

bowels continues; there are a few more spots on the abdomen; tongue not so thickly coated; is a little more rational.

Dec. 1st.—Is better, and answers questions; skin and pulse as before; cannot protrude the tongue from the accumulation of sordes about the teeth and lips; passed a large quantity of very foetid pus from the bowels this morning; takes food and medicine well.

2nd.—Skin dry; pulse 140; thick black sordes about the mouth; respiration hurried, 40 per minute; slight cough; large crepitation on both sides of the chest; abdomen still very tender; motions dark-coloured, containing a little pus, soft, but not watery in consistence; does not wander so much at night.

3rd.—Skin warm and moist; pulse still 140; she can now protrude the tongue, which is not so much furred, but the thick sordes are present.

5th.—About the same; pulse weaker; cannot protrude the tongue; stools not so offensive; cough slight; râles heard on both sides of the chest.

6th.—Symptoms of great prostration set in suddenly, which ended in death on the 7th.

At the post-mortem examination, the cæcum was found perforated, which had produced peritonitis. The left lung was in a state of hepatization.

### GUY'S HOSPITAL.

CHOREA FOR THE THIRD TIME, PRECEDED ON EACH OCCASION BY A CUTANEOUS ERUPTION; NO HISTORY OF RHEUMATISM; RECOVERY.

(Under the care of Dr. OWEN REES.)

It will be observed that in all the cases of chorea now recorded, the treatment varied according to the special indication, and the choice of the physician. In one, quinine and iron, with shower baths, effected a cure; in another, the oxide of iron alone; in a third, a simple carminative mixture; and in a fourth, arsenic: of course the regulation of the functions of the chylopoietic viscera was attended to. The application of splints to the arms, when made use of, materially helps in quieting the movements of the patient, and is well worthy of a more extended trial in uncomplicated cases.

One of the most common causes of chorea in children is fright. We recollect seeing a case of the disease in a girl, fifteen years of age, who was a patient of Dr. Farre, in St. Bartholomew's Hospital, in January last, in whom it was suddenly brought on by a vivid flash of lightning during a thunder storm, five weeks before admission. The cure was somewhat tedious.

In the first of the two cases which are subjoined the boy had chorea twice before his present attack, and each time it was preceded by a cutaneous eruption. Its coincidence with cutaneous complaints has been attributed to irritation of the peripheral extremities of the afferent nerves by the particular eruption, whatever that may be,—that is, if the eruption is not an accidental one, like that of measles or scarlet fever.

The notes of the following case were taken by Mr. W. R. Grove, one of the hospital pupils.

Francis R—, aged ten, admitted Feb. 20th, 1860, into Stephen ward, under Dr. Rees. Is a delicate-looking boy, suffering from chorea. Has had chorea twice before, and was treated in this hospital by Dr. Wilks. Before the disease showed itself he was covered with a rash; some of it remains about the feet, and presents all the appearance of scabies. His appetite is sometimes ravenous, and at others he is able to eat scarcely anything at all. He does not think he has worms; has never noticed any. Has at times, during the last four years, had palpitation of the heart. The night before his admission he had what his mother terms a "fit." His bowels are confined; appetite good; pulse 96. Complaints of a slight cough. Ordered powdered scammony with colocynth, fifteen grains, at once; and half an ounce of infusion of quassia thrice a day. His stools to be inspected for worms.

Feb. 22nd.—His bowels were freely opened, but no worms were found.

24th.—Ordered compound sulphur ointment to be applied to his feet every night.

27th.—Bowels again confined. To repeat the powder. In other respects he seems better.

March 3rd.—Quieter; evidently improving.

7th.—Ordered a drachm of the sesquioxide of iron thrice a day. Continues to improve.

12th.—Still continues to improve.

29th.—Is all but convalescent.

CHOREA, ARISING FROM NO SPECIFIC CAUSE; RECOVERY.

(Under the care of Dr. WILKS.)

In this case we avail ourselves of the notes of Mr. John C. Gooding, one of the pupils.

Maria H—, aged eight years, admitted 19th May, 1859. Both father and mother are free from rheumatism. The former has been for the last two years a lunatic. The patient has been healthy, and has never been the subject of rheumatism. Two weeks ago choreic movements first began to make their appearance, and have continued to increase up to the present time. She has not been exposed to any known exciting cause, as fright, nor has she been with children the subjects of chorea.

On admission, she is of fair complexion, of sharp intellect, and is apparently in perfect health. There are the characteristic movements of chorea present, the hands, feet, tongue, &c., being affected to a moderate extent. A soft systolic bruit is distinctly audible below and a little to the left of the left nipple, gradually decreasing in intensity in every direction from this spot. Bowels regular; tongue clean. Ordered eight grains of powdered rhubarb, with calomel, at once, and a mixture of syrup of orange-peel and compound tincture of cardamoms thrice a day.

June 8th.—The jactitations have almost entirely ceased; the bruit is as distinct as when admitted. Discharged cured.

