pearance of being dislocated. Sir William removed the limb by quadrilateral flaps, including muscular tissue, and remarked that the mode of amputation was a composite one, to which no particular name could be given. He thought the point after all was to get a convenient covering to the bony stump, and this was best attained by different methods in different cases. The amputated limb was not then examined, but put aside for careful dissection.

The other case was that of a cachectic lad, along the track of whose right femur were numerous apertures of sinuses discharging pus, and whose knee-joint apparently contained matter. It was the old story: the boy had had periostitis three years ago, followed by necrosis. The limb was amputated by the ordinary flap operation at the upper third of the femur; Sir William Fergusson remarking that the case was one in which formerly, and perhaps even in the present day, amputation at the hip-joint might have been thought necessary, so high up did the disease appear to extend. He felt sure, however, that the thickening in the part of the femur left behind was simply from new bone; and it was manifestly very important to avoid, if possible, the more formidable operation. Mr. Henry Smith thoroughly controlled the femoral artery in both these cases with his thumbs.

In the case of an elderly man who had suffered from tic for several years past, the inferior dental nerve of the right side was divided. Stretching the lips asunder with two fingers of the left hand, and feeling for the mental foramen with one of these, Sir William cut down upon the nerve with a small tendon knife, which he passed quite into the canal. He had performed a similar operation four months ago, and it was followed by relief for several weeks. It is not Sir W. Fergusson's experience that there is any advantage, as supposed by some, in removing a portion of the nerve: simple division does quite as much good. The relief is always temporary: at least he has met with but few exceptions to this rule. It is noteworthy that it often happens that no relief is obtained for the first week after the operation; then the pain gets gradually less, and the patient may be free perhaps for three months. As a general rule, the oftener the operation is repeated, the shorter is the period of immunity procured by it. This man, it should be said, had been under every variety of treatment without effect.

CHARING-CROSS HOSPITAL.

A CASE OF PERIOSTEAL RHEUMATISM.

(Under the care of Dr. SALTER.)

THE following case, and that which we publish from the Farringdon Dispensary, furnish good examples of the beneficial influence of iodide of potassium upon patients whose ailments agreed in the circumstance of being periosteal, but differed apparently in their bases.

Harriet Q—, aged thirty-four, married; never had any children; had one miscarriage eight years ago, and no other pregnancy. Husband a very steady man, by occupation a hatter. The woman is pallid, thin, and cadaverous-looking. She enjoyed uninterrupted health till seven years and a half ago, when she had the small-pox. On first going out after her recovery she caught a violent cold, which gave her rheumatism in her head and neck, the pain being so severe that she was obliged to take to her bed again. It affected the scalp, forehead, and nape of the neck, and was of a gnawing character, with occasional stabs. The surface was excessively tender. From the head and neck it extended in a day or two to the shoulders and arms, which became the seat of equally severe pain, tender to the slightest touch, and quite helpless, so that she could not raise her hand to her mouth. In two months she was sufficiently well to get out, when she caught another cold, with the same result; but this time it fell upon the hips, thighs, and legs. As on the former occasion, it did not attack the joints particularly, but more the shafts of the limbs and the fibrous tissue of the muscles. She was confined to her bed for seven weeks; and the limbs were as painful, tender, and immovable as before. Then, for three or four months, she was pretty well, with occasional attacks of pain, for which she would take to her bed for a day; but the pain was nothing but what she could very well bear. She then experienced the severest attack she has ever had; it affected every part of the body, and confined her to bed for four months. It was during this attack that she first noticed the appearance of lumps in her head and forehead. They appeared on the spots of the greatest pain, and were so tender that, to use her own expression, "she was afraid of anyone coming near her." They

were six or seven in number; they did not come out all at once, but in succession; they were fixed on the same spot when once they came out; they were considerably raised, those on the forehead being conspicuously visible; they appeared hard, and were about the size of a halfpenny. There was no redness. After remaining out for some time, the lumps in the head and forehead went away, for the most part, as she convalesced; but one of them remained, and has remained ever since. From the date of this first attack accompanied with these periosteal swellings, up to two years ago, she had five or six separate attacks, each attended with the appearance of fresh lumps on the scalp and forehead; between these attacks she partially recovered, but never completely, constantly suffering from pain. Three years ago similar swellings appeared on the shins, accompanied with the same aching, tenderness, and nocturnal exacerbations as those on the head. After a little time they went away; they then reappeared, and from that time they have never left her, varying from time to time in number, size, and painfulness, but never completely disappearing. Two years ago the same state of things appeared on the forearms, all along the ulna from the olecranon to the wrist. From the arms the lumps have completely gone away three or four times, and then come on again whenever she has had one of her rheumatic attacks. She has not lost them now for five months. The appearance of her arms and legs is very peculiar; they look as if they were affected by rickets, the ulnas appearing as if they were bent outwards and the tibiae forwards; in fact, their cutaneous surfaces are one long node from knee to ankle and from elbow to wrist. The edge of the shin-bone and the sharp edge of the ulna have quite lost their original shape, seeming two or three times as thick as they ought to be, undefined, nodular, and uneven. They are acutely tender, and the aching pains at night almost entirely deprive the patient of sleep; indeed, for the last three or four weeks the pain has been constant, day and night.

