RARE DISLOCATIONS.

By S. M. BRADLEY, F.R.C.S.,

Senior Assistant-Surgeon to the Royal Infirmary, Manchester.

ABOUT a year ago, a healthy man aged 35 fell from a scaffolding, dislocating his right shoulder, and was admitted into the Manchester Royal Infirmary the same day. On examination, the head of the humerus was discovered beneath the coracoid process; but so much crepitus was felt, that it was thought that the dislocation was complicated with fracture of the glenoid cavity. Unsuccessful attempts at reduction having been made with the knee and foot in the axilla, he was placed under chloroform to permit a more thorough examination, and also for the purpose, if deemed requisite, of employing the pulleys. Almost immediately after becoming unconscious he ceased to breathe, and all attempts at resuscitation failed: the death was, I believe, reported at the time in the *BRITISH MEDICAL JOURNAL*. On *post mortem* examination, it was found that a piece, of the size of an almond, had been chipped off the head of the humerus, and that this fragment lay on the lower edge of the glenoid cavity, while the rest of the head was displaced inwards beneath the coracoid process. Between the two lay the long strap-like tendon of the biceps; hence it is manifest that the more extension was practised the tighter this strap would be drawn, and with this the greater would become the obstacle to reduction. It proved easy, on the other hand, to replace the head of the bone in its socket by carrying the shaft of the humerus upwards, and then rotating inwards, thus unwinding the head from beneath the restraining tendon. The preparation is in the Owens College Museum.

Within the past fortnight, two cases have been admitted into the Infirmary with dislocation of the tibia forwards at the knee-joint. In the first case, the condyles of the femur lay just below and behind the popliteal space, while the head of the tibia formed a prominent ridge anteriorly over the intercondyloid notch. In the second case, the displacement was even more considerable; the limb was shortened to the extent of three inches, and the condyles so sharply defined at the back of the leg as to appear on the point of bursting through the skin; the leg was blue and cold, owing to pressure on the popliteal artery. In both cases, reduction was readily effected by means of simple manual extension under chloroform, and in both pulsation almost immediately returned in the posterior tibial artery. Nearly all pain ceased on the reduction of the displacement, and up to the present time both cases have gone on uninterruptedly well. When we consider, amongst other lesions, that the crucial ligaments must necessarily be completely ruptured in this accident, it is interesting to note, in cases of the kind which have been recorded, that the movements of the limb in the sequel are little affected; flexion, extension, and the characteristic lateral movements all being performed with the same ease and precision as they were prior to the injury.

The dislocations of the shoulder and knee here briefly reported are not unique, but they are rare; and I think the former, at least, is valuable as showing how, in certain cases, manipulation may possibly succeed when extension must certainly fail.

A CASE OF SUDDEN ONSET OF VIOLENT CHOREA DURING AN ATTACK OF ACUTE RHEUMATISM, WITH ARREST OF THE MOVEMENTS UNDER TREATMENT: RECOVERY.

By J. HYDE HOUGHTON, Surgeon to the Guest Hospital, Dudley.

I AM induced to publish this case on account of its great rarity, and of the interest it possesses touching the question of the connection between rheumatism and chorea. This general connection is admitted and referred to by authors; the first to observe it being, I believe, Dr. Copland, who also refers to cases by Prichard, Rosier, etc. Trousseau speaks of rheumatism as one of the pathological causes of chorea, quoting, in support of the proposition, Stoll, Bright, Begbie, and others. Again, Dr. Todd, in his lectures, gives two cases, with comments, to prove the connection; and further insists on the resemblance between the two diseases, adducing, as arguments in support of his theory, the condition of the urine, the liability to repeated attacks, and the frequent occurrence of endocardial murmurs in each. Dr. Churchill says very little on the subject; and Dr. Kirkes is of opinion that the connection is not with rheumatism, but with the endocardial disease. Dr. Tanner again, says: "There seems to be some obscure connection between chorea and rheumatism, the latter disease preceding the former." The connection is thus established by abundant authority, which is con-

firmed, no doubt, by the experience of all who have had opportunities of extended observation.

