she was sixteen, as the cicatrices on the chest were not recent. There are numerous instances of malingering on record of curious detail, but I think malingering involving much physical suffering in anyone so young as was this patient is rare. Hysterical high temperatures form a difficult physiological problem, but any disquisition on this subject is beyond the scope of the present communication.

Stratford-place, W.

EFFECT UPON THE HUMAN BODY OF A DIET CONSISTING ENTIRELY OF LEAN MEAT AND WATER.

By J. W. GOOD,

PROFESSOR OF CLINICAL SURGERY, MANITOBA MEDICAL COLLEGE,
AND PHYSICIAN TO THE WINNIPEG GENERAL HOSPITAL.

IN THE LANCET of Nov. 9th I notice an interesting article on the above subject. To the question "Can life and health be sustained indefinitely on a diet consisting of meat and water?" the reply must be in the affirmative. Not only is this true of natives of certain districts whose progenitors lived on such a diet, and where no other was obtainable, but it is also true of Europeans who locate in such places. In the Athabasca district and in the Mackenzie River region of North America the servants of the Hudson's Bay Company habitually live some of them on a diet of meat alone, and some of them solely on fish, this depending on the natural food supply of the country in which they happened to be stationed. They have lived in the full possession of great bodily and mental vigour on such a diet for periods of twenty and thirty consecutive years. Those living on fish alone enjoyed, if anything, slightly better health than those whose diet was limited to meat. They were singularly free from constipation and all digestive troubles, as well as every other indisposition. No vegetables of any kind were used. They were allowed one pound of flour in the year, which was always consumed in the form of a pudding on Christmas Day. They were also allowed tea; but in the Mackenzie River district the amount supplied to each man was only one pound in the whole year, so that this article may be fairly disregarded. The experience of diet thus gained throws much light on the etiology of scurvy, which is unknown where the diet is thus limited to fresh fish or meat, while it is quite prevalent at a post known as York Factory. It is accounted for by the following circumstances. At this post the diet consists largely of geese which migrate there late in the spring, returning south in the early autumn. Hence the inhabitants kill and salt a sufficient supply to last until the supply of fresh geese again becomes accessible. Scurvy always makes its appearance in the winter, and especially in the spring, thus affording strong proof of the view popularly held that scurvy is chiefly due to the use of salted meats, as bacon &c. The life led by these men is one of great activity in the winter and comparative ease in the summer, while those stationed at the posts in the capacity of clerks and officers take little exercise at any time. These are facts which can be fully proven by the testimony of numerous gentlemen who live here, some of whom have had the experience of such a diet themselves. One gentleman is Mr. James Stewart, a druggist, of this city, who lived on fish alone for four years; and another Mr. Wm. Brass of St. Andrew's, Manitoba, who lived and enjoyed unimpaired health for twenty consecutive years. They are both gentlemen verging on seventy years, and are in the full enjoyment of a green old age.

Winnipeg, Manitoba.

DISLOCATION OF THE INTER-ARTICULAR CARTILAGE OF THE LOWER JAW.

By HENRY LEE,

CONSULTING SURGEON TO ST. GEORGE'S HOSPITAL

A YOUNG GENTLEMAN four years old fell some twenty feet out of a window in the year 1883. His under lip was badly cut, and some teeth were so loosened that they had to be removed. A most intelligent surgeon who examined him at the time reports that there was no fracture, and that the jaws could be brought evenly together. Subsequently

the submaxillary glands became very much enlarged, and for many months there was a constant dribbling of saliva. He became subject to frequent attacks of earache and deafness. In October last I had an opportunity of examining this patient. The dribbling of saliva still continued to some extent. The submaxillary gland of the left side was still enlarged. He could open his mouth only to one-half of the natural extent, and he had lost all power of rotating the lower jaw. A distinct depression could be felt at the place naturally occupied by the inter-articular cartilage of the left side. There was a difficulty in pronouncing some words distinctly. The jaws came evenly together when the mouth was shut.

