granules. It requires further research with a more powerful microscope than I can at present command.

From a review of all my experiments, the effects of the cobra poison observed in mammals and birds are the following:—The poison injected having found its way into the circulation, restlessness, dulness, drooping of the head, and jactitation follow successively. The restlessness and change of position of the animal are constant. The bowels are evacuated, and the urine is passed. The pupils act irregularly, dilating or contracting. Respiration is slow and irregular, at times stertorous, with foam or frothy mucus issuing from the mouth, spasms, and muscular twitchings. Reflex action is arrested, as the animal cannot be roused by pricking or pinching the skin. Consciousness and ocular recognition continue to the last in most instances; sensation is retained, though modified; whilst the paralysis is incomplete. The voluntary movements, sometimes after becoming more energetic, soon cease altogether; and the animal may die without the slightest trace of convulsions or tetanic spasms. When the poison has been rapidly absorbed, its effects become apparent more quickly; and the venom is readily absorbed by any living tissue.

The post-mortem examination discovers the right side of the heart to contain some tarry-looking, black, soft clots of blood; and the left side empty. The entire venous system is engorged with the same kind of blood, more especially the large venous trunks. The liver is found hyperæmic, enlarged, and dark-coloured.

The first effect of the poison in the system seems to me to damage the current of blood, by the cells of the poison perhaps deranging the vital affinities existing between the blood-corpuscles and the serum in which they float, and by that means the nervous centres are affected and nutrition arrested. On life becoming extinct, the pupils remain permanently dilated, and the blood found in the larger vessels, when removed from the body, coagulates within four or five minutes after death. Rigor mortis absent, the limbs remaining supple for hours after life becomes extinct, except only in a few instances, where it occurred in a couple of hours.

CASE OF

DISLOCATION OF THE HIP-JOINT IN A CHILD SIX MONTHS OLD.

BY JOHN POWDRELL, Esq., M.R.C.S.

ON the 23rd April last Mrs. C— brought her child to me—a little girl six months old,—having reason to think it had been injured by a fall. It was a well-nourished, average-sized child, and apparently very healthy.

The history was, that about a week previous to the above date the child was placed in a small arm-chair, and secured there with a handkerchief tied from arm to arm. By accident, the chair and child were upset; and on the mother going to her assistance, she says she had some difficulty in extricating it, as it was doubled on its side over the left arm of the chair. The child cried a good deal on being loosed from its awkward position; still the mother did not then think it was seriously injured. After this fall the child appeared to give way on the left side, as if in pain somewhere; and (as the mother expressed herself) when she tried to make it feel its feet, it would resist putting its left foot down on to the floor.

Placing the child on its back on the mother's knee, and removing its clothes from the lower part of its body and extremities, the legs were seen to be drawn up and flexed on to the abdomen, with the knees inclining towards the middle line. On extending the legs the child screamed out, and more so when the legs were placed together. Now, on comparing the two sides, the nature of the injury was seen. The left leg was between an inch and an inch and a quarter longer than the right, the left toes were extended out, and the heel was drawn up; the left trochanter major was much less prominent than the right, and behind and above it there was a depression not discernible on the right side. From these symptoms I at once came to the conclusion that it was a case of dislocation of the head of the femur, downwards and forwards, on to the obturator externus. My partner, Mr. Luke, coming in at this time, came to the same diagnosis.

Grasping, as it were, the left side of the pelvis with my left

hand, having the thumb well down on to the perineum, with my right hand I took hold of the left ankle (using them as an extending and counter-extending force); from the ankle I made firm, but gentle extension in a direct line with the body. After continuing this for a short time, I pressed my left thumb against the head and upper part of the femur in a direction upwards and outwards, at the same time bringing the leg with my right hand towards the middle line, when we had the pleasure of hearing the head of the bone slip into the acetabulum with a distinct snap. The untoward symptoms all disappeared, and the child now bore movement of the limb with apparently very slight pain. The remaining treatment was merely to tie the legs together with a handkerchief at the knee, enjoining the recumbent posture, and strict care in moving the child about. It is now doing well.

The case is one not of common occurrence, and it impressed me at the time with thoughts of how careful we should be in our examination of cases, apparently thought of a slight nature by parents. Also the history of the injury, as a cause, tallies well, I think, with the result. The arm of the chair pressing against the trochanter major, or between it and the ilium, it is highly probable the inner side of the knee or leg was hit during the fall, and hence the head of the bone was forced out of the acetabulum.

Euston-road, May, 1868.

AN IMPROVED TROCAR AND CANULA FOR PUNCTURING THE BLADDER PER RECTUM.

BY JOHN D. HILL, F.R.C.S.,
SURGEON TO THE ROYAL FREE HOSPITAL.

IN surgical practice cases of retention of urine are sometimes met with which require the operation of puncture of the bladder per rectum and the retention of the canula in the bladder until a catheter can be introduced through the urethra. Having had some experience in this form of treatment, I have directed my attention to a defect in the instrument now used, which in some cases is attended with a chance of local mischief, and in all cases with discomfort to the patient.

This instrument is so constructed that the canula is beveled to a sharp edge on the point of the trocar, for the double purpose of allowing it to slide with the trocar through the coats of the bladder without obstruction, and at the same time to spring over the bulb of the trocar by means of a fissure inserted in one or two of its sides. Hence it will be seen that when the trocar is withdrawn, and the bladder emptied, its walls are in actual contact with the sharp edge of the canula. Further, both ends of the canula being always open, the urine trickles away, keeping the patient constantly wet and uncomfortable. To remedy this defect I have lately passed an elastic bougie through the canula, securing it to the outer lip by a piece of tape. Carrying out this principle, Messrs. Weiss and Son have, under my direction, constructed an inner canula, with one end shut and rounded, to project beyond the sharp edge of the outer canula, while the outer end is locked to the lip of the external canula, a small ring being fixed to it as a handle. Thus when the bladder has been relieved by puncture, and the canula secured with tapes, the internal canula is introduced and fixed. By this means the external canula can be retained with perfect safety and comparative comfort, the urine being drawn off as may be required.

This instrument answers so well that I am induced to ask my professional brethren to give it a trial.

Guildford-street, May, 1868.

ULSTER MEDICAL SOCIETY.—The annual meeting of the Ulster Medical Society for receiving the report and for the election of office-bearers, was held on Friday week at the General Hospital. The following are the office-bearers elected for the present year:—President: Professor Caming. Vice-Presidents (for town): Dr. Henry Whitaker and Dr. John M'Cras; (for country) Dr. Archibald Dunlop, Holywood, and Dr. John Kelso, Lisburn. Treasurer: Dr. William MacCormac. Secretaries: Drs. John Moore and James Hill. Other members of Council: Drs. Robert Stewart, James Patterson, James Moore, Angus M. Porter, Hugh P. Rea, and John Fagan.