

area of dulness was square-shaped, measuring 4 in. by 4 in., and extending beyond the right margin of the sternum. There was a well-marked presystolic thrill sensible over the greater part of this area, and chiefly it was noted to the right of the nipple. A loud presystolic bruit was heard, loudest to the right of the nipple, but audible also to the left; and it was remarked by Dr. Samuel Fenwick that the point of greatest intensity of sound shifted from side to side, never being equally loud over both sides of the heart at the same time. Occasionally there was a tumultuous cardiac action, and then pulsation was visible over the whole of the left chest.

The autopsy revealed a much enlarged heart (weight 18 oz.); the auricles much dilated, especially the right; the ventricles dilated and hypertrophied; the mitral valve was greatly thickened and rigid, and the orifice contracted to a narrow slit, one-third of an inch long by about a quarter of an inch broad; the tricuspid orifice greatly altered, the edges of the valves being so united that they were converted into a kind of curtain stretched between the right auricle and the right ventricle. In the centre of this curtain there was a small, almost circular, orifice, three-eighths of an inch in length and a quarter of an inch in breadth, and having a circumference of only one inch and a quarter. All the other organs were in a state of chronic congestion.

(To be concluded.)

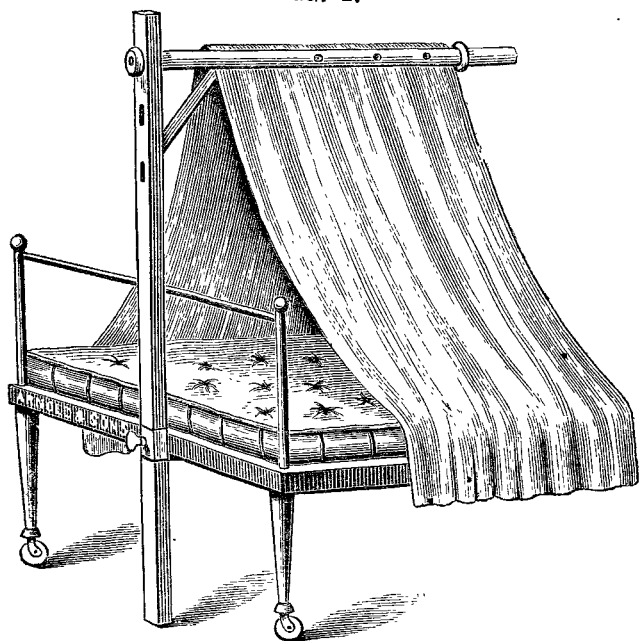
A NEW AND CONVERTIBLE SURGICAL APPARATUS.

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I BEG to introduce to the notice of the profession a very simple and convenient apparatus, which can be used for a great number of surgical purposes by making slight alterations in the component parts. Its special feature consists in the application of lever action over the bed without weight or contact with the bed itself. By a mechanical contrivance of great simplicity a lever is sustained immovably in any position, and by this means many of the ordinary surgical instruments, including the fracture swing, the bed cradle, the extension pulley, the bath hoop, the splint elevator, and bed rest are reduced to the form of one efficient, portable, and economical apparatus. The following is a short description of some of the principal applications.

The bedclothes elevator (Fig. 1) is adapted for every case

FIG. 1.

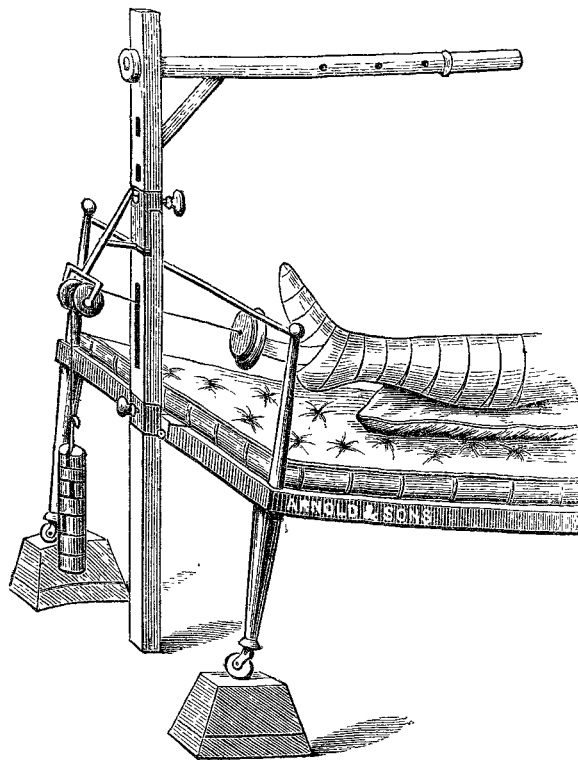


in which part or all of the bedclothes must be raised from the body of the patient. It can be instantly applied and adjusted to any part of the bedstead, and it will be found both in hospital and private practice far more convenient and comfortable than the old-fashioned bed frame. It never

comes in contact with the patient, and never rests on the bed. It can be adjusted inside or outside the bedclothes, and it can be also regulated to elevate them any convenient height from the patient. The elevator serves also many other useful purposes. It will suspend a weight or ice-bag in any position, and it can be converted into a very convenient stand for a vessel or lamp.

