where the crystals had remained some time. The discrepancy arises from the insolubility of the drug in water; when quite dry, Husemann is perhaps correct, but, in the presence of a solvent like vaseline or the alkaline saliva on the lips, its irritant effects are apparent. To return to the psoriasis, I found it better to begin with a weaker ointment, namely, ten grains to the ounce; and then, if the remedy were suitable, to continue as long as improvement was manifested, and if it became stationary, to increase the strength by five grains to the ounce until, in some cases, thirty grains to the ounce was reached. In the majority of cases, the weaker ointment was sufficient to cure the case; and another advantage is that it can be more continuously applied than the stronger forms, a method to be preferred, as a rule, to intermittent applications. Many cases treated with thymol showed rapid improvement, and some very chronic cases, which had resisted other treatment, including tarry applications, improved and were finally cured by it.

If the disease were limited or nearly so to its usual situations on the extensor surfaces of the forearms and legs, I usually ordered the ointment; but when the diseased surface was of considerable extent, a lotion was prescribed to be applied with soft rag several times a-day, lotions being generally more convenient in the daytime to people following their usual avocations. In some people it produces tingling and occasionally smarting when first applied, but this only lasts a few minutes. Like all stimulant remedies, it does not suit every case, and must not be applied, or at least very dilute, when, on removing the scales, the parts are much hotter to the touch than the surrounding skin and very red; in short, whenever the hyperæmia is considerable. This must be first subdued by soothing astringent measures externally, and appropriate internal medication, and then thymol applications will materially hasten the cure. In fact, it is most successful in that class of cases in which tar is usually prescribed, and while quite as efficacious and in some cases succeeding where tar fails, it is cleaner, colourless, and hence can be used on the face without producing the brown discolouration of oil of cade and other preparations of tar, while the odour is rather pleasant than otherwise.

In the later stages of eczema it is also extremely useful; some cases of very long standing, which had been submitted to other treatment of various kinds, rapidly yielded to thymol. It was necessary in eczema to use a weaker ointment of only three to five grains to the ounce; and I have not met with any case of eczema that required a stronger application than that, and unctuous are generally better than watery applications in this disease.

As might be anticipated, it is adapted to a smaller proportion of cases than psoriasis, and must be restricted to cases in the dry stage or where the amount of discharge is diminishing, *i.e.*, not until the activity of the inflammation has subsided; hence it happens that even in the same patient it would cure one part, and be too stimulating for another part where the inflammation was still active. If, however, due discrimination be employed, the duration of the disease may be much curtailed. Smarting when first put on is rather more frequent than in psoriasis. With similar precautions, it also rapidly completes the cure in so-called lichen agrius; but usually a preliminary soothing treatment is required for some time before thymol is prescribed.

Lewin and Bucholtz have shown that thymol is about eight times as powerful as carbolic acid as a destroyer of the lower forms of life, and hence its usefulness in vegetable parasitic diseases was suggested. Accordingly, I have treated cases of tinea versicolor, tinea tonsurans, and tinea circinata. In the last two I have not yet used it sufficiently to warrant an opinion as to its merits, but in tinea versicolor I have used an ointment of ten grains to the ounce and the thymolate of potash lotion of ten grains to eight ounces. The ointment was effectual, but slow in its action; but the lotion cured cases where a large surface was affected in a few days. I cannot, however, claim for it any great advantage over sulphurous acid and the hyposulphites. I may also mention, for what it is worth, that a case of lichen planus which has lasted five years, after a fortnight's treatment with thymolate of potash, shows more improvement than I have ever seen in so short a time; the itching is gone, and the eruption is less prominent.

I think we may conclude from the above facts that thymol is a valuable addition to the list of stimulant remedies for diseases of the skin, and probably also as a parasiticide for diseases of fungous origin; but, like all stimulants, it must not be used wherever there is much hyperæmia, as it will be more likely to aggravate than benefit such active cases; judiciously employed, however, it gives results which cannot fail to be gratifying to prescriber and patient, while its pleasant appearance and odour, as compared with preparations of tar, with the avoidance of the discoloration of the hair and skin produced by chrysophanic acid, are not the least of its claims to attention.

Other therapeutic uses to which it has been put are, as a caustic to the exposed pulp of carious teeth, for which it is much used by French

dentists, and as an inhalation in throat-affections; but I do not know how far it has been advantageous. I am not aware of its having been given internally, but Husemann is quoted in the *Year-Book of Pharmacy* for 1876 as having injected two grammes (thirty grains) under the skin of a rabbit weighing one kilogramme, the only effect being a slight decrease in the number of respirations and temperature and a slight increase of pulse, but probably the greater part was not absorbed. The urine was turbid, had a smell of peppermint, and contained blood-corpuscles and albumen. *Post mortem* there was marked accumulation of fat in the liver, and the kidneys were inflamed. The symptoms of poisoning by it were great irregularity of breathing and paralysis setting in gradually. The heart continued to beat after all other action had ceased. So far, that would not appear to promise much from its internal administration. Its great pungency also would be an obstacle to its being given by the mouth.