These remarks all refer to the general connection between chorea and rheumatism, in which the former is a consequence of the latter, more or less remote; but when we come to speak of chorea as part of an attack of acute rheumatism, if I may so speak, at all events coming on during the acute stage, very little seems to be known, and very few cases are on record, so far as I have been able to learn.

CASE.—On August 29th, 1875, I saw Clara B., aged 12, the daughter of a clergyman. She was not supposed to be very ill; but as her father and mother were leaving home, they asked me to see her before they started. The tongue was moist. There was no thirst. The countenance was bright. There was slight pain in both ankles, and under the left malleolus a red spot of the size of a shilling, which was tender. There was well marked murmur, loudest over the left side of the heart. There was no cough; slight dyspnoea; no pain over the chest. Temperature 102 deg.; pulse 120; respirations 24; urine acid. She had not been well the last day or two, and a few days previously, whilst hot and fatigued, had sat on the grass. She had not had rheumatism before. Alkaline treatment was used freely.

August 30th. Temperature 103 deg.; pulse 120; respirations 20. The urine was very acid; the sweat was distinctly acid. The pain in the joints was better. The murmur was pronounced.

August 31st. The left knee and shoulder were affected.

September 2nd. The urine was neutral, and she had had a good night. There was some dyspnoea at 7 P.M., which was relieved by a sinapism.

September 4th. She had some giddiness, and pain in the side. The physical signs were improved.

September 5th. The temperature, pulse, and respiration had continued much the same till to-day, when the temperature fell to 99 deg., the pulse to 104, and there was remission of symptoms.

September 6th. Temperature 102 deg.; pulse 120; respirations 48. She awoke much frightened, and had some dyspnoea in the night.

September 8th. She had a bad night, with dyspnoea, *delirium*, and restlessness. There was a return of pain in one foot, and in the precordial region on inspiration were precordial dulness and extended impulse. A blister was applied.

September 12th. There was very little change till to day. Temperature 102 deg.; pulse 140; respirations 20.

September 13th. Temperature 100 deg.; pulse 126. She seemed improving, except that I noticed a little peculiar twitching about the face and sudden movements of the head, which I did not regard much, as she had naturally a very sharp quick manner, and so had one of her sisters; and her mother, to whom I mentioned it, did not see anything very unusual in it.

September 14th. At four this morning I was called, hearing that the child was furiously delirious. This was not so. She was perfectly conscious, but in a paroxysm of violent chorea; the motions of the fore limbs and whole body being violent. The pains had entirely left the joints. The heat had subsided, but the jactitation was so violent that it was quite impossible to take the temperature, count the pulse, or auscult the chest. She had had no sleep during the night. Dr. Heslop saw her with me. We gave her all the nourishment possible, and liquor morphiae with quinine and bromide of potassium.

September 15th. The medicine had made the child very sick, and was discontinued, but the sickness continued; and, in spite of large doses of liquor opii, very little rest was obtained, and she was much the same.

On the 16th, I gave five grains of chloral and ten of bromide every four hours; and in the afternoon Dr. Heslop again saw her, and concurred in the treatment, suggesting that she should have nutrient enemata with quinine and brandy. Her worst symptom was hurried catching breathing.

September 17th. This morning, I found that she took chloral at 4 P.M., and afterwards got some tranquil sleep; again at 11 P.M., which she vomited; and again at 5 this morning. She had a good night; chorea was almost gone; the countenance was tranquil. The tongue was furred; she had not much thirst, and took food moderately. She had complained of slight pain in the wrist the first time since the chorea set in. Temperature 100 deg.; pulse 120; respirations 64; urine neutral.—10 P.M. She was free from chorea. The countenance was placid. She was sensible and took nourishment freely. She complained of aphthae. She had slept nearly all day, and had not taken any medicine since 5 A.M.; and from this time nothing worthy of record occurred till September 21st, when convalescence was completely established. Temperature 98 deg.; pulse 100; respirations 30. She took food freely, and had not taken any medicine since 5 A.M. on the 17th. A loud diffused cardiac murmur continued. From this time

she made a progressive recovery to such a state of health as her damaged heart would admit of.