Such was the patient's state on her admission into the hospital. She was at once put upon iodide of potassium (ten grains thrice a day) and a nightly sedative. Any local application was purposely avoided, that the effect of the internal administration of the iodide upon the local swellings might be the more clearly shown.

The effect was marked at once: the second night she slept, and the pain abated; more so the third night, and so on. By the end of a week she was easy, and the nodes were conspicuously subsiding in the arms, but less so in the legs. By the end of a fortnight the swellings in the arms were almost gone, and she was sleeping every night comfortably. The patient being virtually cured, and it being possible for her to continue the same treatment as an out-patient, she was discharged, as her bed was wanted for a more urgent case.

In relation to this case, Dr. Salter drew attention, in his clinical remarks, to the following points:—1st. The rheumatic nature of the affection. 2nd. Its almost exclusive periosteal seat. 3rd. That it issued in the production of true nodes, having all the anatomical characters of true nodes. 4th. The nocturnal exacerbations. 5th. The rapid cure by iodide of potassium. 6th. The resemblance of the case in all these respects to syphilitic periostitis. With regard to the first point, Dr. Salter based his opinion on the facts, that the symptoms first appeared, and afterwards reappeared, on exposure to cold, and just that kind of cold that is most fruitful of rheumatism—exposure after convalescence; that the pain was of rheumatic character; that the joints were, clearly at first, and now and then afterwards, to a slight extent involved; and that fascial and aponeurotic rheumatism with nocturnal exacerbations is a well-known and recognised affection. Moreover, there was not the slightest reason to believe that the woman had ever had syphilis. With regard to the three primary facts—the formation of true periosteal nodes, the nocturnal exacerbations, and the cure by iodide of potassium—Dr. Salter stated that he had seen numbers of similar cases, and that they have a well-marked individuality as a group. Their diagnosis from syphilitic periostitis is not always easy; sometimes it is impossible, and for this reason—that evidence of syphilis and evidence of rheumatism coexist, the symptoms not manifesting themselves till after both the morbid states have clearly shown themselves. In such cases the state may be either complex or hybrid, or the symptoms may depend on the one or the other cause singly; the existence of syphilis not negating pure periosteal rheumatism, nor evidence of rheumatic tendency negating pure syphilis. Dr. Salter had, however, seen cases in which the manifestation of the symptoms seemed to depend upon a concurrence of the two causes, one apparently taking the place of a predisposing cause, and the other of an exciting

cause. Thus he had seen rheumatic cases in which the rheumatism did not take on the periosteal form till after syphilis had been contracted, and cases of syphilis in which the periosteal affection did not show itself till the patient was thrown into the rheumatic condition. One thing, however, was very satisfactory—that, however uncertain the diagnosis might be, there was no uncertainty about the treatment; iodide of potassium was the inevitable cure, to whichever cause, or to what proportion of either cause, the symptoms might be attributable. It was quite curious to see the way in which not only the symptoms, but the anatomical condition, yielded to the internal administration of that remedy in the present case. You could almost see the nodes subside from day to day; in one fortnight the ulnas, whose deformity on the patient's admission was so striking, had almost resumed their original shape.

Dr. Salter remarked, in conclusion, that he thought iodide of potassium was indicated in all cases of rheumatism, whether articular or otherwise, in which the pain was characterised by nocturnal exacerbations, and that we should not be far wrong in letting this single circumstance determine our employment of it.

FARRINGDON DISPENSARY.

A CASE OF ACUTE SYPHILITIC PERIOSTITIS, OCCURRING IN THE EPILEPTIC DIATHESIS; RECURRENCE OF FITS; SUCCESSFUL TREATMENT WITH LARGE DOSES OF IODIDE OF POTASSIUM.

(Under the care of Mr. CHARLES JOHN SMITH.)

M.S.—, a married woman, aged twenty-eight, came under treatment on October 19th, with acute periostitis. Her history was purely syphilitic; she had “sores and buboes” within a month after her marriage; secondary symptoms showed themselves in about two months; she had “eruptions of brownish spots,” and sore throat; her hair came off; she had pains in all the limbs, and two attacks of iritis. She said that six months ago her right arm was painful, and began to swell; three months later a swelling, accompanied by pain, appeared on the right collar-bone. After a time she went to a chemist, who gave her some pills, under which she got rapidly worse, her throat, mouth, and gums becoming dreadfully sore: so she came to the Farringdon Dispensary. Mr. Smith found her profusely salivated, and the breath very fetid; the arm very hot, very tender, and much swollen—in fact, acute periostitis, extending from the lower third of the humerus to half way down the ulna. At the sternal end of the clavicle was a node, the size of half a small orange, hard, hot, and very tender. She said that for nights she had had no rest, owing to the agonising nature of the pain. She was ordered chlorate-of-potash gargle, ten grains of Dover's powder at bedtime, and iodide of potassium. The effect of this treatment was most marked. She at once obtained a good night's rest, the salivation speedily subsided, the arm and clavicle rapidly improved, pain ceasing almost entirely in a few days, and in ten days nearly all trace of periostitis had vanished, scarcely any thickening to be noticed in the arm, while the clavicular node was painless and about half the size.

