tained a soft, black, jelly-like coagulum; the left were empty. —Abdomen: Liver dark-coloured, hyperæmic, with watery exudation on the surface, and with a tendency to friability in its structure. Kidneys normal. Bladder contracted and empty. On examining the wound, no swelling of the adjacent parts was observed, but a slight greenish tinge in the skin, which, on being cut into, exhibited a livid discoloration to the extent of about two inches around the wound; and some watery effusion also existed.

No. 2.

March 11th.—A vigorous cobra, of full size, was made to bite the left leg of a good-sized, well-conditioned pullet, at 11.54 A.M. In 20 sec. it began to flap its wings; in 25 sec. it was tumbling head over heels; and in 30 sec. it was dead.

A post-mortem examination, made immediately after, found the blood slightly discoloured and fluid; liver full and congested; and all the abdominal vessels congested.*

No. 3.

A large powerful pariah dog was bitten by the same cobra at 12.19 P.M., at the same place and on the same date as No. 1. The left thigh was bitten, and only one blood-point was visible at the wounded part. The animal continued apparently well till 4 P.M., when the head began to droop, the pupils acting irregularly.

4.30.—The fore extremities paralysed; foam issuing from the mouth; tongue protruding; much jactitation. Passed urine and fæces together, and apparently involuntarily.

5 P.M.—Extremities completely paralysed. Animal top-heavy, and falling forward when raised; head hanging low; wags his tail, and when called responds by a look of recognition. Respiration hurried; heart's action somewhat irregular.

5.30.—Gradually growing duller. Respiration laborious; heart's action feeble. Throws himself about; is unable to use his legs or stand on them.

5.45.—Breathing slowly and laboriously, with a whiffing sound; the expired air escaping at the corners of the mouth by filling out the lips at that part.

6 P.M.—Dead. Death in 5 h. 51 min.

No. 4.

Oct. 30th, 1867.—Dog bitten in the left thigh by a large cobra at 1 P.M. In 10 min. the belly was puffy; dog lame. 15 min.: Defecated; vomited; frothing at the mouth; moaning. 18 min.: Tongue hanging. 20 min.: Breathing laborious; purged; pupils dilated; eyes glassy. 22 min.: Convulsed. 23 min.: Dead; death in 23 minutes.

No. 5.

Oct. 30th.—1.10 P.M.: Dog bitten in the right thigh by a large cobra. 1.15: Dog lame. 1.25: Defecated; urinated. 1.27: Convulsed; tongue hanging; frothing at the mouth; eyes glassy. 1.30: Dead; death in 20 minutes.

No. 6.

Oct. 31st.—7.43 A.M.: Dog bitten in the right thigh by a large cobra. 7.51: Dog drowsy; listless. 7.53: Convulsed; pupils dilated. 8.15: Severe convulsions; frothing at the mouth; tongue hanging. 8.25: Dead; death in 42 minutes.

No. 7.

Nov. 1st, 1867.—Dog bitten by a cobra at 3 P.M. The dog screamed with pain, and was lame immediately. 3.10: Twitching of the angles of the mouth; tremulous motion of the lips; general tremor; pupils contracted. 3.20: Squeamish. 3.25: Vomited much; restless; saliva gummy and hanging from the lips in large quantities. 3.30: Drowsy; tongue hanging. 3.34: Pupils dilated. 3.38: Convulsed. 3.45: Insensible. 3.50: Dead; death in 50 minutes.

No. 8.

Nov. 2nd, 1867.—1.40 P.M.: Dog bitten by a cobra. 1.42: Lame; uncomfortable. 1.53: Drowsy. 1.58: Convulsed; tongue hanging; pupils contracted. 2.2: Eyes glassy; pupils dilated. 2.5: Dead; death in 25 min.

No. 9.

Nov. 2nd.—1.45 P.M.: Dog bitten. 1.50: Dog lame. 2 P.M.: Convulsed; pupils dilated. 2.5: Dead; death in 20 min.

No. 10.

Nov. 4th, 1867.—1.40 P.M.: Dog bitten by cobra. 1.47: Vomited. 1.55: Lame; drowsy. 2 P.M.: Thick saliva from mouth. 2.5: Giddy; tongue hanging. 2.10: Convulsed; pupils dilated. 2.15: Dead; death in 35 min.

No. 11.

Nov. 4th.—Dog bitten by cobra at 1.45 P.M. 2.20: Drowsy. 2.25: Convulsed; pupils dilated. 2.40: Dead; death in 55 min.

No. 12.

Nov. 5th.—A six months' puppy bitten by a cobra at 2.55 P.M. 3.10: Convulsed and died; death in 15 min.

No. 13.

