May 2nd.—The patient gets about the ward now on a wheeled chair. Is not allowed to walk. No pulsation can be felt in either the anterior or the posterior tibial artery.

14th.—Discharged cured. To use crutches for a few weeks.

ST. GEORGE'S HOSPITAL.

CASE OF ACUTE ALCOHOLIC POISONING.

(Under the care of Dr. WADHAM.)

ON Nov. 26th, W. C—, aged twenty-one, was brought to the hospital with the following history. At 11 A.M. of the same day he happened to be present when another man carrying three jars, containing brandy, whisky, and rum, through the street, met with an accident, and spilt their contents in the gutter. On seeing this, he dropped on his hands and knees and drank a quantity of spirit out of the gutter. About five minutes afterwards he was noticed to stagger as he walked down the street, but it was not known what happened to him between this time and 12 o'clock, when he was brought insensible to his lodgings. His landlady having sent for the police, and they for a surgeon, he was, by the advice of the latter, brought to the hospital at 2 P.M.

On admission he was perfectly comatose, his face somewhat bloated and livid, and frothy mucus was oozing from his mouth and nostrils; his skin was cold and clammy, his pulse fluttering, the breathing short and stertorous, and the pupils unequal and inactive.

By means of the stomach-pump sufficient spirit to make more than a gallon of strong brandy-and-water was withdrawn. Respiration having nearly ceased, he was galvanised in the course of the phrenic, and bottles of hot water were applied to his feet and placed round his body; by these means his breathing became better, his pulse fuller, and the congestion of the face ceased, but whenever the galvanism was omitted for a few minutes the respiration stopped. This galvanism was continued until 3.10 P.M., after which he continued breathing of his own accord, and some urine drawn off at this time smelt strongly of brandy, and contained a considerable amount of albumen. At 5.30 P.M. respiration again ceased, but recommenced under the influence of galvanism. Between this and midnight his breathing was generally stertorous, and mucous râles could be heard all over the chest, the respiratory movements varied from 40 to 60 in the minute, and his pulse was 120.

At 5.30 A.M. of the 27th, he had turned himself in bed, and showed some slight consciousness when attempts were made to rouse him. His pupils acted slightly, but his breathing continued stertorous, his respiration 64, and his pulse 120 in the minute. He continued in the same condition until 7 A.M., and then died somewhat suddenly, exactly 19 hours after drinking the spirit.

At the post-mortem examination the stomach was found slightly congested at its cardiac extremity. The lungs were intensely congested, and the bronchial tubes congested and filled with sanious fluid. There was merely slight congestion of the membranes of the brain, the ventricles were perfectly dry and the substance of the brain natural in appearance. The other organs were congested, but otherwise healthy.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

WOUND OF THE OPTIC NERVE FROM A STAB WITH A KNIFE WITHOUT INJURY TO THE GLOBE.

(Under the care of Mr. GEO. LAWSON.)

THE following very rare and curious accident came under the care of Mr. Lawson in July, 1874:—

A young man, aged twenty-seven, was engaged in a street fight, when his opponent struck at his head with a clasp-knife. The blade penetrated the rim of the wide-awake hat he was wearing, passed through the upper eyelid, close to the upper edge of the orbit, and onwards to the optic nerve, which it wounded, but without touching the globe. The man declared that he was instantly blinded. He was positive that he could see well with the eye before he received the wound, and on being struck was immediately aware of the

loss of sight. Since the injury he had felt greatly the imperfection of being able to see with only one eye. These statements of the man are important, as they show that previous to the stab he enjoyed sight with both his eyes, and that the ophthalmoscopic appearances were the result of the injury and not of pre-existing disease.

On admission, the pupil was slightly dilated and uninfluenced by light. The globe was uninjured, but on the upper eyelid there was a recent scar indicating the site at which the knife penetrated the orbit, and this scar corresponded to the cut in the rim of the hat through which the knife first passed. The eye was quite blind; it had not even perception of ophthalmoscopic light. Examined with the ophthalmoscope, the optic nerve presented the appearance of commencing atrophy. The optic disc was whiter than that of the other eye, and the arteries were small and thready. The humours of the eye were perfectly clear.

The man has since been several times at the hospital, and when last seen, about three months after the accident, the optic disc had assumed the milky white and flattened appearance of confirmed atrophy.

ROYAL INFIRMARY, EDINBURGH.

CASE OF TRAUMATIC TETANUS TREATED WITH EXTRACT OF CALABAR BEAN.

(Under the care of Professor SPENCE.)

THE following case, for the notes of which we are indebted to Mr. Andrew S. Currie, M.B., is interesting as bearing on the therapeutic effects of Calabar bean on tetanus, as the value of the remedy is still *sub lite*. In this instance the administration of the drug was begun early and freely continued, but without much apparent good effect.