In connexion with this case it must be remembered that the chorda tympani nerve comes from the cavity of the tympanum through a foramen at the inner side of the Gasserian fissure. It then meets the gustatory nerve and accompanies it to the submaxillary gland. In the glenoid fossa it is in close relation with the inter-articular cartilage, and a displacement of this would necessarily stretch or irritate it. As in other instances, the effects of the irritation of the nerve would naturally be manifested principally in its terminal branches, and hence the constant dribbling of saliva in this case, and the corresponding enlargement of the submaxillary gland. It has been experimentally proved that stimulation of the chorda tympani produces dilatation of the bloodvessels of a salivary gland and a flow of saliva.¹ The movements of the condyle of the lower jaw, by means of the inter-articular cartilage, are very extensive. It may be carried from side to side, forwards or backwards. In mastication, a rotatory motion is performed, and when the jaw is much depressed the condyle comes forwards out of the glenoid cavity, bringing with it the inter-articular cartilage. In the case now recorded none of these movements could take place; the lower jaw could be moved only in one plane, and that to a very limited extent. That this was a real displacement of the inter-articular cartilage is proved by the depression which could be felt in the natural site of the cartilage and by the corresponding symptoms. It is probably the only recorded instance of this dislocation. Should a similar case present itself the cartilage might probably be made to resume its natural position by an operation similar to that for ordinary dislocation of the jaw. It might be supposed that if the inter-articular cartilage on one side only were displaced, that side of the jaw would be a little higher than the other; but it must be remembered the centre of this cartilage is very thin and often perforated, so that its removal would make very little if any difference in the position of the condyle.

Savile-row, W.

CASE OF RUPTURE OF LEFT VENTRICLE OF THE HEART.

By J. HEDLEY CROCKER, L.R.C.P. LOND., M.R.C.S.

THE interesting article by Dr. Naismith, which has recently appeared in THE LANCET, induces me to send the following report, as, like the case reported by Dr. Noble, there was no pain referred to the abdomen.

On Oct. 11th, 1889, at 8 P.M., I was called to see Mrs. S—, aged seventy-two, a widow. She said she had for some years been troubled with rheumatism (rheumatoid arthritis), otherwise has had fairly good health. Never had rheumatic fever. On the morning of the above date, after doing a little work and walking gently around the house, she felt short of breath and giddy, and was troubled with flatus; she rested awhile and went a little easier, but this evening, her pain having become much worse, she sent for me and went to bed. I found the patient in bed "huddled up," inclined to left side. Anxious expression and restless. She states she has one of her attacks of "wind," which she is often troubled with, and if I will only give her something to cause her to "rift" (belch) she is sure she will soon be all right. Upon asking her where the pain is, she pointed to the sternum and præcordial region, the most acute area being in line with the juncture of the third, fourth, and fifth costal cartilages with the sternum, extending from the right border of the latter to the left nipple line. No pain in abdomen. Pain upon pressing deeply

¹ Foster's Physiology, fourth edition, p. 259.

just below ensiform cartilage, but not otherwise. Heart apex just inside nipple line. Præcordial dulness normal. On auscultation I found the heart irregular; no abnormal sounds. Pulse irregular in volume and intermittent—about 76. Temperature subnormal. No history of fright or over-exertion. Ordered sinapisms to præcordia, and gave bismuth, morphia, &c. At 1 A.M., having been very restless in the meantime, she gave a shout, threw up her hands, and expired, five hours after my first and only time of seeing her alive.

Necropsy, thirty-two hours after death.—Body fairly well nourished. Upon opening the chest the pericardium was seen bulging; it was dark in colour. When opened it was found to contain about two ounces of blood and two loose dark clots (post mortem?). The heart when removed was seen to have a transverse rent about half an inch in length on its posterior surface (left ventricular) to the left, near the septum, two inches from the apex and communicating with the left ventricle. This surface was covered by a deep layer of fat, and no muscular tissue was visible. Valves normal. Muscular tissue very friable, and easily broken down. On microscopic examination fatty degeneration and infiltration were seen to be well marked. Macroscopic appearance of liver and kidneys fatty on section. Capsule of kidney removable, but slightly adherent in places. Kidneys a little smaller than normal.

Eccles.

AN UNUSUAL CASE OF PEMPHIGUS.

By ARTHUR CLARKE, B.A., L.R.C.P., &c.

THE following case appears to me to be worthy of being placed upon record.