Extension by weight is now universally employed in many forms of injury and joint disease, and this kind of treatment is regarded by all surgeons as extremely simple and efficient. Fig. 2 represents the bedclothes elevator fitted with an

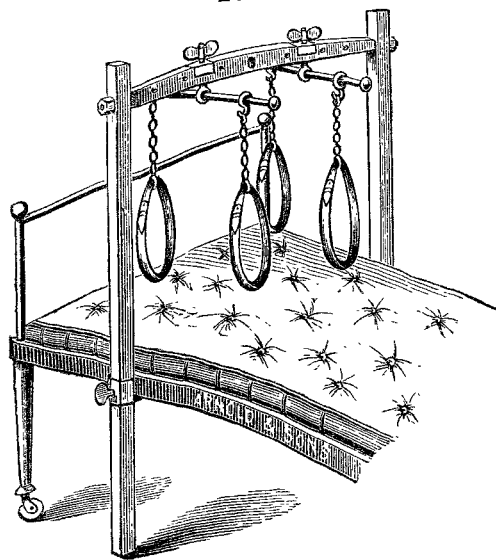
FIG. 2.



extension pulley, which is suspended by means of a sliding bracket from the back of the instrument, and is thus capable of adjustment at any convenient height. A sliding collar, with a clamp working on a hinge, is also supplied for the purpose of fixing securely the upright to the bedstead in those cases in which counter-extension is obtained by raising the foot of the bed.

The fracture swing, Fig. 3, is another application of this

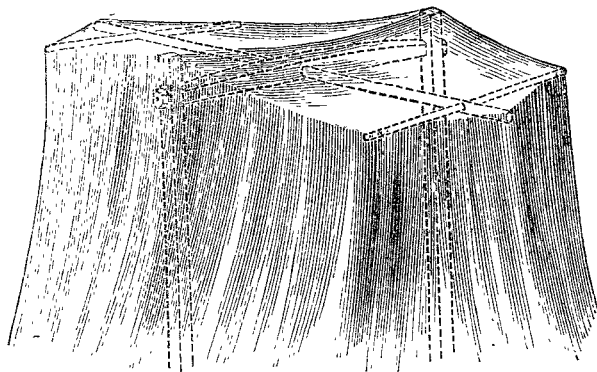
FIG. 3.



apparatus. The swing is supported by two uprights, which are secured to the sides of the bedstead. It can be used with any kind of ordinary splint, and it supports the limb at any required height; at the same time it can be used to swing both legs, if necessary, without any addition to the apparatus. Moreover, it occupies no space in the bed, permits a free circulation of air under the bedclothes, and does not require to be removed in

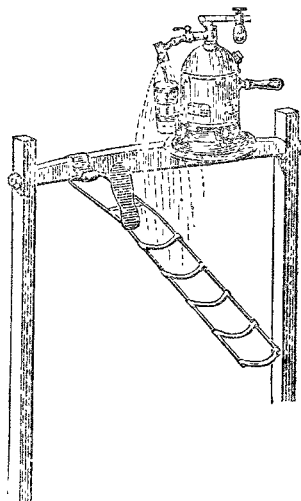
dressing the limb. The apparatus is also convertible, by a very simple arrangement of wooden rods, into an elevator of the entire bedclothes, which will be found of great service in the application of hot-air and vapour-baths (Fig. 4). The cross-bar can also be placed over the

FIG. 4.



bed for a rest in cases of lung or heart disease, in which the patient is unable to lie down, and a wooden stand can be adjusted on it to hold an inhaler, or other vessel. The elevator can be used as a splint rest, and it will be found useful in all cases in which a limb requires elevation (Fig. 5).

FIG. 5.



Special iron wire splints fitted with shifting bars and movable hand and foot pieces, form a part of the apparatus, and by means of a sliding metal rest they can be adjusted on the cross-bar at any convenient height. This method of elevation will be found very convenient in practice, and is especially adapted for the treatment of injuries and fractures, wounds of the hands and feet, amputation cases, and many other diseases in which absolute rest and elevation of the limb are essential.

