

Early (3.30 A.M.) on the morning of April 26th the deceased, with three companions, went out pheasant-egg stealing. At 4.15 A.M., when in a plantation, they picked up two hen's eggs which had been poisoned and put down to kill vermin. These were thrown away, as the deceased noticed that the one he picked up (or had given him) had a hole in the side, whereupon the other was thrown away also. Sixty yards farther on he found another hen's egg, which he sucked. Four or five minutes afterwards he began to complain of a feeling of nausea (?), and this was almost immediately followed by cramp in the legs, which rapidly ascended to the thighs; while rubbing the latter he suddenly fell shrieking to the ground. His shrieks and spasms continued, and from his cries he evidently felt himself to be dying. He kept calling for water, and could not bear to be touched, and in this state he continued until one of his companions came into Brandon, and, having procured a hand-cart, returned for him. At 6 A.M. I saw him outside his house on the cart. He died seemingly from exhaustion, while being lifted into his house. I was told he had had a fit, that was all. His face was livid, lips blue and shrivelled, pupils dilated, muscles of the whole body quite relaxed.

Ten hours after death I made a post-mortem examination. Rigor mortis was very pronounced, and on section the abdominal and pectoral muscles seemed to be in a state of extreme tension. There was no priapism. The blood throughout the whole body was extremely fluid and of a very dark colour. The heart, which was slightly fatty, was pale in colour and flaccid, the right side being full of fluid blood; the left side empty; no clot whatever in heart. The lungs were slightly congested. The liver showed signs of drink. The kidneys and spleen were healthy. The stomach (which appeared empty) and intestines I handed to the police. On opening the brain I found the meninges gorged with dark fluid blood and the brain and upper part of spinal cord, with its meninges, presented signs of great congestion. On the stomach being analysed one-third of a grain of strychnia was discovered—also traces in the intestines. On one of the other eggs being analysed, it was found to contain from two to three grains of strychnia. The jury returned a verdict of "Death by misadventure."

The following is a summary of points of interest in this case. The poison was taken on an empty stomach, and the symptoms commenced about five minutes afterwards. Cramp commenced in the feet and legs, ascending to the body. The poison taken was from two to three grains presumably, the quantity found being about one-third of a grain. The duration of life after the first onset of symptoms was one hour and a half. There was no spasm at the time of death, but very marked rigor mortis afterwards. The blood was dark and fluid. The brain and meninges and spinal cord were greatly congested.

Brandon.

DISLOCATION OF THE RIGHT HIP IN A BOY AGED SEVEN YEARS AND A HALF.

By T. KENNEDY DOUGLAS, M.B., C.M.

THE two very interesting cases of this accident in children, described in your issues of Oct. 12th and Nov. 2nd, induce me to record a third that occurred in my practice here this summer.

On June 11th last, James D—, aged seven years and a half, carrying a younger brother "shoulder-high," was pushed by a companion while trotting along the road. He lost his balance and fell, his right leg doubling up under him. He found his leg useless, and had to be carried home on a shutter. On my arrival shortly after, I found the right leg presenting the usual signs of dislocation of the hip-joint—great swelling in the gluteal region, rotation of the limb inwards, the right knee looking, as it were, at its fellow, and the sole of the right foot rotated over the dorsum of the left. The boy was dreadfully afraid of being touched. Under chloroform, with his father steadying the crests of the ilia, I grasped the ankle and thigh, bending the knee and raising the limb towards the abdomen, and rotated it inwards towards the middle line and over the other limb, and as I began the movement of extension the head of the femur rolled home with an audible rumble. The reduction was so rapid that I was struck with the ease and simplicity of the method of manipulation. I bandaged the little fellow's knees together for a couple of weeks, and

in a short time he was up and running about as nimble as ever.

No mention is made in the report of the Taunton Hospital case whether an anæsthetic was used. I notice both writers report that the reduction was accompanied with "an audible click." In my case "click" would be too sharp to describe the sound, and hence I described it as a "rumble." I remarked to the father at the time that the bone going in was like the rumble of distant thunder.

Scone, N.B.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

ST. MARY'S HOSPITAL.

A FATAL CASE OF HYDROPHOBIA.

(Under the care of Mr. EDMUND OWEN.)

