possible to say. As an instance of the quaint humour of the patient's rambling talk I may relate that when he kept trying to get out of bed, being asked why, he said, "I got a job on Thursday. I must go to a funeral at 12 o'clock." Being told he had better remain, he said, "Well, but I must be there, they can't do it without me. Tell 'ee the truth, 'tis my own funeral and that's a job they tell me I can't get out of."

Remarks by Dr. GORDON.—The diagnosis in this case was one of some interest. The occurrence of a monoplegia on one side after the accident succeeded by a more alarming hemiplegia on the other side was curious, but in the chief difficulty lay the clue. The lesions were obviously not spinal in origin. They seemed certainly due to the same cause—viz., the blow from the stone. This had been inflicted fairly on the centre of the crown of the head, therefore over both leg centres and consequently over the parts most concerned in the subsequent palsies. If the first leg affected had been solely and temporarily affected one would have diagnosed the breakage of a damaged vessel. It therefore suggested itself that the second attack of paralysis was due to a similar cause on the other side. Again, as the result of the accident, it seemed scarcely conceivable that a tumour could so soon have developed, and that it had not developed was clear in the absence of the severe headache, sickness, and optic neuritis which a growth so rapid would almost certainly have produced. If an abscess had been set up these three signs might still be wanting, but here the absence of leucocytosis indicated that there was probably no abscess. Haemorrhage remained as the probable diagnosis. The correctness of this diagnosis was verified at Mr. Harris's very successful operation. We were much indebted to Mr. R. Walker of Clovelly for most careful and important notes of the patient's early condition.

ABERYSTWYTH INFIRMARY AND CARDIGANSHIRE GENERAL HOSPITAL.

A CASE OF UNUSUAL FRACTURE OF THE CLAVICLE.

(Under the care of Mr. R. T. EDWARDS, house surgeon.)

THE patient, who was a young man, aged 18 years, met with an accident whilst at work on the railway. He was coupling two trucks and whilst doing so the engine was set in motion unknown to the patient, with the result that he was more or less crushed between the two buffers. After recovering from the shock produced he walked to the Aberystwyth Infirmary not because he suffered from the usual symptoms of fracture but merely to ascertain whether he had suffered any serious injury. Mr. Edwards watched the patient walking up to the hospital and could not detect the characteristic attitude generally assumed by patients suffering from the results which follow a fracture of the clavicle. Then on examination he failed to find any deformity in the neighbourhood of this bone except that its length was slightly shortened compared with that of its fellow on the opposite side. The usual clinical features present were conspicuous by their absence; that is, the elbow was not flexed, neither was it supported by the opposite hand—in fact, the patient could raise his arm above the level of his head without experiencing the slightest degree of pain. At this stage Dr. Abraham Thomas, the honorary surgeon to the hospital, arrived and he also failed to detect any signs which might go to prove, or even to suggest, a fracture of the clavicle. The youth was detained as an indoor patient and was put to bed in order that fomentations could be applied to some contusion that was present over the shoulder-joint. On the next morning Mr. Edwards discovered that there was a complete fracture through the middle third of the clavicle with the usual displacement, the sternal fragment being slightly drawn upwards by the sterno-cleido-mastoid muscle and the acromial part being depressed by the weight of the arm. The sternal fragment over-rode the acromial to the extent of about a quarter of an inch.

Remarks by Mr. EDWARDS—Impacted fracture of the clavicle being one that is not commonly mentioned in ordinary text books on surgery I thought this case to be one well worth recording. In my opinion it appeared to be a case where the force had not been indirectly transmitted, as is

usual, through the glenoid cavity to the scapula and thence by the coraco-clavicular ligaments to the clavicle, which force, being of a twisted character, would naturally have produced some displacement. Instead, I presume the impact in this case must have been direct on the acromio-clavicular joint and thereby the force being straight in its direction produced the impaction instead of the usual displacement. The unconsciousness naturally produced by sleep, and possibly the position adopted by the patient in bed, produced a relaxed state of the muscles and thus afforded an opportunity for the broken fragments to become manifestly displaced.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The Economic Value of the Sanatorium Treatment for the Working Classes based upon After-histories.

A MEETING of this society was held on April 26th, Sir R. DOUGLAS POWELL, Bart., the President, being in the chair.

Dr. NOEL DEAN BARDSWELL and Mr. JOHN E. CHAPMAN communicated a paper on the Economic Value of the Sanatorium Treatment for the Working Classes based upon After-histories. They said that their paper dealt with the consideration of the life-histories of 28 consumptive patients who were treated in the Sheffield Royal Infirmary between June, 1899, and March, 1900. These patients were accommodated in two of the general wards of the infirmary specially reserved for the purpose and facilities were made for carrying out the main essentials of the sanatorium treatment—viz., a maximum amount of open air, an adequate diet, and regulated rest and exercise. The diet, which was a modification of a hospital convalescent diet, consisted of breakfast at 6.30 A.M. of porridge, bacon and eggs or fish, bread and butter, and half a pint of milk; half a pint of milk at 10.30 A.M.; dinner at 12.30 P.M. of meat and two vegetables, milk pudding and fruit, with half a pint of milk or beer; tea at 4.30 P.M. of bread and butter or jam, and an egg, with half a pint of milk; supper at 7 P.M. was the same as at breakfast, with half a pint of milk; half a pint of milk was also allowed for each patient during the night. The cases admitted were quite unselected and the proportion of patients with a really good prognosis was very small. Of the 28 admissions 11, or 39 per cent., were clinically hopeless cases, and only 16, or 57 per cent., appeared to have a chance of being restored to a fair working capacity. In eight cases in which the disease had lasted six months two or three lobes of the lungs were involved; in eight cases in which the disease had lasted from six to 12 months three or four lobes of the lungs were affected; and in 12 cases in which the disease had lasted 12 months or more four or five lobes of the lungs were affected. In a table the cases were classified according to their clinical types, the classification being based upon Fowler's description of types of pulmonary tuberculosis. The patients with miliary, acute, caseating, and very advanced fibro-caseous disease, 39 per cent. in all, were not appreciably benefited by treatment, and satisfactory results were only obtained in the 57 per cent. who had either fairly recent active disease or chronic slowly progressive mischief of considerable duration. Of the 16 patients who belonged to one of these two classes nine were discharged restored to their full working capacity and seven were sufficiently improved to allow of their return to light work. The ultimate or economic results were then dealt with. A table was given showing the after-histories of the 16 patients who returned to work, the statistics covering a period of four years subsequent to their leaving the infirmary, the basis of the classification being that of their various wage-earning capacities during this period. In the course of four years, of the nine patients who were restored to their full working capacity three died, two were lost sight of during the third and fourth year respectively (their conditions when last heard of being in every way satisfactory), and the remaining four maintained their health and were at full work throughout. Four patients then, certainly, and possibly six, of the nine now under consideration had successfully withstood the strain of four