A. H—, aged eighteen, was admitted November 2nd, 1874, in consequence of injuries caused by a railway accident which had occurred two days previously. On admission the toes of the left foot, which had been severely bruised, were gangrenous, and the gangrene showed a tendency to spread up the dorsum of the foot. On the inner side of the left thigh there was a large lacerated wound, and there was a smaller lacerated wound on the outer side of the same thigh, the affected skin at both wounds being sloughy and fetid. There were no marked constitutional symptoms. Mr. Spence at once performed amputation at the ankle. When the india-rubber compressor was relaxed there was almost no bleeding, and the tibial arteries were pulsating very faintly. To avoid endangering the vitality of the heel-flap, only one stitch was put in, and beyond a piece of lint no dressings were used. The leg was wrapped in cotton wadding, and the wounds in the thigh were dressed with charcoal poultices.

Nov. 3rd.—There was slight oozing through the night, which was arrested after tying a vessel.

5th.—The wounds of the thigh looked healthy, but were very sensitive. Charcoal poultices to be discontinued, and boracic lint to be applied.

7th.—The wounds in the thigh look very red and irritable. Zinc ointment used as a dressing.

9th.—The wounds in the thigh look more healthy; a small slough is forming on the margin of the heel-flap.

10th.—The patient complains of sore-throat. On examination, the tonsils and uvula were found to be slightly inflamed. Pulse 120; temperature 100°. Chlorate of potash ordered to be taken internally, and to be used as a gargle.

11th.—When the patient was desired to open his mouth, that his throat might be examined, his jaws were found to be firmly locked; there was well-marked risus sardonicus, and the brows were wrinkled. The patient had not felt any stiffness of the neck. The wrinkling of the brows had been observed before, but was attributed to the pain caused by dressing. Professor Spence saw the patient at noon, and ordered the following treatment:—A turpentine enema, the frequent exhibition of tincture of cannabis indica in twenty-five drop doses, nutrient enemata with brandy, hot bottles to be applied to the sides, mercurial ointment with extract of belladonna to be rubbed over the vertebral grooves, ice-bags to be applied to the spine, and opiate fomentations to the affected limb. At 4 P.M. the tincture of cannabis indica was suspended, and the alcoholic extract of Calabar bean,

in one-sixth of a grain doses every fifteen minutes, substituted. The patient could swallow easily.—7.20 P.M.: The patient had a severe spasm which threatened asphyxia, which was relieved by the inhalation of chloroform.—8 P.M.: Pulse 130; temperature 103°. There were slight spasms of the affected limb and slight rigidity of the muscles of the neck.—12.30: The pupils were much contracted, and there were twitchings of the affected limb and heavy sweatings. The patient had slept since 10 P.M., when he got a dose of bromide of potassium.

12th.—10.45 A.M.: Stiffness in the throat complained of, patient feeling as if the throat were being grasped. He could open his jaws slightly. Every few minutes he drew a deep breath, and held it for a short time. The face was flushed. Bowels freely moved. Pulse 100.—At 2.15 P.M. the spasms were more severe. Chloroform was administered occasionally. Pupils normal.—4.15: Pulse 120, weaker. Calabar bean suspended.—4.45: Slight hiccough came on after the administration of chloroform.—7.30: Well-marked opisthotonos, with threatened asphyxia. The pulse was now stronger. Calabar bean to be resumed, in one-third of a grain doses, every twenty minutes.—At 8 o'clock the patient was considerably easier, and the masseters were pliant.—At 11 there was severe intestinal pain. Thirty minims of solution of morphia were given, after which the patient slept for two or three hours. The strength was kept up by enemata.

13th.—5 A.M.: There was frequent spasm of the abdominal muscles. The fæces were passed involuntarily, and there was numbness of the left arm and hand; no other signs of paralysis. The pupils were much contracted.—11 A.M.: Slight threatening of opisthotonos after dressing.—2 P.M.: The spasms were more frequent, but not so long continued. There was severe pain in the belly, for which opiate fomentations were applied.—Twenty grains of chloral hydrate were administered.—5 P.M.: Patient had slept an hour and a half.—At 6 P.M. the spasms were more frequent and more severe; chloroform administered.—7.30 P.M.: Thirty grains of chloral hydrate were administered, after which the patient slept for twenty minutes at a time, awaking with a scream, and complaining of pain in the region of the diaphragm. Pulse 100; temperature 102°; heavy sweats.—12 P.M.: Sleeping calmly; the facial muscles were soft and pliant. The abdominal muscles were hard and tense, and the ensiform cartilage and lower ribs were drawn in by the contraction of the diaphragm.