WE bring forward this week another fatal case of hydrophobia, chiefly with the object of impressing the necessity of recourse to the Pasteurian method of treatment in the case of bites from rabid animals. When writing previously on this subject¹ we drew attention to the facts before the profession. "In those where the presence of rabies in the animal was proved by the experimental test, it appears that out of 1077 persons treated by inoculation there has been a mortality of only 1.39 per cent. Still more striking as a test of the value of the treatment is the result of inoculations in cases of the severest type—viz., those bitten on the head and face,—where a mortality rate of from 60 to 80 per cent. has been lowered to one of 3.89. Further reductions are also to be made, and with justice, by the elimination of cases where too long a delay occurred between the infliction of the bite and the inoculation." Dr. Arnaud Ruffer² entered into the question, and gave full information on the subject of Pasteur's method of treatment. We may mention one statement of facts which he brought forward. In the year 1887, 350 people were bitten in Paris by rabid animals; of these, 306 were inoculated by Pasteur, and the mortality was only 0.97 per cent.; 44 trusted to luck, and of these 15.9 per cent. died. Evidence from other parts of the world is also strongly in favour of this treatment. For the notes of this case we are indebted to Mr. A. S. Hanson, the house surgeon.

W. R—, aged forty-seven, a gardener, was admitted at 11 A.M. on July 21st, 1889. He gave the following history. He was bitten on May 24th by a dog, which, as was proved afterwards, died from rabies; notwithstanding which the dog was allowed to bite a child between R—'s injury and the death of the animal. The wound was cauterised and soon healed. A fortnight previously to his admission the man complained of pain at the seat of injury extending up to the axilla. He became restless and depressed in spirits; he lost his appetite and complained of headaches, and was under the constant apprehension of being seized with hydrophobia. This fear was increased by the remarks of "friends" who told him he would surely go mad. Notwithstanding this, he showed no throat symptoms till Sunday, July 21st, the date of admission. The only sign of the disease was difficulty in swallowing, but it was thought that this might not improbably be due to the nervous excitement into which he had been worked by injudicious friends and by the perusal of anti-vivisection literature which had been thrust upon him. He was a well-nourished, powerfully built, sunburnt man of medium height. He had a well-healed linear cicatrix running transversely across the back of the left wrist at the level of the base of the metacarpal bones, and also a small cicatrix over the inner border of the palm. The hand was

¹ THE LANCET, vol. ii., p. 22.

² Proceedings of the Brit. Med. Assoc., Leeds, August, 1889.

slightly swollen and cedematous, with pain extending from the fingers to the axilla. There was some anæsthesia over the region of the branches of the radial nerve supplying the back of the hand. There was tremor of the hands; he was in an extremely nervous and excitable state, starting when touched. There was no history of alcoholic excess for the last fortnight, although he had been in the habit of drinking somewhat freely. Each time that he attempted to swallow, a spasm of the muscles of the pharynx and larynx set in. He was put to bed and ordered to be fed every four hours with a peptonised suppository, alternating with nutrient enemata of half an ounce of brandy, a new-laid egg, and extract of beef to two ounces. During the night he slept moderately well, and swallowed with effort a pint of milk; but when the nurse made his bed in the morning she noticed that laryngeal spasm occurred on the slightest motion of the bedclothes. During the day of the 22nd he seemed moderately well till 5 P.M., when he suddenly became excited and delirious, saying he would go home at once as attempts were being made to poison him with whisky. At 7.30 P.M. on the 22nd he was still very excited; he sat up in bed and grasped his throat, threw his head back, glared wildly, and threw himself on to the floor. He made a peculiar noise, between a cry and cough, the result of laryngeal spasm; he beat his chest violently and attempted to spit. There was no trismus. This attack passed off in about five minutes, and he was got back to bed and held there. Half a grain of acetate of morphia was given hypodermically and he quieted down, but did not sleep. A man was told off to guard him. At 9 P.M. he was wildly delirious, plucking at the bedclothes, suffering from both laryngeal and pharyngeal spasm, with unsuccessful attempts to expectorate a viscid saliva. The noise of pouring water from cup to cup produced a violent spasm. One grain of acetate of morphia was injected hypodermically, but although this quieted him his pupils still remained widely dilated and he did not sleep.

July 23rd.—At 4 A.M. he again became delirious, making violent attempts to expectorate. He became so violent that he nearly overpowered his male attendant. 7.15 A.M.: Delirium still continued, and he had to be strapped down in bed. One-hundredth of a grain of hyoscine was given hypodermically. During the morning he continued his violent and unsuccessful attempts to expectorate; he was sick three times, the vomit being of a dark, greenish-brown colour. At noon he suddenly became collapsed, and the delirium ceased; the respiration was stertorous, and the pupils were widely dilated. The pulse grew faint and intermittent, and the man was slightly cyanosed. At 12.50 the breathing became more shallow; twitching occurred at the corners of the mouth and *alæ nasi*. There was gasping for breath, the lips became blue, the tongue was swollen and protruded, and insensibility was followed by death in less than half an hour.