The points of interest in the case are the following :

1. Though this hardly refers to the question, the well marked evidence of cardiac mischief before the articular symptoms were developed, though none had existed before, so far as could be ascertained, and though she had not had rheumatic fever previously.

2. The suddenness of the attack of chorea on the sixteenth day, simultaneously with the cessation of the articular signs, and with such violence as to make us fear lest she should sink from exhaustion arising from excessive muscular exertion, before the movements could be arrested.

3. The sudden and permanent arrest of the chorea after taking only four doses of the medicine (chloral five grains, bromide of potassium ten grains), and her subsequent uninterrupted restoration to such health as her permanently and extensively damaged heart admitted. It may almost be said she was well when she awoke from her chloral sleep, for after that time she did not take a single dose of medicine, and rapidly recovered by simple attention to diet and good nursing.

There are other minor points of interest to which the limits of this paper do not permit me to allude.

In the twenty-second volume of the *Medico-Chirurgica! Transactions*, Dr. Bright gives some cases.

1. A lad, aged 17, April 5th, 1836.—Twelve days previously, general rheumatic symptoms, but not strictly those of acute inflammatory rheumatism, set in. When all these were subsiding, six days before he was seen, consequently on the sixth day of the disease, peculiar spasmodic symptoms arose, which increased till Dr. Bright saw him, when they were fully marked symptoms of severe chorea, except that the convulsion was more severe than is almost ever seen in chorea. The pulse varied from 100 to 120, and there was occasional sharpness, followed by feebleness of the beat, which induced us to pay attention to the action of the heart, which led to suspicion rather than conviction of that organ being more than functionally diseased. Remedies gave some relief for a day or two, when the disease increased and assumed the character of the most violent convulsion. There was slight wandering of the mind. He then required personal restraint to prevent him from injuring himself. He died fifteen days after the spasmodic symptoms set in. After death, the heart exhibited abundant signs of extensive acute inflammation. "The brain and abdominal viscera were most carefully and minutely examined and all found perfectly healthy."

2. Dr. Bright also alludes to the case of a young lady he saw in consultation, who suffered from rheumatic affection of the joints, though not in the genuine form of acute rheumatitis. "Several of the joints were puffy, slightly inflamed, and tender, and she had now begun to show symptoms of involuntary motion, the movements in fact of complete chorea." "The heart was agitated, and to it the chief uneasiness was referred. The pulse was hurried and irregular, and on listening to the heart a *frottement* was distinctly heard. I had no doubt of the inflamed state of the pericardium." The lady recovered completely.

3. He relates very shortly three other cases, in which chorea existed during the course of acute rheumatism: two in the hospital, and one in the son of a medical man, aged 11. The history of this poor lad was shortly as follows: "Within the last two years, two very severe attacks of rheumatism, in both of which most direful inflammation of the heart took place, and with each attack chorea so severe that he threw himself from one end of the bed to the other, and required the constant care of more than one attendant to prevent his injuring himself. He has greatly improved in all his symptoms." (Page 15.)

Dr. Tanner writes: "We sometimes meet with cases, more especially where the heart has become implicated, in which irregular choreal movements come on *during* the progress of rheumatic fever"; but he gives no case.

Trousseau gives two cases only, in which chorea occurred during the course of acute rheumatism, in both of which the attack commenced about the fourteenth or fifteenth day. In one case, there was endocarditis, and this was fatal; but neither the presence of endocarditis nor the result is mentioned in the other. He also gives the case of a boy, aged 5½, seized January 1st with articular rheumatism, which lasted a month; on February 1st, he was attacked with chorea, which was still present on the 7th. In this case, there was endocarditis. The result is not given. (*Clinical Lectures*, vol. i, page 394.)