### CHARING-CROSS HOSPITAL.

ACUTE CHOREA, SIMULATING SYMPTOMS OF CEREBRAL DISEASE, ACCOMPANIED BY SPASMODIC SCREAMS; COMPLETE RECOVERY.

(Under the care of Dr. WILLSHIRE.)

THE following case shows the chorea to have been hastened and made seriously worse by emotional causes. The extremely severe automatic movements gave rise to the suspicion of mischief about the cord or its membranes. It was early accompanied by such disturbance of the mind as to lead to the belief that the original choreic disease was associated with hysterical mania, or with actual organic disease of the brain or its meninges, shown by the violence of the movements, the screaming, biting, delirium, &c., necessitating for three days the use of the camisole. The rather sudden change from violence to a quiet state, accompanied by a dry typhoid tongue, weak pulse, and muscular exhaustion, was followed by a speedy recovery under the use of ammonia, quinine, beer, wine, and meat diet; but previous to the exhibition of these, the treatment consisted of free purgation and the exhibition of arsenic.

In the whole course of our experience, we do not remember having seen such a remarkably violent case. It strongly simulated an attack of acute mania, accompanied with great bodily exertion, which bathed the patient in a most profuse sweat. The peculiar kind of screaming seemed to be the result of choreic spasm of the muscles of the larynx, which forced the sounds, as it were, from the patient.

The present example forms a not unfit companion to one recorded in a former "Mirror" (vol. i. 1859, p. 261), under Dr. Barker's care, at St. Thomas's Hospital, in which the chorea was associated with violent hysteria, followed by temporary dementia when upon the eve of recovery.

For the notes of the case we are indebted to Mr. J. S. Belcher, clinical clerk.

Elizabeth P—, aged nineteen, housemaid, of general good health, regular at the catamenial periods, bowels habitually much confined; had suffered a great deal from low spirits the last six months. About three months ago, she felt an uneasy sensation in the left foot, which afterwards extended to the leg and thigh, and subsequently the whole of the left side became affected. She then noticed her arm and leg move spasmodically, and she often had to cross her right leg over the left in order to keep it still. About the same time, she noticed that she could not pronounce her words as distinctly as before, and that she every now and then dropped a syllable.

She was admitted on April 24th, with acute chorea, accompanied by partial loss of consciousness. The attack was so

violent that it became necessary to make use of the camisole to prevent her injuring herself. She was ordered an ounce of the compound decoction of aloes at once, which producing no alvine discharge, on the next day the following powder was given:—Ten grains of jalap, and five each of calomel, aloes, and sulphate of potass, followed by a cathartic mixture the next morning. To have besides, three times a day, a third of the following mixture: ten minims of the liquor arsenicalis and the same quantity of tincture of opium in three ounces of aniseed water.

April 26th.—She still continued violent, and the spasm was accompanied by such loud screams that a consultation was held as to what had better be done with her, as she disturbed all the patients. It was agreed she was to remain in the ward, and take a morphia pill, with lactucarium, thrice a day; the hair to be removed from the head. The bowels having been but slightly moved, she was ordered a drop of croton oil, in the form of pill, on the 27th, which acted freely.

28th.—To continue the arsenical mixture, slightly increased in strength, thrice a day.

29th.—Is better. Ordered two lemons, six ounces of wine, and two eggs.

30th.—Repeat pill and mixture.

May 1st.—Bowels not open yesterday nor to-day. To have an ounce of castor oil at once, and the wine to be increased to eight ounces.

4th.—Wonderful improvement. Ordered quinine mixture, one ounce, thrice a day; No. 3 diet; beer, one pint; wine, four ounces.

14th.—Warm bath. She was to-day discharged perfectly cured.

#### CHOREA, UNCONNECTED WITH ANY OTHER DISEASE, CURED BY ARSENIC AND SPLINTS TO THE ARMS.

(Under the care of Dr. WILLSHIRE.)

The good effects of arsenic were soon apparent in the following case, and a cure was effected in about four weeks. The same results have attended its use in Dr. Willshire's hands in several cases of chorea at the Infirmary for Children. Arsenic has never been found to fail in the hands of Dr. Eggbie, of Edinburgh, after, it is stated, an experience of thirty years. On a previous occasion (THE LANCET, vol. ii. 1859, p. 60) we briefly reported two cases in this hospital, in which the disease was present in opposite states of the system—that is, in one there was anæmia, requiring ferruginous preparations; in the other, plethora, with ruddy complexion, &c., in which zinc and valerian were first given, and subsequently arsenic. In neither was there any history of rheumatism, and in the second the disease was brought on by the fright caused by the patient placing a lighted candle in her mouth.

