functions must, as we have observed, be duly regulated, and the effete products eliminated through the emunctories; but the specific local inflammation, which is the generic character of the disease, is more amenable to the direct curative influence of carbolic acid than to any other therapeutic agent with which we are acquainted, and will be found to form a valuable addition to the materia medica of the dermatologist.

Loch Inver, March 5th, 1870.

NOTE

ON THE USE OF HYDRATE OF CHLORAL.

By HENRY MAUND, M.D.

IN the early days of hydrate of chloral I had a specimen sent to me, for trial, by a London chemist, and since then I have used it somewhat extensively. The following is the result of my experience:—

1st. It is a valuable hypnotic, producing quiet sleep in some cases where the preparations of opium are useless or distressing.

2nd. It is an uncertain remedy; but I think one cause of its uncertainty may be explained by the fact that its influence is resisted by those habituated to the use of alcohol. Fifteen grains has proved an efficient dose for a "total abstainer," and I have known twenty grains give fourteen hours' sleep after morphia had failed; while a fifty-grain dose has several times proved quite inert on a "free liver."

3rd. I have failed to derive any benefit from its use in asthma, whooping-cough, and other spasmodic diseases, unless it induces sleep. If it does not cause sleep, it produces no effect, distressing or otherwise; hence its great advantage, in some cases, over opiates.

4th. It sometimes causes frightful dreams. Two patients have refused to continue its use on this account, although in both cases it produced, apparently, quiet sleep.

5th. It should be used with caution. In private practice, not more than twenty grains should be given for a first dose, or much alarm may be caused by the prolonged sleep sometimes produced by a large dose.

Sandown, Isle of Wight, March 7th, 1870.

DESCRIPTION OF A NEW SPLINT FOR OBLIQUE FRACTURE OF THE TIBIA, EITHER SIMPLE OR COMPOUND.*

By ROBERT S. LEEMING, M.R.C.S.

THIS splint is the ordinary one for fracture of the thigh, with three additions, intended to meet the difficulties in the treatment of oblique fracture.

1st. The bend at A, whereby *direct* extension is obtained, and by the screw movement at B gradual extension can be made when desirable.

2nd. The support at C for the upper part of the lower end of the tibia to rest upon.

3rd. At D, where regulated pressure can be applied to the lower part of the upper end of the tibia, in any direction required; so that the fractured parts are kept *in situ*.

This splint can be used for either leg by taking out three screws, reversing the ironwork, and screwing together again; and can be adapted to any part of the tibia by slide movements. There is also another point which is frequently a source of great annoyance to the patient—that is, the noose of bandage put round the ankle for extension, by its narrowness and twist on each side the ankle, causing œdema of the foot, and often great pain. This is, in most cases, remedied by having a leather collar, similar to the upper part of a common laced boot, made to fit the ankle; and a strap attached, as shown in Fig 2, which can be put on the hook of the screw at B, Fig. 1.

Highgate, Kendal, Feb. 1870.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

(PATHOLOGICAL DEPARTMENT.)

THROMBOSIS OF THE MIDDLE CEREBRAL ARTERY;
WHITE SOFTENING OF THE BRAIN.

(Autopsies, with Remarks, by Dr. KELLY.)

FOR many years the accidental plugging of an artery by a piece of fibrin detached from the valves of the heart has been recognised as a cause of white softening in that part of the brain which was supplied by that vessel. A similar result, too, is obtained when molecular particles are carried from a diseased aorta into the cerebral capillaries. Thrombosis of an artery, or the formation of a clot at the point of obstruction, is a much rarer cause; but of this kind two cases have recently been met with in the hospital. In each case the vessels at the base of the brain were very athero-

matous, and at some parts their calibre was greatly impaired. At the spot where the internal carotid artery divides into the anterior and middle cerebral arteries, a firm clot of fibrin was found plugging up the middle cerebral completely. In each case the vessels were much roughened by atheromatous deposit at this point; and the altered surface would thus the more readily allow of fibrin being whipped from the blood as it flowed along. The left side of the heart and the large vessels were quite healthy; and there can be no doubt that the plug of fibrin was formed at the spot, and not carried from a distant point. But whatever may be the cause of the obstruction, the cutting off of the blood-supply results in atrophy, or white softening, of the parts previously supplied.

CASE 1.—Eliza D—, aged sixty, was admitted, under the care of Dr. Beale, into Twining ward, on Dec. 16th, 1869. She had always been temperate, and enjoyed excellent health. Towards the end of November, 1869, she suddenly lost the use of her right arm and leg; but in a fortnight she was quite well again. Three weeks before admission she had complete loss of power in the left leg and arm, and partially of the left side of the face; the pupils were natural, the eyes did not deviate, and there was no arcus senilis. At first she was conscious, and could give an account of her attack; but gradually she passed into a comatose state, and remained so several days before she died. The paralysed side became very rigid, and was so the whole time she was in the ward. This rigidity came on soon after the attack. The urine was passed unconsciously, and contained towards the end a trace of albumen. Death occurred a month after admission into the hospital.

* Exhibited at the Meeting of the British Medical Association at Leeds in July, 1869.