14th.—3 A.M.: There was threatened syncope. The patient had vomited and passed urine and fæces involuntarily. There was intense spasm of the diaphragm, and the abdominal muscles were tense and hard. The extract of Calabar bean was suspended (altogether twenty-two grains were taken). The pulse became stronger after the administration of nutrient enemata with brandy. Chloroform was administered for the spasms, which were very frequent. At 7.30 the patient was much weaker; he was in a troubled sleep, from which he awoke with a scream, but was able to swallow some brandy, though with considerable difficulty. Shortly after noon there was well-marked opisthotonos, with strong spasm of the diaphragm. Chloroform was administered.—12.45: After several shorter paroxysms the patient died exhausted.

HÔPITAL ST. ANTOINE, PARIS.

CASE OF DIFFICULT MENSTRUATION, WITH SOME CLINICAL REMARKS.

(Under the care of Dr. PETER.)

THE following case, though of frequent occurrence, and simple in its kind, may be found of much practical interest, as helping to solve some of the little difficulties of everyday practice.

On Sept. 23rd Dr. Peter was called to see one of the Sisters of Mercy of the hospital, who was suffering intensely from abdominal ailment. This sister, aged nineteen, and of delicate constitution, was habitually constipated, and ascribed her symptoms to confinement of the bowels. Such also was the opinion of her friends. Consequently a purgative had already been administered, and had operated three times without affording any relief.

Dr. Peter, on examination, found no fever, but a small pulse and anxious countenance. The patient complained of pain in all the abdomen, but especially the lower part of it. She also complained of excessive pain in the lower part of the back. Contrary to the exclamation of the lady superior, that "it was all constipation," the complaint of pain in the lower part of the back was too highly suggestive in Dr. Peter's mind of suffering of the hypogastric plexus, whence the uterine nerves evolve, and he soon formed the diagnosis of utero-ovarian trouble, and, more precisely, painful menstruation.

On account of the age and profession of the patient vaginal examination was out of the question. Dr. Peter therefore practised hypogastric exploration, with the precaution, to which he attaches great importance, and which he always takes in such cases, of using only one finger, the index, which he carries successively over the abdominal wall, pressing slightly, and thus depressing only a very limited portion of the parietes and subjacent organs at a time. Thus he is able to analyse them as it were. In this case the whole abdomen was distended and tender, but two points were especially painful—one on the mesial line near the pubis, the other to the left of the former—evidently the left ovary and the uterus, which were in a state of congestion previous to ovulation and expulsion, and affected with pain, as in some delicate females. The question of an intestinal affection was therefore discarded, notwithstanding the assertion that the courses were expected in only ten days; and hot poultices (sprinkled with laudanum) to the abdomen, and a small enema, with ten drops of laudanum, to be used twice daily, were ordered.

The next day the abdominal distension had much increased; the pulse had risen to 92; the pain was more intense; and there was absolute want of appetite. The skin was hot, the "abdominal groove" of the face very marked. In presence of these symptoms Dr. Peter ordered a blister to the hypogastrium.

In the night of the 24th the menstrual blood made its appearance, and was followed by manifest relief on the 25th.

On the 26th, however, the bleeding stopped, the pains recurred more severely than ever, and the abdomen again swelled out. Nausea and vomiting supervened, the pulse rose to 110 and became quite small and firm, the face looked shrunk and was cold and pale, as were also the extremities. In this case, as in similar ones, the paleness and chill were due, according to Dr. Peter, to vascular contraction forming a sort of tetanus, produced by the painful shock of any pain along the great sympathetic to the whole of the system, and especially to the vaso-motor nerves. As this phenomenon shows itself in the highest degree in peritonitis, and originates in the solar plexus, Dr. Peter, without hesitation, caused six scarifying cupping-glasses to be put to the lower part of the abdomen, the origin of all the evil being the utero-ovarian trouble.

On the 27th the pulse was better, the face more cheerful, the extremities warmer—in a word, reflex vascular contraction had ceased with the pain, and the hypogastric and solar plexuses were composed.

From that time the pain gradually abated, only making itself felt when the patient turned suddenly in her bed. She then felt as if "a heavy body moved in her abdomen." Dr. Peter remarked that it evidently was the enlarged ovary and uterus, which were, perhaps, pulled by some of those adhesions that form so rapidly in these cases of benign appearance which in these days are treated with so little activity.

Notwithstanding the disappearance of the inflammatory symptoms, Dr. Peter caused the patient to remain eight days longer in bed, as he was convinced that rest was indispensable for a complete recovery, and that premature movements communicated to the internal genital organs, when congested, might cause a recurrence of the inflammation.

Thus, in this case, local and physiological congestion had passed into inflammation, which, in turn, threatened to extend from the utero-ovarian peritoneum to the whole peritoneal tract. Dr. Peter lays stress on the uselessness of the blister and the effectiveness of the scarificator, and remarks that if he did not use depletion immediately, it was because in France, and especially in Paris, medical men are prevented from doing so by a fashionable prejudice which he calls "the spectre of anæmia." "Through a wild terror of this spectre," he says, "we allow inflammation to go on and become formidable, for want of abstracting a