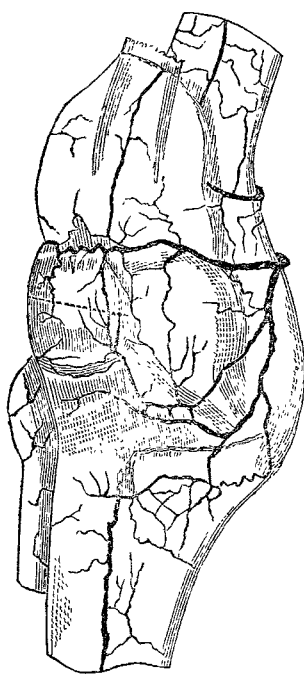


upper fragment by grasping the muscles of the thigh, the straps of plaster are carried firmly round the limb from above downwards, extending from just below the gluteal fold to within three inches of the upper border of the patella. It being important that the band of calico should be kept in the middle line behind, the upper part of the thigh is then secured to the splint by a few turns of a roller. Lastly, as many elastic rings (those known as "office-bands" answer the purpose very well) as will serve to approximate the fragments without causing too much pain to the patient, are passed over the projecting ends of the pieces of wood, as at F, Fig. 2, on each side of the splint, so as to exercise sufficient traction on the muscles pulling on the upper fragment.

The progress of the case was most satisfactory from beginning to end. The effusion into the joint, which was never excessive, soon disappeared under the application of an evaporating lotion. The apparatus was not uncomfortable to the patient; the fragments in the course of a few days were in perfect apposition, and have remained so ever since, a slight thickening at the upper edge of the patella being all the evidence that remains of the fracture.

The accompanying woodcut (Fig. 3), taken from one of several careful dissections I have recently made, is intended to illustrate an important point which I have observed in each of them—viz., that the arterial arch by which the upper fragment of the bone is mainly supplied with blood is situated at the spot where the greatest pressure is usually applied; also that not unfrequently the internal superior and inferior articular arteries arise from a common trunk, so that the latter must inevitably be compressed against the internal condyle of the femur, thus interfering with the circulation in the lower fragment also. The dotted line across the patella represents the usual situation of a transverse fracture. And it is obvious that with an inch of separation all the vascular twigs over the face of the bone along the line of fracture are torn across, leaving the upper fragment entirely dependent on the above-mentioned arch for its vascular supply.

FIG. 3.



With regard to this plan of treatment, I believe its advantages over the ordinary methods are these:—That while no pressure is exerted at the seat of injury, and all tilting of the fragments is avoided, the muscles are nevertheless effectually controlled, and the circulation to the upper fragment is in no way interfered with. The strapping, unlike a bandage, has no tendency to slip or become loose, and grasps the thigh muscles in the same manner as the hands of an assistant; while the elastic bands are so arranged as to exert constant traction in a direction exactly opposed to that in which the muscles act, instead of at right angles to it, as in the ordinary method. Moreover, as the apparatus does not press upon the synovial pouch, it can be applied immediately, as there is in this mode of treatment no reason why we should wait for the subsidence of the effusion. Lastly, there being no constriction of the vessels supplying the upper fragment, a sufficient quantity of blood circulates through it to favour the formation of healthy callus, and the occurrence of osseous union.

My thanks are due to Mr. Berkeley Hill for his kindness in allowing me to try the apparatus I have described, in a case under his care, and for giving me permission to publish this account of it.

At the University of Berne there are at present twenty-five lady medical students, among whom are twenty-two Russian ladies, whom the last ukase forced to leave Zurich.

ON THE TREATMENT OF ACUTE RHEUMATISM WITH ACIDS.

By R. CLEMENT LUCAS, M.B. LOND., F.R.C.S.

THERE are few diseases probably that have been so variously and at the same time successfully treated as acute articular rheumatism; and not a few reputations have been built upon the number of undoubted recoveries which have followed the many and diversified methods of treatment that have been recommended. Yet no thoroughly rational and effective line of action appears to have been agreed upon by physicians of the greatest experience in the profession, and one by one the reputed specifics with their superimposed theories fall before the tests of unbiased research. Of all the methods of treatment still in use, or now discarded, the alkaline is that which has found the greatest favour, because founded on the assumption that it would be well to neutralise the acid which circulates and is eliminated during a rheumatic attack. Although this line of treatment met with a serious rebuff when Sir Wm. Gull and Dr. Sutton published their cases treated with mint-water alone, and suffered severely by Dr. Owen Rees's equally effective treatment with lemon-juice, it is at the present time more often adopted than any other, and is relied on with almost child-like confidence by a great number of the profession. Many, however, who have had an opportunity of carefully observing the effects of large doses of alkalis in acute rheumatism must have been disappointed with the results; and especially so when they found that some heart affection appeared in spite of the free and early administration of the remedy.

