

rest, and feel little of it next day, except that he cannot run. The patient comes to consult me the day after the injury, with little pain. He limps in walking. On examination there may be effusion into the knee-joint, a soft and somewhat tender area over the quadriceps extensor femoris, and the patient cannot lift the limb when it is kept extended. Ecchymosis is not common. The amount of knee-joint effusion depends on the position of the injury with regard to the bursa behind the quadriceps tendon, and whether the man has tried to continue his sport, or walked much after the accident. The blow may be in the middle of the thigh, and cause an effusion into the joint; the patient may have forgotten the "poop," and come to complain of the swollen knee. The recovery of the damaged muscle is generally complete, and not as after rupture without a blow, which leaves weakness and a gap easily felt when the muscle is put into action. It seems probable that in the "poop" the muscle is more bruised than broken, so that restoration is complete.

For the treatment a splint is seldom needed. The patient should rest on the bed or couch, using an evaporating lotion until all swelling or effusion has disappeared and the extended limb can be lifted easily. Before he is allowed to walk the front of the thigh should be supported with transverse bands of strong adhesive plaster.

To prevent this accident a protector would be worn for the thigh, just as players often wear shin pads, if it were not so difficult to keep it fixed during the game. I am more frequently consulted about "pooops" than about bad "hacks" on the shins. It is with the hope of gaining some information from the experience of others that I write thus early in the football season.

Cambridge.

NIGHT TERROR AND SCREAMING IN A CHILD CURED BY REMOVAL OF THE TONSILS.

By J. M. ELBOROUGH SCATLIFF, M.D., M.R.C.S.,
SURGEON TO THE BRIGHTON AND SUSSEX THROAT AND
EAR DISPENSARY.

A. B—, a boy about seven years of age, to all appearance in good health, was brought to me for treatment some four years ago. His parents said they could not think what was the matter with him. They feared he was going out of his mind. He seemed to be quite well all day, took his food with appetite, and had good spirits; but every night, after he had been asleep some little time, he used to wake up in a state of great terror and alarm, cry out, and refuse to be comforted (his cries frequently alarmed the neighbours). In a short time he got over the attacks and became composed and rational, and would lie down quietly to sleep again. I examined the boy with care, and could find nothing the matter with him, except that he had very large hypertrophied tonsils; these I at once decided must be the cause of the alarming symptoms, and (having some similar cases in my mind recorded by Mr. J. Warrington Haward) I asked permission to remove them, as I believed that by so doing I should cure him. This was readily assented to, and I at once removed them both, very little hæmorrhage following. To my great satisfaction I learnt that my conjecture was evidently correct, as my little patient got quite rid of his night terror and screaming. I presumed that in deep sleep, when he lay in some unfavourable position, the tonsils obstructed the respiration so as to cause imperfect aeration of the blood and the disturbed mental condition.

Brighton.

ANTE-STERAL DISLOCATION OF THE CLAVICLE.

By C. ALEX. DUCKET,
JUNIOR HOUSE SURGEON, ANCOATS HOSPITAL.

J. S—, aged twenty-eight, a strong, well-made man, of active habits, applied at the Ancoats Hospital on Aug. 28th. He stated that, while swimming upon his left side, he endeavoured to turn upon his back, during which action he "felt something give way in his neck." When I saw him, there was a marked projection of the sternal extremity of the left clavicle forwards, inwards, and somewhat downwards upon the anterior surface of the sternum, over which

the integuments were tightly stretched. Scarcely had I placed my hand upon the swelling, when the bone suddenly flew back into its place, with which the deformity disappeared. As there seemed to be no tendency for the clavicle to again leave its socket, the only treatment I adopted was to keep the man's arm at rest by placing it in a sling. I have lately seen the patient, and the joint is in its natural position, but it will be interesting to note whether it will remain so as soon as the man resumes his ordinary avocation.

The above case appears to me worthy of mention, apart from the rarity of the dislocation: firstly, on account of its singular causation; and, secondly, from the ease with which the parts were kept in position.

Ancoats, Manchester.

DISPLACED CYSTIC OVARY CAUSING PERSISTENT PELVIC PAIN; REMOVAL; RECOVERY.

By W. K. McMORDIE, M.D.

M. H—, married, aged forty-four, no children, was admitted into the Samaritan Hospital for Women, Belfast, on July 17th. She stated that for eighteen months she had suffered from persistent pain in the left ovarian region, which was quite unbearable, preventing her from sleeping at night and attending to her ordinary household duties by day. During the early part of her illness she had been under the care of Dr. McHarry, of this town, for some time, and in the spring of the present year she had been treated as a hospital patient by Dr. John Byers. In the early summer she had been a patient in the Samaritan Hospital for some weeks. I had no doubt that the pain was ovarian, and everything that could possibly be done by medicinal treatment and rest had been done by these gentlemen. For some time she had fallen into the habit of taking large doses of opium to relieve the pain—as much as 120 drops of laudanum at one dose. She was in a very feeble and broken-down state of health. I recommended removal of the ovary as giving the only hope of relief from her sufferings. Accordingly, on July 18th, assisted by Dr. Henry O'Neill, I removed the left ovary. It was found behind the uterus, low down in Douglas's pouch. Recovery from the operation was in every way most satisfactory; from the day of the operation she had complete freedom from pain. She was discharged from hospital on Aug. 20th in excellent health, and has reported since at the hospital that she has never had a trace of the old pain since she left.

The justification for the operation in this case is found in the fact that before the operation she was quite unable to attend to her ordinary household duties or prepare the food for her husband, an industrious poor man, a timekeeper in a weaving factory. She is now able to perform all her household duties, and enjoys a healthy and happy existence.

Belfast.

Abstracts OF INTRODUCTORY LECTURES ETC.

DELIVERED AT THE
MEDICAL SCHOOLS OF LONDON
AT THE

Opening of the Session 1888-89.

ST. GEORGE'S HOSPITAL.

INTRODUCTORY ADDRESS BY DR. EWART.

DR. EWART selected for his address the "Training of the Medical Man in the Future." The first remarks were devoted to the changes which had occurred in the school, and especially to the long services rendered by Dr. Wadham and Mr. Holmes, both recently added to the consulting staff. The Hunterian Lectures on Clinical Surgery, to be inaugurated this year by Mr. Holmes, brought to mind both the long interval which separates us from John Hunter and the directness of the traditions handed down from him,