

invariably well marked and readily stained by Gram's method, while there is a central area which as a rule remains unstained. In man the reverse of this is the case. These two extremes, however, are connected by intermediate forms; in cattle the filamentous network, so characteristic of the disease in man, occasionally appears. In the disease in man the clubs can usually be demonstrated, in sections by special methods of staining (orange-rubin &c.), but especially by examining the fungi in the fresh state.

Mr. Kanthack is reported to have stated that actinomycosis bovis cannot be stained by Gram's method unless the saponaceous and calcareous matter be first removed. This, however, is not the case, brilliant results being obtained by Gram's method without preliminary treatment when clubs only are present and in the rarer bovine cases in which filaments and clubs are found. The microscopical appearances in Madura disease, both in the stained and unstained conditions, are then identical with those in actinomycosis; clinically and pathologically the diseases resemble each other closely and there can no longer be any hesitation in accepting the view first put forward by Dr. Carter that Madura disease is a manifestation of actinomycosis in man. Professor Crookshank concurs in this opinion and I must thank him for allowing me to publish the case and for helping me with the literature of the subject.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES FROM A PRACTITIONER'S CASE-BOOK.

BY H. HOWARD MURPHY, M.D. CANTAB.

Chorea in the Adult.—Early in March, 1892, a lady aged twenty-six had follicular tonsillitis which she had suffered from several times previously. She had never had rheumatism nor had any others of the family. After a week the temperature still kept up and the tonsils remained large, though inflammation had quite subsided. A few days later jerky movements were noticed in the right hand and arm which developed shortly into a typical attack of general chorea. The movements ceased during sleep, but were violent enough by day to make the skin red and threaten to ulcerate over the elbows and knees. The mind was much affected, memory a blank even of events occurring a few minutes previously, recognition of relatives often failing for a time; the speech was very slow and jerky, imaginary events related as real and persons falsely accused of unkind actions. There was a loud mitral systolic murmur. After six weeks there was much loss of flesh and weight and she could not stand at first. Now, three months from the commencement, she is quite well in every way and the murmur has gone. She was treated all through with salicylate of soda, a course that seemed rational to me if there is any connexion of chorea with rheumatism. I should be glad to know if this treatment has been used by others and its result. Arsenic in increasing doses was also given for a month during the period of most severe movement, followed by iron and strychnia as this abated. The writers on chorea say that complete recovery is not usual in adult patients.

Dislocation of Patella.—A few days ago I was hastily summoned to see an elderly woman who "had put her knee out," the messenger said. On arrival the left leg was fully extended, could not be bent and was suffering some pain. On examination the patella was obviously much displaced; its upper edge projected very much forwards, its lower edge, with the attached ligamentum patella, was correspondingly depressed, dipping into the joint, and the skin and tissues at each side of the ligament bulged forwards, partially overlapping it. There was no fracture or lateral rotation. She could not bend the knee at all and I could hardly move the patella laterally even with some force. The lower end of the patella I concluded had got caught on the transverse ligament connecting the semilunar cartilages, or perhaps on one of the cartilages themselves. It was reduced by traction and flexion of the joint, when, with a loud snap, the patella recovered its

position and the patient could freely move the joint. Immediate removal to bed and an icebag did not suffice to prevent a considerable though painless effusion following. The displacement occurred while she was kneeling on a chair with the left knee bent and reaching forwards and the right foot was on the ground. When she stood up and straightened the limb she was unable to flex it and noticed the distortion. I have not been able to find any mention of such a dislocation of the patella (if it deserves such a title) in any of the textbooks.

These cases, medical and surgical, were followed a few days ago by an obstetric one.

Procidencia Uteri.—A woman about twenty-seven years of age engaged me to attend her in her confinement at the end of May, 1892. She had had one child seven years before by a former marriage and had suffered ever since from a bearing down of the womb, which she alleged occasionally protruded from the vagina, but which she had always been able to replace herself. Her husband called me out of bed about a fortnight before the time she expected, saying she had her womb down and could not get it back and was suffering dreadfully. On arrival I found a mass rather larger than my fist protruding from the vagina, which grasped it pretty tightly. Its covering was a dry mucous membrane appearing like the lips. It was oedematous, moderately firm and had the tube-like os in the centre. After steady compression and cleansing and anointing with antiseptic ointment it was with some difficulty reduced, nor did it tend to come down again. Next morning labour pains had set in. On examination the swelling had entirely gone; the os was the size of a shilling, its margins thin and sharp. To my surprise a very slow and tedious labour from a rigid os resulted and was only terminated next night by forceps. The patient has done well since, but when she gets up some support to the uterus will no doubt be necessary.

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THE EFFECT OF BLANK CARTRIDGES ON TISSUES.

BY J. M. ATKINSON, M.B. LOND. &c.

T. Y.—, aged thirteen, was admitted to the hospital at 11 50 A.M. on Feb. 24th, 1892, in a state of collapse occasioned by hæmorrhage from a wound in the left groin. On examination there was a wound in the left inguinal region, circular in shape, about the size of a ten-cent piece, situated just below Poupart's ligament, one inch external to the line of the femoral artery. This was filled with blood-clot and on removing the pad and bandage with which it had been dressed there was copious hæmorrhage from the wound. This was controlled by pressure on the left external iliac artery. The patient being anaesthetised, the A.C.E. mixture being used, this wound was explored and was found to extend inwards some inch and a half, tearing up the muscles and completely severing the femoral artery. The two ends of the artery were tied with a silk ligature, the wound was syringed with corrosive solution and a small drainage-tube inserted, the edges being brought together with catgut. The collapse was extreme, the pulse improving slightly under the influence of the anæsthetic. Ten minims of ether were injected hypodermically and hot-water tins applied, the left lower limb being swathed in cotton wool. By 3 P.M. he had rallied considerably and told me that he was picking up lead at the range at Kowloon that morning and had been shot. Enemata of brandy and beef-tea were given and one-tenth grain of morphia injected hypodermically. Shortly after 7 P.M. his pulse became much weaker; some six ounces of a neutral saline solution were transfused, without any relief, however. He gradually sank and died at 7.50 P.M.

Necropsy.—The left femoral artery was found to be severed just below its origin, both ends being secured by ligature; the muscles in the region of the wound were torn to pieces. After careful examination no trace of any wad or foreign body could be found. There was no charring of the edge of the wounds. The clothing of the boy was examined and an irregular tear was found in the left leg of the trousers corresponding to the wound in the boy's thigh; there was no charring of the fabric. On February 25th and 29th experiments were made by Dr. Lowson and myself in the presence of Lieut. Hall and Fleet-Surgeon Mahon, H.M.S. *Impérieuse*, on the effect produced by firing from a Martini-Henri rifle blank cartridges similar to those served