A few years ago, after experiencing an attack in my own person, my interest became centred on this disease, and I for some time took notes of all the cases that entered the hospital, with a view of testing the value of the different forms of treatment employed. In doing so, I convinced myself that those cases treated with large doses of alkalis were longer in arriving at complete convalescence than those treated on an expectant plan; and I collected three or four cases in which peri- or endo-carditis became first evident after the urine had been rendered alkaline. I then determined, if an occasion offered, to test the effects of an opposite plan, which, supposing the alkaline treatment to be powerful for good, might be expected to prove injurious. Such an opportunity was afforded me in the summer of 1872, when for a time I was entrusted with the charge of Dr. Owen Rees's beds. All the cases of acute rheumatism which then came under my care were treated with mineral acids, and they all, with one exception, made rapid recoveries. The exception was a young woman who had had one or two previous attacks, and who suffered severely from cardiac mischief. She fell into a low, desponding, half-maniacal state, from which, however, she eventually perfectly recovered.

I regret that on searching the records I have been unable to find more than one of these cases carefully reported. The following notes are taken from a report by Mr. Symonds:—

S. H.—, aged thirty, a short and rather stout woman, was admitted into Addison ward, Guy's Hospital, Aug. 8th, 1872, suffering from acute articular rheumatism. The report commences by stating that on admission the woman was too ill to be carefully examined. There was a slight systolic bruit, and her temperature was 102°. She had lately been deserted by her husband, was a cook by occupation, and attributed her attack to exposure during a storm. She was ordered a mixture of hydrochloric acid every six hours, and five grains of Dover's pill every night. In the evening her temperature was 101.4°; pulse 126; respiration 36.

Aug. 9th.—Morning: Temperature 101°; pulse 120; respiration 46. Evening: Temperature 101.2°; pulse 122 respiration 58.

10th.—Morning: Temperature 102°; pulse 123; respiration 58. Evening: Temperature 101.4°; pulse 120; respiration 44.

11th.—Morning: Temperature 101.5°; pulse 116; respiration 45.

12th.—Morning: Temperature 101°; pulse 108; respiration 40.

13th.—Morning: Temperature 99.6°; pulse 104; respiration 36.

22nd.—All pain and swelling have subsided.

In publishing this case it is not my intention to advocate the universal adoption of acids in the treatment of acute rheumatism, but rather to show that such treatment need not be considered either dangerous or injurious. I believe, nevertheless, that, were acids widely tried, they would be found less to retard recovery than large doses of alkalies. The treatment may be considered tonic, and classed with quinine and iron, both of which are extensively employed in this affection.

I ought to add, that the publication of these remarks was suggested to me by seeing the case reported from Dr. Wilks's clinique in THE LANCET of the 14th inst.

St. Thomas's-street, S.E.

CALCAREOUS DEGENERATION OF THE LEFT TESTICLE.

By WM. GUEST CARPENTER, F.R.C.S.

I WAS sent for to see Mr. S—, seventy years of age, who was confined to his bed from extreme weakness, brought on by a long-continued discharge of very offensive matter from the scrotum. Mr. S— was by occupation a farmer, bachelor, of very quiet habits, disliking society. His niece was his housekeeper. She told me her uncle had been failing in health for some time, and would not have any medical advice; but, finding weakness increased upon him, and the smell from some wound he had was so offensive she could hardly sit in the room with him, she prevailed upon him to send for me. I detected the smell as soon as I entered the bedroom. He was in bed, his voice was very feeble, pulse weak and intermitting, hands and feet cold, nails livid, tongue dry and rather brown. On examining the scrotum I found it very much enlarged on the left side by an elongated hard swelling, about five inches long. There was a sinus on the front part, through which a very offensive sanious fluid oozed. The tumour was as hard as a stone. On passing the probe into the opening it grated against a hard, irregular substance. I enlarged the opening with a bistoury, syringed warm water into the scrotum, and succeeded in extracting a flat piece of hard calcareous substance, $\frac{1}{2}$ inch in thickness, resembling bone. I satisfied myself what the nature of the case was. I prescribed a tonic of bark and ammonia; ordered four glasses of port wine daily, and brandy-and-water at his meals, with beef-tea in the intervals.