Nov. 6th.—2.25 P.M.: Dog bitten in left thigh. 2.29: Dog very noisy; yelling; lame. 2.40: Convulsed; pupils dilated. 2.45: Dead; death in 20 min.

No. 14.

Nov. 8th.—1.35 P.M.: Dog bitten in left thigh. 2.15: Breathing hurried. 2.25: Giddy and drowsy. 2.46: Convulsed; pupils dilated. 3 P.M.: Dead; death in 1 h. 25 min.

No. 15.

Nov. 8th.—2 P.M.: Dog bitten. 2.20: Vomited. 2.30: Drowsy; convulsed; pupils dilated. 2.35: Dead; death in 35 min.

(To be concluded.)

CASE OF INJURY TO THE ANKLE-JOINT.

By JOHN COATS, M.D., F.F.P.S.G.

MRS. H—, twenty-seven, while driving with her husband on the afternoon of the 12th of October, 1867, was thrown with great force from a dog-cart, and sustained a severe injury of the left ankle-joint. The accident occurred about six miles from Glasgow, shortly before six o'clock.

The patient was seen by a medical man about half an hour after the accident, who secured two bleeding vessels by torsion, and bound up the wound with dry lint. The lady was brought into town by a late train, and I was called to visit her about 11 P.M.

On removing the dressings a large wound was found, extending for about two inches across the ankle-joint, from its anterior aspect to a point rather behind and below the external malleolus. The edges of the wound at its widest part were separated to the extent of at least an inch. The lower end of the fibula projected through the wound, the external lateral ligament being torn across, and the cavity of the joint freely exposed.

It occurred to me, from the reports of the extraordinary results obtained in our Infirmary by the use of carbolic acid in serious injuries, that this was a suitable case to give it a trial. The materials, however, not being at hand, a piece of water-dressing was temporarily applied to the wound.

About one o'clock next day the wound was dressed with carbolic acid, by one of Professor Lister's dressers, in the way he was in the habit of using it in the hospital. The mode of procedure was as follows:—The clotted blood having been wiped from the wound, a solution of one part of carbolic acid to four of linseed oil was poured over the wound, and into the cavity of the joint, the foot being moved so as to allow of the passage of the oil into its interstices. A piece of lint wrung out of the same solution, and held in dressing forceps, was used to remove the superfluous oil. A piece of thin calico, dipped in the 1 to 4 oil, was then placed over the wound, overlapping its edges for two inches on all sides, and over this was laid a layer of the paste, prepared from oil of the same strength, between two folds of calico, in the manner recommended by Mr. Lister. Above all was placed a piece of sheet tin, moulded to the foot, ankle, and lower part of the leg, the whole being secured by a bandage. The limb was placed on its internal aspect on a pillow. In this attitude the natural position of the foot was maintained.

The patient complained of smarting at the first application

* I only give the post-mortem examinations of two of the animals experimented on; a large number were examined, but the appearances were invariably so alike that it would be only a repetition of the subject.

of the acid, but this quickly subsided, and by the time the dressing was completed she was almost free from pain, whereas she had previously been suffering considerably.

Next day the wound was dressed by renewing the layer of paste, the piece of calico next the wound being left undisturbed. A considerable quantity of sanious discharge was found on the calico, on the under surface of the paste, and soaking the surface of the pillow on which the limb lay. The pulse was normal, and patient suffered no pain.

The wound was dressed daily in the manner described, the discharge becoming less and less, till on the tenth day it became purulent, but in very small quantity, and odourless. Still no pain. The paste was changed to 1 to 10.

On Nov. 3rd, the twenty-second day after the accident, the whole dressings were removed, when a granulating sore was found, the size of the original wound, but with a small opening in its centre leading down to the external malleolus, which was visible at its bottom.

The antiseptic dressing was reapplied for ten days more, when the exposed bone was completely covered in, and water-dressing was then adopted.

The wound was completely skinned over on 12th December, exactly two months from the receipt of the injury.

Jan. 27th, 1868.—The cicatrix continues sound and well. The patient is timid, and afraid to use much freedom with the limb, but is able to bear her own weight. Her general health is excellent; in fact, she is quite well.

Glasgow, April, 1868.

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.

LONDON HOSPITAL.

A CASE OF ACUTE RHEUMATISM COMPLICATED WITH
DELIRIUM TREMENS; RECOVERY.
(Under the care of Dr. RAMSKILL.)