FRACTURE OF FEMUR SUCCESSFULLY TREATED BY ELASTIC PERINEAL BAND.

By DANIEL ROBERT ALCOCK, M.R.C.S. Eng., L.K.Q.C.P.I., etc., Waterford, late Staff-Surgeon, R.N.

ON June 26th, 1876, I was sent for hurriedly to see Miss J., aged 13, who, I was informed, had sustained a severe injury in the right leg in the following manner. She was running across the park, when her foot slipped into a hole that was concealed by the long grass, and she was thrown forcibly upon her right side. When lifted up, she was unable to stand, as there was complete loss of power over the right lower limb. Upon examination, the limb was found to be an inch and a half shorter than the other, and a fracture of the shaft of the femur at the upper portion could be easily detected, both by crepitus and from the extreme mobility and deformity of the lower portion of the injured limb. The foot was slightly inverted. As the patient suffered considerable pain upon any movement, she was placed under chloroform, the fractured portions brought into position, and a well-padded Liston's splint applied. The perineal pad now applied was prepared with some care, an India-rubber air-cushion being inserted, to alleviate pressure upon the perineum. There was a considerable amount of muscular spasm, with occasional jerking. As the limb was in good position, and of the same length as the other, the appliances were not disturbed. A sedative draught was ordered for the night. Sleep was frequently disturbed by the spasmodic jerking of the limb. The perineal pad had stretched, and the limb was found an inch shorter than the other in the morning. I now found that I must overcome the muscular spasm and provide constant equable extension to keep the fractured bones in apposition. As I was not able to apply a weight and pulley, from the peculiar construction of the bedstead, I decided upon using an elastic perineal band; and, after searching for some time, found what exactly suited my purpose. This consisted in a manufactured material sold in the shops as garter-elastic: it is about an inch in width; and, by employing it in layers, the necessary amount of extension power can be obtained. Two layers of this elastic I found, by a spring-balance, to exert extension force equal to that of a weight of seven pounds, which was quite sufficient for my purpose. I prepared a perineal band in the following manner. Two layers of elastic, eighteen inches in length, were covered by a sheath of soft chamois leather. Broad linen tapes were stitched to the end of the elastic, leaving the sheath free for it to move in. I had my former appliances removed, and, keeping up extension by assistance, applied a bandage evenly and firmly from the toes to the upper portion of the thigh. This very much relieved the muscular spasm. The long padded splint was then adjusted, the ankle-joint being carefully protected by cotton. The elastic perineal band was then applied well extended; this suited admirably in keeping up constant equable extension; from its narrow width, it did not interfere with the use of the bed-pan. If, at any time, pressure were complained of, by inserting the hand, and drawing down the elastic band, a soft silk pocket-handkerchief or other material could be placed between the band and the part pressed upon. Thus, in no way was constant extension interfered with. An air-cushion well inflated was placed under the sacrum. On the tenth day, some pain was experienced in the knee- and ankle-joints; and, fearing that the extension was being carried too far, I reduced it one-half, or to three and a half pounds. This last band was kept on for three weeks without any inconvenience. In the sixth week, all appliances were removed. There was no shortening of the limb, but some stiffness remained in the ankle-joint. The patient was now allowed to sit up daily, and after a few weeks she went into the country, returning here again for Christmas. I had an opportunity of

examining the limb six months after the accident. There was no shortening whatever, and the limb was as useful as the other. I could, however, still detect some thickening at the seat of fracture.

ANKYLOSIS OF BOTH HIP AND KNEE-JOINT : OPERATION : RECOVERY.*

By W. H. FOLKER, F.R.C.S.,

Senior Surgeon to the North Staffordshire Infirmary.

THE case which I bring before you to-day I believe to be unique, and from that fact interesting, although there was no new or unusual operation connected with it.

In October 1875, a man named Richard T., aged 23, was admitted into the North Staffordshire Infirmary. He had been attacked seven years previously with rheumatism in both knees and ankles, by which he was then confined to his bed for several weeks. Six months later, his knees were again attacked with pain, and gradually bent; the right becoming affected about a month before the left. From lying continually on his back, with the knees drawn up, the hip-joints became permanently flexed; and, in consequence of this fixed position of his hips and knees, he was bedridden until his admission to hospital. When admitted, he was emaciated and anæmic. Both lower limbs were much wasted. Both knees were firmly ankylosed at a right angle, and both hips flexed at a considerable angle, the left being quite immovable, and only the very slightest movement remaining in the right. There was no pain or swelling in any of the joints.

In May 1876, after various things had been tried and failed, his right hip was forcibly extended under chloroform, and the knee-joint on the same side excised. The bones united firmly without a bad symptom, leaving him with the slightest flexion of both hip and knee. In October, he could just manage to walk on crutches, but with great difficulty, as the left foot was much raised from the ground, and the right was unable to bear the whole weight of the body without great pain. He was very anxious to have the other limb operated on; and accordingly, on November 11th, his left hip was forcibly extended under chloroform. Considerable force was required to break down adhesions; the joint giving way with several loud cracks. I then proceeded to excise the knee by raising a flap of skin from the front of the joint; but, when this was reflected, the whole of the bones were found so firmly joined together that it was impossible to disarticulate the joint, and indeed it could scarcely be made out where it was. I, therefore, removed with the saw a wedge-shaped piece, which, though I thought at the time it would include the joint, proved to be the condyles; the upper incision cutting through the bone above them, the lower opening the joint, but leaving behind a small portion of the posterior part of each condyle. The limb was placed on a Macintyre's splint, the wound brought together with sutures, and a drainage-tube inserted.

