black, and very offensive; matters, however, progressed most satisfactorily, the compresses came away in the copious discharge, which was absorbed and deodorised by the application of sawdust pads.

By November 13th, he was able to be up and about, but was much annoyed by a painful ulcer over the internal condyle, which soon healed when a hole was cut in the splint opposite to it so as to relieve the pressure.

On December 5th, Mr. Lister's splint was replaced by a light gutta-percha splint, moulded to the lower end of the forearm and hand, which gave more freedom of action for his fingers, which had been flexed daily since date of operation. He commenced using a weight suspended over a pulley on December 11th; which exercise greatly improved the condition of the muscles of the forearm and the power of slightly flexing, extending, pronating, and supinating the wrist.

On December 14th, he commenced writing exercises with a large handled pen, which he has continued daily, and now says he can write a better hand than before the operation.

By the end of January 1878, the wounds had almost healed, when from some unaccountable cause, the cicatrices took an unhealthy action and reopened into most indolent and irritable ulcers, with diffuse swelling and induration of the fingers, hand, and forearm. By change to another ward, alteration of diet, aperient medicine, and warm applications, the parts again took a healthy action, and with the exception of small superficial abscesses forming on the fingers or near the seat of operation, he has progressed most satisfactorily, and is now (June 1st, seven months since date of operation), in the following condition. The wounds of the operation are healed; the wrist has become consolidated; and he is able to brush his hair, sweep the floor, lift a "Windsor chair", and carry a box of coal of 38 lbs. weight. There is fair power of grasping with the hand, which he can slightly pronate and supinate. He is able to flex and extend the thumb, fore and middle fingers, but the power over the ring and little fingers is impaired. He can write with an ordinary pen, pick up a pin, or use a needle in sewing. He has quite given up wearing a splint or sling, and altogether has an useful hand, which no doubt will further improve, should his circumstances in life admit of his maintaining his health at a proper standard.

The illustration represents the bones of the right wrist (natural size), including the articulating ends of the radius and ulna, with portions of the metacarpal bones, kindly drawn by Surgeon P. G. Radstock Young, A.M.D.

ABDOMINAL TUMOURS AND THE MICROPHONE.

By CLEMENT DUKES, M.D., B.S.Lond., M.R.C.P.,
Physician to Rugby School and Rugby Cottage Hospital.

THE following negative evidence of the use of the microphone in the isolation of pregnancy, when we have an unknown abdominal tumour, may be of interest to some members of the profession.

Mrs. L., aged 38, residing in Rugby, called on me on June 11th, 1878, saying that she was afraid she had a tumour in her abdomen. She had had one child ten years ago, which died, and she was so extremely anxious to have another child, that I rather suspected to find a phantom tumour. I arranged to see her next day in bed; and, on examination, immediately heard the placental murmur, and presently the foetal heart. Thinking that I should only have a phantom tumour, it had occurred to me whether the microphone could give me any assistance in diagnosis; having, however, found all I needed with my stethoscope, I was not to be deterred from trying to see if the microphone

could aid me still further, and so be of use in the diagnosis of doubtful tumour cases.

Accordingly, on the evening of June 17th, 1878, my friend Mr. G. M. Seabroke accompanied me to my patient with his microphone, which we applied, with this result.

1. We heard distinctly the placental murmur.

2. We could not hear the foetal heart, owing to the movement of the abdomen in respiration making too much sound in the microphone; and, even when the breath was held, it was still disguised, I believe, by the muscular contractions necessary to fix the abdominal walls.

3. On applying the microphone over the heart and to the radial artery, we heard them distinctly.

To-day Mr. Seabroke very kindly made an exquisitely sensitive modification of the microphone, which resembled the end of the stethoscope, and could be placed in any position, horizontally or vertically, and which could, therefore, be much more easily manipulated and applied accurately to the abdomen; still, we were unable to hear the foetal heart owing to the sounds caused by respiration, though it could be well heard with the stethoscope.

THERAPEUTIC MEMORANDA.

ALCOHOL AS FOOD.

HAVING read with interest the correspondence upon the above subject, I beg to quote a case that has lately occurred in my practice, which, in my opinion, proves that alcohol is a food. On March 1st, 1878, I was called to see a gentleman, a distinguished officer, who had seen much active service, and found him in a very weak and low state. I was assured by his friends that the only food he had taken, for nearly a year, had been one egg *per diem*, beaten up with sherry. I was sent for in consequence of his refusal to take the egg any longer, or any food, with the exception of alcohol. I persuaded him to take milk, which he did, but only half a pint a day, for three weeks; after which time until the day of his death, on June 2nd, he took nothing but alcohol in various forms. He was nursed throughout by a skilled nurse, in whom I have every confidence.

R. FEATHERSTONE PHIBBS, L.R.C.P.Ed.,
St. John's Wood, N.W.

SURGICAL MEMORANDA.

AVULSION OF A MUSCLE OF THE EYEBALL.

A VERY unusual case of accident came under my notice some time since in practice, and, as I have never seen or read of a similar one, perhaps it may be worthy of record. The case was one of injury to the eye, and happened as follows. One of the rests for supporting the globe of an ordinary gas-bracket entered the orbit of my patient, a young girl, pierced through the conjunctiva, and, being hooked or bent at the extremity, was entangled in one of the muscles at the external surface of the eyeball. This it tore from its attachment to the bone, and the belly of the muscle lay down the cheek when the girl came to me; the insertion of the muscle into the globe remaining intact. Of course, nothing could be done but cut the muscle as close to its insertion as possible; this was done, rest to the eye was enjoined, and evaporating lotions were applied to the orbit.

The muscle torn away must have been either the inferior oblique or the external rectus, as both are attached close together, at the outer aspect of the eyeball and near the cornea. From the structure of the muscle at its extremity, I should infer that it was the inferior oblique, as its origin was tendinous and by a single head, an arrangement very different from that obtaining in the case of the external rectus, which arises by muscular fibres and is biventral. As the patient did not return, nothing could be gathered as to which muscle it was, from the loss of motion and strabismus which would inevitably result as a consequence of the destruction of the muscle. It may be assumed that no serious inflammatory action or loss of function resulted in the eye as a consequence of the injury; and this is rather surprising, as the force exerted must have been very considerable, and one would have expected that very serious consequences would have ensued to the delicate tissues of the eye. The very serious and unique character of the accident, and the minimum result of injury to the eyeball, have induced me to record this brief note of the case.

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