the leg by means of a well-fitting splint, any inversion or eversion being guarded against, and not the slightest movement of the joint was allowed for ten weeks. Secondly, the careful dressing of the wound upon the antiseptic plan from the very first, so that the case was not complicated throughout its course by attacks of erysipelas or the formation of abscesses. Lastly, the avoidance of stimulants during the first few weeks; though the patient was weak and very much reduced by the severe injury he had received and the great loss of blood, yet his appetite was encouraged by all kinds of nourishing food, plenty of milk, without any form of stimulant, being administered.

Reviews and Notices of Books.

Atlas of Skin Diseases. Part I.: Eczema, Psoriasis, Lupus Erythematosus (Syphiloderma pustulosum). By L. A. DUHRING, M.D., Professor of Skin Diseases, University of Pennsylvania. Philadelphia and London: Lippincott and Co. 1876.

An Elementary Treatise on Diseases of the Skin, for the Use of Students and Practitioners. By H. G. PIFFARD, A.M., M.D., Professor of Dermatology, University of City of New York. With Illustrations. Large 8vo, pp. 375. London: Macmillan and Co.

Lehrbuch der Hautkrankheiten. Von Dr. ISIDOR NEUMANN, A.O., Professor der Dermatologie und Syphilis an der K.K. Universität zu Wien. Vierte Vermehrte aufage, mit 76 Holzschnitten pp. 688. Wien: W. Braumüller, K.K. Hof und Universitäts Buchändler. 1876.

It is certain that no complaint can be made by the student or practitioner of any lack of useful works upon the subject of dermatology. He is now-a-days provided with every kind of aid in the way of small and large compilations, journals, original treatises and essays, atlases, photographic illustrations, epitomes, and the like. There can be little doubt that the supply in this respect is called forth by a real demand, which has been created by the greater attention which is being directed, in many countries, to the hitherto much neglected department of medicine—dermatology.

The three works now before us—viz., those of Neumann, Duhring, and Piffard, strikingly exemplify how much is being done in this field of medical practice. That three large works of the kind should issue from the press about the same time is a sign of how vigorously the specialty under notice is being cultivated. Our only fear is that, with an increasing number of aspirants to the position of cutaneous specialists—and this applies to the case of America particularly,—the literature of the subject will presently be overloaded with undigested treatises or hastily written compilations, which will not really add to the existing state of knowledge. At present this is not the case. We fancy, nevertheless, that we detect some little sign of hasty writing in one of the works before us—viz., that of Dr. Piffard. It is, of course, essentially a compilation, and to our mind the selections are not always judicious, considering that Dr. Piffard wishes his work to be regarded as an elementary treatise; and the sections on treatment are many of them very short and weak. Dr. Piffard remarks "that the present volume is intended to serve as an introduction to the more elaborate works upon dermatology, and to save the beginner from some of the (same) pitfalls which beset the writer's earlier studies." This is an odd description of a work embracing 375 pages. If the work be an introduction merely, what must the reality be. There are some matters upon which we join issue with the author. Amongst other things, we observe that Dr. Piffard rejects the term lupus altogether, and includes lupus under the head of scrofulides. He does not seem to know what rodent ulcer is, for he asks (p. 99), Is there, in addition to these (syphilis, lupus, and epithelioma, he means), a form of destructive ulceration clinically and anatomically distinct from either? He adds he has personally been unable to recognise it as a distinct affection, and he figures what is evidently rodent ulcer at p. 101, and remarks that it may with propriety be termed rodent ulcer or lupus!

Under the term rheumic diathesis he includes psoriasis, eczema, and pityriasis, but he does not prove the existence of this diathesis any more than Bazin does the equivalent one—*dartrous*. Urticaria is discussed in two pages and a half. Zoster is separated from its alliance with other forms of herpes, and regarded as quite distinct from them. The