Mary Ann H.—, aged eleven years, residing at Aldershott, was admitted 28th August, 1860, with symptoms of chorea existing for many months, and affecting all the body. The disease arose from no apparent cause; she never had rheumatism, nor have her parents. Splints were applied to the arms, one at a time, and she took the liquor arsenicalis to the extent of from twelve to fourteen minims in the twenty-four hours. Under this treatment she completely recovered by the 2th September. The fingers of each hand remained a little stiff for some time on the removal of the splints, but they soon regained their natural power.

### CLINICAL RECORDS.

#### TREATMENT OF SIMPLE FRACTURES BY THE STARCHED BANDAGE. •

THE treatment of simple fractures of the extremities in the hospitals is now brought to a remarkably uniform system of an efficient but simple character, which leaves little to record or desire of novelty. There still exists, however, some difference in practice as to the application of starch bandages to the treatment of simple fractures. Occasionally we see this means employed within two or three days of the occurrence of the injury, in all ordinary cases of simple fracture of the lower extremities, including, with children, simple fracture of the thigh. Thus the period of confinement to bed is at once abridged to the narrow limits of two or three days, and the danger, tedium, inconvenience, and cost of protracted recumbence are avoided on behalf of the patient and the hospital,—these cases so treated becoming out-door patients very quickly. Elsewhere, the starch bandage is employed very little, or at a later stage in the treatment of the case, and thus the period of

confinement is considerably prolonged; so that although the system of treatment by starch bandages is everywhere recognised and appreciated, it does not seem to be employed to the fullest extent.

The manner of applying the bandages does not vary greatly. Some surgeons surround the limb first with a layer of cotton wool; others find it sufficient to pad the osseous prominences only. When employed at an early stage of the fracture, it is necessary to apply moulded pasteboard splints between the starched bandages, or some other similar stiffening material. In a patient of Mr. Coulson, at St. Mary's Hospital, whom we lately saw, the subject of fracture of the fibula, he directed the application to be made thus:—The splints were removed, and the limb padded and bandaged. The bandaged surface was thickly painted with a preparation composed of equal parts of gum, chalk, and starch, which had been rubbed through a sieve to make it sufficiently fine. Mr. Coulson then caused successive perpendicular strips of bandage to be applied on the inside and outside of the leg. The limb was a second time bandaged, and a second time painted. The lad was made an out-patient, and has done well.

#### TUMOUR OF THE PALM OF THE HAND SIMULATING A GANGLION.

THE situation of ganglia is usually on the back of the wrist or on the dorsum of the foot—that is to say, the simple ganglia which lie upon the sheaths of tendons. The compound ganglia, however, are chiefly met with in the palm of the hand, and the dorsum, sole, or inner side of the foot. They constitute a dilatation of the sheath of the tendons, and vary in size and shape according to the number of tendons implicated. Of the various parts of the palm of the hand in which they do occur, they are very rarely found situated upon the base of the middle finger; we, however, lately observed a tumour in that situation which strongly simulated a ganglion. A young man, a clerk by occupation, presented himself before Mr. Erichsen, at University College Hospital, with a globular, semi-elastic tumour of his left hand, at the base of the middle finger, which had the ordinary characters of a ganglion—so much so, indeed, that it was believed to be one. It was punctured, and nothing but blood came away. Some months later, he again applied at the hospital, and stated that it proved such a source of discomfort to him that he would undergo any measure to get rid of it. Chloroform was therefore given on the 3rd of October, and an incision having been made across the tumour longitudinally, it was carefully dissected out. It lay upon but did not involve the flexor tendon of the middle finger, and on making a section of it, it proved to be a cyst, with a part of its wall much thickened, and containing sanguineo-serous fluid. Mr. Erichsen pronounced it not to be a ganglion, but strongly resembling one. The size of the tumour was that of a small chestnut. The man has been doing well since the operation. The case is of interest as proving the difficulty experienced sometimes in making out the true nature of these tumours when growing in the localities usually occupied by ganglia.

#### THE ADVANTAGE OF EARLY ATTENTION TO STONE IN THE BLADDER.

THE good effects of treating at an early stage patients with symptoms of stone in the bladder were presented to our notice a few days back at University College Hospital. The subject of the early diagnosis and treatment of vesical calculus has been already ably discussed in our pages—by Mr. Henry Thompson, in January last, and by Mr. Orichton, of Dundee, in our issue of Sept. 15th. The brief record of additional cases of the same kind cannot but produce a good result by drawing the attention of parents and surgeons early to symptoms indicating derangement of the bladder by the presence of such a body as a urinary calculus. A little boy, eleven years of age, was brought to the hospital with a stone impacted in his urethra, near the bladder. He had been suffering from symptoms indicating derangement of his urinary organs for some months, but a stone was not even suspected to be present, until it was found that micturition was seriously interfered with, and would sometimes be entirely prevented by the occasional lodgment of a stone in the urethra. It invariably passed back again into the bladder; and this happened likewise when Mr. Thompson examined the boy. He, therefore, made up his mind to perform lithotripsy, as the calculus seemed to be too small to justify cutting him in the usual way. This was accordingly done on a single occasion, and so