On November 16th she declared herself “nearly well.” The treatment will, of course, be continued for a time. At first she took six-grain doses of the iodide, but in the course of a day or two it was raised to fifteen grains three times daily. After being under treatment for a few days, she complained of having had something like *petit mal*, and it was found that twelve years ago she had had very violent fits of a true epileptic character, but as soon as menstruation was properly established the fits ceased. She had no return of them until last June, when, always preceded for half an hour by giddiness, she suffered from them two or three times a week, and so up to the time of coming under treatment at the dispensary. There has been no fit since.

This case, Mr. Smith remarks, appears to present several interesting features. First, it was no doubt in the outset an ordinary case of chronic periostitis, much more usually the form met with, at any rate of late years. Secondly, it manifested the baneful influence of mercury, by which he believes the severity of the attack was determined, and acute inflammation set up; next, occurring in the epileptic diathesis, it excited a return of epilepsy, after a lapse of twelve years; and then it furnishes an excellent example of the wonderful

effect, and rapid effect too, of iodide of potassium, the value of which in the treatment of syphilis must soon, he thinks, become universally admitted, to the total exclusion of mercury. It certainly appears important to give large doses of this drug; nor does there seem to be any reason to hesitate for fear of depressing the patient; the lowering tendency of iodide of potassium has been greatly exaggerated. At any rate it may safely be said that the tolerance of large doses is fully equal to the tolerance of small; and he does not remember any cases the worse for it, where the necessity for its use was apparent.

THE USE OF CARBOLIC ACID.

It is interesting to note the various opinions, and still more curious to observe the differing experience, in reference to the use of carbolic acid in surgery. We briefly record to-day results of some further inquiries upon this point in metropolitan hospitals.

At *St. Bartholomew's* Mr. Paget does not as yet feel able to form an opinion on Professor Lister's mode of using carbolic acid from any observations of his own. In the few cases in which he has tried it, it has been useless; but this may possibly have been, Mr. Paget thinks, from some error in the mode of application. He intends to make further trial of the agent.

Mr. Holmes Coote has found carbolic acid very useful as a caustic in the treatment of syphilitic sores, mucous tubercles, &c., as well as generally in foul wounds. He does not approve of Lister's method, which he considers meddlesome. Mr. Coote's experience is that wounds unite readily when left alone.

So again at *Guy's*. Mr. Birkett tells us that he has not had much experience of carbolic acid. He finds his cases do very well on the usual plan.

On the other hand, Mr. Bryant, at the same hospital, gives a more favourable opinion of the substance. He is giving Lister's plan of the treatment of wounds a good trial, and for some months has been washing out all wounds made by operation with a watery solution of carbolic acid, and dressing them with a solution of the same acid in olive oil. Mr. Bryant says that his operations have also certainly done well, for he has obtained in some cases primary union of the wounds, whilst in others there has been little or no purulent discharge. How much of such success depends upon the plan of dressing, however, he cannot say, for he has at the same time applied torsion to all the vessels, and used sutures as little as possible. He has also followed the practice, which he has adopted for some years, of applying firm pressure to all wounds by means of pads of lint and strapping. Upon the whole the results have been good, and he is disposed to attribute them in a great measure to the use of the carbolic acid. The strength of the watery solution employed by him is one part in thirty; of the oily, one in ten.

Provincial Hospital Reports.

STATE CRIMINAL ASYLUM, BROADMOOR, BERKS.

A CASE OF GENERAL EMPHYSEMA FOLLOWING RUPTURE OF THE STOMACH; DOUBLE INTUSSUSCEPTION OF THE ILEUM.

THE following case, which presents many features of interest, is related by Mr. A. J. Newman, assistant medical officer. Attention is directed to the remarkable absolute and specific brain weights, the large size of the stomach, the presence of two examples of intussusception, and, lastly, the super-vention of general emphysema, due, as Mr. Newman believes, to the escape of air from the enormously distended peritoneal cavity.

S. R.—, aged thirty, male, died on November 25th, 1867. He was admitted to Broadmoor in 1865, having been found insane on arraignment upon a charge of murder. During his residence in the asylum he was in a state of chronic mania, low-spirited and irritable, an enormous eater, seldom employing himself, and prone to strike without previous warning anyone within his reach. Had been deaf for the last fourteen