Necropsy, twenty-four hours after death.—The external appearances showed nothing except marked hypostasis and a healthy scar on the hand. The vessels of the brain were atheromatous, and the veins turgid. The pia mater was milky and opaque, and the veins of the pons extremely turgid. The ventricles contained an excess of blood-stained serum. The spinal cord was normal, excepting for marked turgidity of veins. The lungs revealed old spots of subpleural hæmorrhages; they were somewhat cedematous and congested. The heart weighed $14\frac{1}{2}$ oz.; the valves were normal; both auricles contained fluid blood with post-mortem clots. The kidneys were smooth-surfaced. There were some small cysts. On section the distinction between cortical and pyramidal substances was well-nigh lost.

ANCOATS HOSPITAL, MANCHESTER.

EXTREME FLAT FOOT; OPERATION; RECOVERY; REMARKS.
(Under the care of Mr. A. W. HARE.)

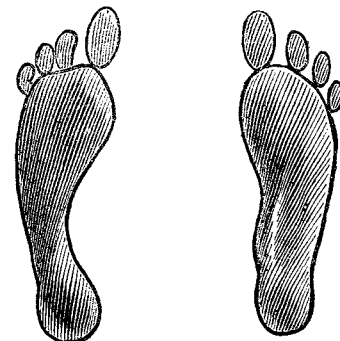
ALMOST every surgeon of experience has met with cases of flat-foot in which it is not possible to improve the condition of the foot permanently or relieve the pain by anything short of operative measures. Yet until the introduction of the operation which goes by the name of Ogston (that of its inventor) the operative treatment was limited to the division of the peronei tendons and the application of apparatus, and afforded very little satisfaction either to surgeon or patient, especially where bony deformity was already present. We have now, however, several

methods of treatment recommended for advanced deformity: 1. Ogston's¹ in which the astragalo-scaphoid joint is pegged after chiselling off the cartilaginous surfaces and restoring them to position. 2. The method which is described by Mr. Hare, the bringing together of the bone surfaces after special adaptation. 3. The removal of the scaphoid bone as carried out by Mr. Davy² who records cases of its successful performance. This does not restore the symmetry of the part, though it enables the patient to get about well and without pain. Mr. Golding Bird³ has also recorded cases; in two he excised the scaphoid, and in two others also removed the head of the astragalus, in one of these he sawed subcutaneously across the tarsus and thus restored the arch. 4. Astragaloid osteotomy, performed by Professor Stokes,⁴ who removed a wedge-shaped piece of bone from the enlarged head and neck of the astragalus. 5. Excision of the astragalus; this operation was performed by Weinlechner⁵ of Vienna. "The foot had good shape and the patient was able to walk without pain." Billroth has also performed this operation. We have known the ankle-joint excised for severe flat-foot in one instance, but the operation is not satisfactory from any point of view. The account of the following case is from notes by Mr. W. F. Boycott, house surgeon.

T. G.—, aged eighteen, recommended for treatment by Dr. Carne Ross of Manchester, was admitted into hospital on July 3rd, 1889, suffering from exaggerated flat-foot on the right side. Both feet presented also the condition of "stiff toe" (of adolescents) in a typical form. He complained of great pain in the dorsum of the right foot, and at the first metatarso-phalangeal joint in both feet. The pain, which was acute while standing, was much relieved by lying down. The history of the attack extended over a period of ten months before admission, and commenced two months after his entering upon the duties of a grocer's assistant, by which he was occupied from 7.30 A.M. till 11 P.M., and sometimes even later, with only half an hour's interval for dinner. During these hours he was standing continuously behind the counter. He kept up these hours for five months, and then worked an hour a day less for two months, when he was obliged to give up his situation. He now remained at home resting for three weeks, and then commenced work again in another situation with shorter hours; but again he was obliged to give up his work after a fortnight's trial. He always found the pain considerably relieved in the morning after rest in bed. Previously to this attack the patient had enjoyed good health; there was no pain in either foot, and he was of active habits. The patient was for about a month treated as an out-patient at the Manchester Royal Infirmary, where Barwell's "artificial muscle" was applied as a support to the foot. However, the condition became more aggravated, and on admission the patient was quite unable to walk. No other treatment had been tried.

State on admission.—The arch of the right foot entirely collapsed; the whole foot elongated on its inner border;

FIG. 1.



LEFT.

RIGHT.

the os calcis slightly tilted up posteriorly, producing the canoe-like appearance of advanced flat-foot. The tracing of the foot-print, recorded on admission, was also typical of the condition. The rigid state of the great toes with elevation of the second toes explained the absence of any imprint of the latter in the tracing. (See Fig. 1.) The sole of the

¹ Proceedings of Med. Soc., vol. vii.; THE LANCET, vol. i., 1884, p. 152.

² THE LANCET, vol. i., 1889.

³ Ibid., p. 677.

⁴ Ibid., vol. i., 1885, p. 789.

⁵ Annual Univ. Med. Soc., vol. iii., p. 30.