M. W., aged thirty-six, multipara, was confined of her sixth child on Nov. 5th. She had not been very well for some months previously to her accouchement; the labour was somewhat lingering. She progressed fairly well until the fourth day, when she complained of feeling weak, and also of a rash which had broken out on the inner side of the forearms. I noticed a number of vesicles; these were not very large at the onset, and had no inflammatory area. They quickly enlarged, and showed the characteristic bullæ of pemphigus. At first the vesicles were con-

fined to the front and inner side of the forearms, thence they spread to the inner side of the arms, the bullæ being well marked in both axillæ, and also along the inner side of both thighs. Some of the bullæ were as large as small oranges; this is well shown in the engraving. Fresh bullæ continued to appear at the rate of six or eight a day for a fortnight, the earlier ones gradually dying away, leaving only a superficial sore. The patient is now convalescing. There has been very little constitutional disturbance. The treatment adopted was keeping the patient's strength well up with good food and stimulants. In the way of medicine, a mixture of quinine, iron, and arsenic was given, and the parts were dusted frequently with zinc powder. The infant seemed none the worse for the condition of its mother, with the exception of being a little restless.

Street, Somerset.

AURAL VAPOROLS.

By H. MACNAUGHTON JONES, M.D.

IN connexion with my communications of July 27th and August 3rd, on otorrhœal discharges, I desire to bring under notice these aural vaporols, recently made for me by Messrs. Burroughs, Wellcome, and Co. (Fig. 1.) They

contain a solution of iodoform in pinol or eucalyptol, 1 part in 7, and the odour of the iodoform is completely disguised. Some contain ten minims of the ordinary tincture of iodine. The capsule, in its protecting covering of cotton wool (absorbent cotton and silk) is readily crushed with a sharp stroke of any hard substance. It is then bruised and inserted into the meatus. It is worn during the night, and the meatus is thus exposed to the vapour of the antiseptic. The same firm have made for me a pocket

FIG. 1.

FIG. 2.

FIG. 3.

nasal menthol inhaler. (Fig. 2.) It contains a strong forked glass inhaler (Fig. 3), to which the nasal pieces are attached.

FIG. 4.

The glass tube is filled with pine sawdust retained by a gauze diaphragm at the open end. On this the menthol can be dropped. The nasal pieces are inserted into the nostrils and the vapour is inhaled. If oral inhalation is desired, there is a separate forked rubber tube (Fig. 4), with mouthpiece attached, included in the box, as also a thick camel's hair brush for direct application of the menthol solution to the mucous membrane, if this be desirable. The entire apparatus occupies very little space, and is readily carried in the pocket. I may take this opportunity of testifying to the value of the salts of soziodol, and also to the efficacy of hydronaphthol as antiseptics for aural cases. The latter may be used in the strength of 1 in 2000 to 1 in 3000. The solution (Seabury's) contains 5 per cent. of hydronaphthol; half a drachm to the ten ounces makes a useful wash. These antiseptics were not referred to in my paper.

CASE OF RUPTURE OF UTERUS.

By FREDK. WM. BLACKWELL, L.R.C.P., L.R.C.S.E., &c.

CASES of this nature being rare, the following may be of interest:—

Recently I received an urgent message from a midwife to the Royal Maternity Charity to attend a woman who lived close by. The patient was a large, fat woman, thirty-six years of age, the mother of seven children. I found her pulseless and collapsed, apparently suffering from severe hæmorrhage or shock. The midwife had regarded the case as an ordinary one, until she was alarmed by her patient fainting away, when she immediately sent for me. A little dark venous blood was issuing from the vagina; otherwise there appeared to be little external hæmorrhage. The abdomen was abnormally large and the walls flaccid. On examination per vaginam the os was fully dilated, the head presenting at the brim of the pelvis. Just within the os I could feel what appeared to be a transverse wound or abrasion of mucous membrane, the os being very loosely applied to the head of the child. I delivered her with long forceps with extreme ease, there being no resistance of the parts whatever. After delivery of a child and placenta I examined the wound, which I found readily admitted my hand, and a piece of intestine was almost protruding through the aperture. I had previously to delivery, given a drachm of Richardson's ergot, which I consider very much more