Rilliet and Barthez give two cases, one reported by Boutillé, in a child eight years old, suffering from violent rheumatic pain in the left arm and shoulder, accompanied by fever so intense as to require frequent bleedings, in which chorea disappeared at the moment when the pain and fever disappeared. They also refer to a case of their own, in which the movements supervened *à cette moment*; and also to Stoll's

cases, in which the rheumatic pains and the movements commenced simultaneously. (*Maladies des Enfants*, tom. iv, 313.)

So far as the limits of my own small library extend (which includes a complete copy of Braithwaite, which I have searched without finding a case), these are all the instances in which chorea set in *during* the course of rheumatic fever. Including the third case by Trousseau—in which, however, the chorea, strictly speaking, did not set in till the fever had subsided—and my own, I can only find eleven cases recorded; and Trousseau, Bright, and Barthez and Rilliet are the only authors who have recorded cases. The coincidence is, therefore, I conclude, one of extreme rarity, and the case in all its bearings one of rare interest.

NOTE.—Since the above was written, the following case came under my care in the Guest Hospital.

W. C., aged 9. October 21st, 1876.—A healthy child; had slight chorea two years since, lasting three weeks. The mother had chorea when a child. The attack commenced on September 30th, and two days afterwards a competent person told his mother he had rheumatic fever, with heart-complication. This continued in a severe form till October 18th, when chorea appeared. On the following day, chorea increased and rheumatism subsided, but did not quite disappear. On admission, the chorea was not severe. He had slight pain in the knees and ankles, and a soft systolic *bruit* at the apex. Temperature 98 deg.; pulse 80; urine acid. He was ordered bicarbonate of potash and iodide of potassium. He continued much the same till the 23rd, when chorea suddenly increased, and ten grains of chloral were given, after which he had a good night. On the following night (24th), the movements became so severe and distressing that the house-surgeon gave him chloroform, after which he slept four hours and awoke much quieter. The paroxysm was marked by a sudden rise of temperature, from 98.2 deg. to 102 deg.; falling on the following day to 99 deg.; on the next day rising to 101.3 deg.; and finally falling the next day to normal. After the chloroform sleep, he took ten-grain doses of chloral every two hours, and on the 27th the rheumatism and chorea had disappeared, and he made a progressive recovery.

GANGLION: ITS TREATMENT BY PNEUMATIC ASPIRATION.

By JOHN BROOM, M.D., Clifton.

THIS disease, whether in its simple or compound form, is one frequently met with by practitioners and almost as often neglected by patients. So far as my own observations have gone, I have been consulted most frequently by women and children, in whom I have invariably found the disease to exist in its simple form. These patients have mostly been of rather delicate constitution, and the subjects of some sudden and violent flexion of the wrist. They have sought advice rather for deformity than pain; especially has this been the case when I have met with it in women.

As the etiology and pathology of the disease are generally understood and accepted by the profession, and I have nothing essential to add, I shall confine my observations to the treatment.

The custom and experience of the surgeon, as well as the age, sex, occupation, and position of the patient, usually determine one of the following methods of treatment: applications, *e.g.*, iodine liniment, or tincture, or blistering solution; pad and strapping; bursting, either by digital pressure, or by striking with the back of a book; incisions, either direct or subcutaneous; drainage, with internal irritation, by passing a seton of thread or silk directly through it. These, separately or conjointly, have usually produced a temporary, if not always a permanent, cure.

The following case—which is one of many taken from my former practice in Sheffield—illustrates the simple form of the disease; its treatment by the pneumatic aspirator; and the result, so far as circumstances permitted me, to prove it.

In 1875, a youth, aged about ten years, was brought to me, having a simple ganglion upon the sheath of the extensor indicis tendon, of a few weeks' existence. I was requested to do all I could for him at this one interview, as he was going into the country for some time, and, therefore, he would not be able to consult me again without some inconvenience. With this view, I at once introduced the needle of the pneumatic aspirator, and drew off about a drachm of semitransparent fluid, which completely emptied the sac; and then, for the purpose of preventing the refilling of the sac, and also of giving support to the weakened and dilated wall of the sheath, I applied a small pad of lint, and kept it *in situ* by encircling the wrist with a single strip of