ON a recent visit to this hospital we saw the case to which brief reference is here made. It seemed to us worth noting, because, in a prognostic point of view, the explanation of the occurrence of delirium in the course of rheumatic fever is important. The utility of the thermometer was well shown in this case. It will be seen by reference to the subjoined table that the temperature never rose to any great height during the continuance of the delirium on the 4th and 5th of March. This moderation in temperature was of itself sufficient to show that the case was not one of those in which the occurrence of delirium is the rapid precursor of death, for in these there is uniformly a very sudden and remarkable rise in temperature, the thermometer often reaching 107°, 108°, or even 109°. The subject, it will be remembered, was lately discussed in the Clinical Society of London, and cases were brought forward by several members in which a sudden rise of temperature and the occurrence of delirium were followed by death in the course of a few hours. In the present instance the intellectual disturbance was doubtless due to alcoholism.

Mr. George Mackenzie, the resident medical officer, kindly supplied us with some details of the case and the thermometrical observations.

The patient was a sailor aged forty, and was admitted on the 3rd of March, 1868. For a few weeks previous to admission he had been feeling "queer and out of sorts," and for the last ten days had had pain in the left foot and ankle, with feverish symptoms and sweating.

On admission this was his state: Lies on his back; face dusky; lips bluish and rather tremulous; manner fidgety; tongue tremulous and rather dry; no appetite; is very thirsty;

right hand swollen and red, and rather painful; left knee swollen.

During the night he wandered a good deal and passed his urine in the bed. He talked incessantly, and was under the impression that he lay upon "a bed of salt, with a bed of salt above him." He chattered a good deal about his occupation, spoke of "seeing a sailor go over the side," &c. Without being able to obtain any history of the case, the question to be decided was as to the nature of this delirium: was it symptomatic of rheumatic meningitis or of delirium tremens? For two days and a night this delirium continued. From his admission on the 3rd till the evening of the 6th he did not sleep, although taking a quarter of a grain of morphia every four hours, which was commenced on the 4th. He had milk, beef-tea, and four ounces of brandy.

During the night of the 6th and the greater part of the 7th he slept and snored loudly. On waking he was quite sensible; the delirium did not again return. His skin was hot and sweating, and all the characteristics of acute rheumatism were well marked. Dr. Ramskill ordered him on the 7th fifteen-grain doses of bicarbonate of potash three times daily, and this was afterwards continued.

We saw him on March 18th. He was then in a fair way towards recovery. Heart-sounds were rather feeble; second sound somewhat accentuated at base. It seems that he had landed in England from a voyage on Dec. 9th, and since that time he had been drinking a good deal, chiefly porter and stout, consuming perhaps eight or ten pints daily, with a little spirit, gin or brandy-and-water, at night.

The following table shows the progress of the case:—

	Temperature.	Pulse.	Respiration.
March 3rd, evening ...	101.2° ...	100 ...	28
4th, morning ...	100.2 ...	112 ...	28
evening ...	100 ...	124 ...	28
5th, morning ...	101.5 ...	112 ...	28
evening ...	103 ...	120 ...	24
6th, morning ...	102 ...	112 ...	28
evening ...	103.4 ...	128 ...	28
7th, morning ...	101.3 ...	104 ...	28
evening ...	102 ...	112 ...	32
8th, morning ...	101.4 ...	108 ...	28
9th, morning ...	101.6 ...	112 ...	28
evening ...	101.6 ...	112 ...	32
10th, morning ...	101.8 ...	104 ...	32
evening ...	101 ...	112 ...	28
11th, morning ...	102.2 ...	120 ...	28
evening ...	101 ...	120 ...	28
12th, morning ...	100.6 ...	116 ...	24
evening ...	101 ...	116 ...	36

These figures were almost repeated daily till the

17th, morning ...	100.6 ...	108 ...	24
evening ...	100.5 ...	112 ...	24

GUYS' HOSPITAL.

A CASE OF LEPRO ANÆSTHETICA (?)
(Under the care of Dr. WILKS.)

THE curious case which is described very briefly below was quite lately in the above hospital, where we saw her frequently. Some details of her case we have extracted from the history taken by Mr. F. Taylor, ward clerk. Neither Dr. Wilks nor Mr. Bryant has come, we believe, to any very decided opinion as to the nature of the malady; but they incline to regard it as more nearly allied to lepra anæsthetica than to anything else.

The patient is a woman, Eliza A—, aged thirty-five, married, with seven children, and has never lived abroad. Four years ago, after a severe cold, she felt numbness of the fingers, with such weakness that she dropped things, and this was worst in the right hand. Cold caused blueness of the skin and pain; warmth then produced "pins and needles." During the past year two of her nails have dropped off, and there is now one coming away. In January the pain in her fingers got so bad that she applied at Guy's as an out-patient, under Mr. Bryant, by whom she was sent into the hospital on March 11th. For a month past one of her toes has been numb and painful. On the right hand, the thumb and little finger are sound, but the former is bluish. The nails of the middle and ring fingers are compressed laterally, the finger pulps being contracted under them. The skin of the ungual pha-