Southsea.

THE MILK FEVER EPIDEMIC IN ABERDEEN.

By J. M. GORDON PIRRIE, M.D.

IN the city of Aberdeen an epidemic of a novel character has mysteriously appeared in our midst, which has been properly or improperly named, *pro tempore*, the Old Mill Reformatory Milk Fever. The reason why it has received this appellation is from the fact that all the persons affected with the ailment, the symptoms of which will be presently described, have been partaking of milk supplied from the dairy in connexion with that institution; and no one has as yet been affected, so far as I am aware, who has not used the above-mentioned milk.

The first case of this epidemic which came under my notice occurred on April 1st. Since then fifty-eight families in Aberdeen, comprising over two hundred individuals, have been affected with this peculiar ailment. Three cases have terminated fatally.

Symptoms.—The patient, the subject of this disease, who, in most cases, has been up to the moment of seizure enjoying the best of health, is suddenly seized all over the body with a cold sensation and frequent rigors. This state of matters lasts in some cases for twelve or sixteen hours, and for a time all attempts on the part of the physician or of the patient's friends are fruitless to restore to the patient his natural feelings of warmth. During this cold stage or period during which rigors occur the skin is hot and dry. The pulse becomes rapidly and greatly accelerated, and in two cases under my observation amounted to 135 beats per minute. Another striking feature in this ailment is the sudden rise of the temperature of the body to 103° F. In two cases the temperature rose to 105° F., and remained at that high figure for nearly twelve hours. Variations of temperature do not occur as in some other cases of fever, it being as high in the morning as at night. The patient complains of intense thirst, great prostration, pain in the head, neck, back, and limbs, and sickness, which is usually accompanied by fits of vomiting and violent retching. The matter vomited has at first been the contents of the stomach and afterwards mucus mixed with bile. Pain in the head is a prominent and early symptom, but the character of this pain varies. Sometimes it is described by the patient to be of a bursting nature, at other times as if the parietes of the cranium were being drawn together and the eyes drawn inwards. The pupils of the eyes do not appear to be affected in any way. In one case the sensation of weight in the head was so great that the patient was unable to move the head on the pillow.

Perhaps the most striking feature in this complaint, along with the sudden appearance of rigors, the quick and great rise of the pulse and temperature, is the rapid and painful swelling of the glands and muscles of one side of the neck, and in the cases I have seen it has been the left side of the neck that was affected. In one case the glandular swellings extended down the neck to within two inches of the clavicle. These swellings of the glands and muscles are very painful under pressure.

Sore-throat is also complained of by the patient, and on examination I found only the tonsil on the affected side of the neck inflamed and slightly swollen. The amount of inflammation and swelling of the tonsil, the surrounding tissue, and the mucous membrane, was not at all in ratio to the amount of pain complained of. Two patients experienced a feeling of great tightness about the œsophagus and trachea, and in these cases difficulty of swallowing was present, but I could not discover any sufficient cause to account for it. In another case difficulty of breathing was experienced for several hours, which, however, subsided by causing the patient to inhale the steam of hot water. The shivering, the pain in the head, the sickness, the swelling of the glands and muscles of one side of the neck, and the soreness in the throat, usually appear in rapid succession. The tongue is coated with a yellowish-white fur, while its edges appear to be more red than natural. The urine is very acid, high-coloured, scanty, and loaded with urates; no albumen was present in any of the samples which I examined. The bowels are usually constipated; diarrhœa has not been present in any of the cases under my observation. The patient feels very uneasy and restless. Sleep is disturbed, of short duration, and unrefreshing. Delirium has been present in some cases. After the patient has been sharply purged, and diaphoresis thoroughly established, the pulse and temperature fall somewhat rapidly, the painful glandular and muscular swellings decrease, the sickness and vomiting abate, and in two or three days the patient may be said to be convalescent. A relapse of all the symptoms has occurred, in most of the cases under my notice, a day or two after the patients were convalescent; and, in such cases, it was always the glands and muscles of the opposite side of the neck from those first affected which became painful and swollen. One patient who was in a delicate state of health previous to being attacked with this complaint has had three relapses, but the symptoms during the relapses have been less severe than those at the onset of the disease in all the cases under my notice. The treatment I adopted, and which was successful in the cases under my care, was frequent purging, the administration of saline diaphoretics until diaphoresis was well established, and, after the more urgent symptoms had abated, I found the greatest benefit to follow the administration of quinine along with the most nourishing food, accompanied by a well-regulated amount of stimulants. A sample of the milk in question