I visited him every day, injecting warm water each time, and extracting pieces of the calcareous matter. In about a week his health began to improve. At the end of a month I had cleared out all the calcareous matter. I found the testicle gone—destroyed. When the wound healed there was a little thickening of the scrotum. It returned to nearly its natural size.

Mr. S— was very much weakened by this disease, and his friends expected daily to hear of his death. At the end of six weeks I took my leave of him, and he afterwards enjoyed good health, and lived beyond the age of eighty.

Clifton-terrace, Maida-vale.

ROYAL HUMANE SOCIETY.—In the month of April next, 100 years will have elapsed since the foundation of the Royal Humane Society, and the committee have decided on holding a centenary festival, at which H.R.H. the Duke of Edinburgh has expressed his intention of presiding, to celebrate the great success which has resulted from its exertions to preserve life, and to improve and circulate all over the world the simplest and most scientific modes of treatment in cases of suspended animation. Due notice will be given of the day fixed for the festival, as soon as possible after the return of His Royal Highness from Russia.

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. THOMAS'S HOSPITAL.

CASES OF TUBERCULAR MENINGITIS.

THE following is a continuation of the series of cases of tubercular meningitis which was commenced last week.

The second case is one of more interest from the coexistence of old caseous masses in the cerebellum, which had probably produced the difficulty in walking. Unfortunately the history is incomplete as to the nature of the difficulty.

Henry W—, aged eleven, was admitted under the care of Dr. Bristowe on the 6th of June, 1873. The father is living and healthy; mother said to be consumptive; of thirteen children ten are living and healthy, three died in infancy. Patient was always delicate; is said to have had rheumatic fever three or four years ago. Two years ago he had two fits in which he remained motionless for about twenty minutes. He was always "weak in the legs"; and twelve months ago entirely ceased to walk. Occasionally suffered from pain in the head, but not usually severe. For the last fortnight he has suffered from severe headache, the pain being chiefly frontal, and in the eyes. Has not had diarrhoea or vomiting; the bowels were open two days before admission. Had wandered a little the last three nights.

On admission, June 6th, 3 P.M., the patient was thin and weakly-looking, head large, forehead prominent. He was quite sensible and intelligent, complained of severe frontal headache and pain in the eyes and dimness of sight. No paralysis of facial or ocular muscles. Right pupil was slightly larger than left, and did not act so well to light; both pupils dilated readily; although there was no strabismus, he could not easily keep his eyes turned to either side. No diplopia. The face alternately flushed and grew pale very readily, without evident cause. Temperature 102.3°; pulse 124, regular; appetite bad; tongue slightly coated with white fur. Abdomen somewhat retracted, and extremely sensitive when touched, the slightest touch causing sudden retraction of the muscles and great pain; no tenderness on percussion, but the patient complained of some pain on pressure in the right iliac and splenic regions. Tâche cérébrale readily produced over abdomen and chest; over the latter there is much less hyperæsthesia. Nothing abnormal detected in lungs; heart sounds healthy. Whilst lying in bed he could draw up both legs with ease and without pain, and there was no evident paralysis either motor or sensory, but he could not stand. When moved he complained of great pain in the nape of the neck. Has perfect control over rectum and bladder.—8.30 P.M.: Temperature 101.9°.

June 7th.—Temperature: 9 A.M., 100.3°; 12 noon, 100.6°; 4 P.M., 100.4°. Pulse 96 to 100, fairly regular and equal. Rambled a little last night. To-day is much the same. He can read very large type with either eye, but with the right eye is unable to read "English" type, which he can with the left. Ophthalmoscopic examination: In the right eye, outline of disc indistinguishable, and the whole disc obscured by effusion; veins distended and tortuous; arterial branches numerous, but do not appear large; some portions of the vessels, especially towards the middle of the disc, are hidden by patches of exudation. In the left eye, disc visible, outer margin distinct, inner blurred; slight exudation along vessels, which are distended; neuritis much less marked than in the right eye.

8th.—Temperature—morning, 99°; evening, 100.9°.

9th.—Much the same as before. Temperature at 10.30 A.M., 100.3°; pulse 96, regular; bowels confined; no vomiting. Headache continues, and there is slight internal strabismus of the left eye. No delirium.

10th.—Has been delirious at times since yesterday after-