For a few days after the operation, there was a good deal of ecchymosis round the hip, and such intense pain that it was found impossible to keep it straight. His body was, therefore, slightly raised by pillows. There was very little pyrexia, the temperature not rising above 100.2 deg. The wound healed in three weeks, when there was some union between the bones. By January 1st, this had become quite firm, and a fortnight later leather splints were applied and he was allowed to get up. The knee was straight, but there was a very slight flexure of the hip.

At first, there was some considerable difficulty in using crutches, owing to the position and stiffness of the hips and the extreme timidity of the patient; one foot also had the toes much pointed, and the ankle nearly ankylosed in that position. By exercise and patience, this was at length overcome, and in May he was discharged from the Infirmary, able to walk fairly well on crutches.

By these operations, this poor fellow was enabled to walk about by himself with only the aid of crutches, after having been confined to bed for seven years, during which time, from the position in which his limbs were ankylosed, he had been unable to get out of bed, or even turn over without assistance.

I had thought of performing subcutaneous division of the necks of the femora, to enable him to bend his body and sit down; but he became very unruly, and it was thought advisable that he should leave the Infirmary. I shall hope to see him again after awhile, and ascertain if he is still further improved and contented with his present condition; or whether, emboldened by former success, he may decide on having a little more surgery.

* Read before the North Staffordshire Branch.

CLINICAL MEMORANDA.

CROUP AND DIPHTHERIA.

WITH reference to Mr. Pugin Thornton's note on this subject, I would draw his attention to Dr. Carl Weigert's paper in the August number of Virchow's *Archiv* (1877, p. 461), entitled "Ueber Croup und Diphtheritis". Dr. Weigert has repeated the experiments of Brétonneau, Stricker, Reitz, and others, by injecting irritating substances into the larynx, and he has studied the histological appearances of the resulting changes. These, he finds, present the peculiar transformation of the epithelium and the other characters of croup in the human subject. This is an important argument in favour of the non-specific nature of the inflammatory process; it has been hitherto held that the false membranes produced in similar experiments have only a superficial resemblance to the true pathological formation.

ROBERT SAUNDY, M.D., Birmingham.

OBSTETRIC MEMORANDA.

DIVIDED PLURAL LABOUR.

I THINK the rarity of cases like the following will justify its publication. On January 18th, a midwife delivered Mrs. Bishop, of Richard Street, Birmingham, of a full-grown healthy male child. On the third day after her confinement, she came downstairs and resumed her ordinary employment, feeling quite well. On the morning of February 4th (the seventeenth day after her former accouchement), she sent for me, stating that she felt the sensation of something moving in her abdomen. Very shortly after my arrival, I delivered her of twins, a boy and girl, each one being full-grown and quite healthy. The placentæ were softened and more of the consistence of jelly than anything else, and had to be scooped away by the hand. However, the mother and three children are doing exceedingly well, and the uterus is rapidly resuming its natural size. The most remarkable feature of the case is that, all through the case, there has been an entire absence of "pains", and she observed to me that, had she been asleep, she does not think that my manipulations in delivering her would have awoken her. She is the mother of ten children besides the above, and is a corpulent, strong, and healthy woman.

J. R. H. LUMBY, M.R.C.S., L.R.C.P.E., Birmingham.

REPORTS

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

CHARING CROSS HOSPITAL.

MR. BARWELL'S WARDS.

Two Cases of Successful Operation for Aneurism of the Innominate.—C. H., a domestic nurse, aged 27, well nourished but slightly built, was admitted to Mr. Barwell's wards, presenting the signs of aneurism of the innominate artery. She had always enjoyed good health till her present illness, with the exception of an attack of rheumatic fever at the age of fourteen, which did not appear to have left behind any heart-mischief. She had never been engaged in heavy work. About Christmas 1876, she began to suffer from palpitation and breathlessness, with pain in the region of the sternum, increased by taking food, and these symptoms never completely left her. In March 1877, she came under the care of a surgeon in the country, who noticed abnormal pulsation above the right clavicle and in the carotid region. Rest gave her some relief; but, on resuming her work, the symptoms soon returned. When she came under Mr. Barwell's care at the beginning of the present year, there were distinct signs of aneurism of the innominate, and strong pulsation was seen in the right common carotid; but there was scarcely any visible tumour; the right radial pulse was stronger than the left. There was no cardiac murmur, and the aneurism appeared to be purely confined to the innominate. A week after admission, she was placed under the influence of ether, and the carotid and subclavian arteries were simultaneously ligatured, antiseptic precautions being used. She rallied well from the operation; the next day, there was intense headache, not localised, and the fingers of the right hand were