CASE XLIV.—Louis Deroi was wounded on September 1st by a ball in the right elbow-joint. An operation had been performed in a Prussian field ambulance, on September 3rd, for removal of the injured joint by means of a single transverse incision across the back of the articulation. The patient was admitted to Asfeld on September 5th. The case did not get on well; and, on September 20th, the arm was amputated most skilfully by Dr. Wyman, and the patient eventually recovered, leaving Hospital on October 6th.

CASE XLIV.—Fauvartel was operated upon in a manner precisely similar for a shell wound of the elbow; but in his case a fatal result ensued from exhaustion, without further operative interference.

CASE XLV deserves special mention, as it is of unusual interest, and, I believe, unique in operative surgery. Louis St. Aubin belonged to the 3rd Chasseurs d'Afrique, a corps which has distinguished itself for extreme gallantry in every action in which it has been engaged. This young man, only twenty-three years of age, had his horse shot under him after receiving a bayonet thrust on his left cheek, the only one I saw amongst all the cases that came under my notice. He then got separated from his comrades. They had been in action all day. It was the fatal first of September, and the French troops were routed and flying towards Sedan. St. Aubin, though wounded and alone, had no notion of turning his back upon the enemy; he provided himself with one of the numerous Chassepôts lying about, and shortly after fell in with a small party of marines, a corps who have proved themselves amongst the very finest troops in the French army. These brave fellows, a mere handful, started forward to meet the enemy. But they had not gone far before the deadly fire from the Prussian batteries laid several of them low, and amongst the rest St. Aubin, who was struck by the fragments of an exploding shell on the right arm, which severely wounded both the shoulder and elbow joints. He came under our care on September 12th, having not in the interval received any special treatment. On examination, we found both the head of the humerus and the elbow joint extensively shattered. The soft parts were in both regions lacerated and contused. The injuries were so extensive that amputation seemed almost imperative, but I determined to attempt to save the limb if the extent of the deeper seated injury would at all admit of it. The poor fellow himself would not consent, all we could do, to take chloroform, so much afraid was he we might take advantage of his being asleep to amputate his arm, a mutilation which, under any circumstances, he refused to hear of. The operation had therefore to be undertaken without it; and, on September 14th, I proceeded to excise the shoulder-joint. It was only needful to extend the original wound, which had torn the deltoid muscle on its outer and anterior aspect, and through this I removed, in large fragments, nearly three inches of the upper end of the humerus. The operation was necessarily a protracted one, and the brave fellow bore it throughout, including the sawing of the bone, without a single murmur. I never saw such powers of endurance. It was, however, too much for my courage to inflict so much needless suffering; and, after faithfully promising to him that I would not amputate his arm, I succeeded, almost having to use violence, in making him inhale chloroform, before I attacked the elbow. I found the injury was here chiefly confined to the radius, and the ulna, which was a good deal split up. I cut off a thin slice of the condyloid end of the humerus, and cut out the fractured portions of the bones of the forearm. The original wound was here, also, on the back of the joint, in such a position as to afford of its being utilised in making the preliminary incision. The operation completed, the patient was removed to bed, and the injured arm laid carefully on a pillow. Antiseptic dressings and careful syringing of the wounds constituted the after treatment. St. Aubin's courage never flagged; he never complained. "J'ai du courage, moi," he used to exclaim; and when he was at the very worst, he would always assert "J'en guerirai."

Up till September 23rd, he got on well, and then pyæmic symptoms declared themselves. His temperature rose very high; his skin was yellow; he had rigors, and was delirious for a time. Then a deep abscess formed high up in the left side of the neck. I thought he was going the road so many others were travelling just about this date. However, he rallied, as such a brave fellow deserved to do; the abscess was opened, and a quantity of unhealthy pus discharged; the wounds began to look extremely well, and his spirits and appetite regained their wonted sway.

On October 8th, he was transferred, with the few other remaining patients of the Caserne d'Asfeld, to the Dutch ambulance just then arrived in Sedan. The Dutch surgeon, to whose care he was entrusted, courteously communicated to me the report of his condition up to November 21st. He says: "St. Aubin does not make much progress. The wound of the shoulder is healing up quite well, but at the elbow large abscesses have formed, which have undermined his constitution considerably. However, during the last few days he was improving

again. He is now in the Civil Hospital at Sedan, under the care of Dr. Duplessy, Surgeon-in-Chief of the Military Hospitals."

A short time since, I had the satisfaction of receiving a letter dictated by the poor fellow himself, in which he says, with grateful expressions:—"J'espérais écrire moi même, mais mon bras est plus malade depuis votre départ. Il est très enflé, de plus il s'est formé au coude quelques abcès qui me font souffrir, cependant j'ose vous le dire, Monsieur, je ne me laisse pas abattre, j'ai du courage. Si vous étiez là j'en aurais davantage. J'ai bon appétit, je n'ai qu'à me louer des soins dont je suis l'objet, je me trouve bien à l'hôpital."

It is to be hoped, for many reasons, that this brave young Frenchman will completely recover; and it will become an interesting question to learn what amount of usefulness an arm, from which both the elbow and the shoulder joints have been excised, will possess. I trust I shall be in a position, at some future time, satisfactorily to solve the problem.

CASE OF A RARE FORM OF PULMONARY HÆMORRHAGE: WITH BRIEF REMARKS.

By J. B. BRADBURY, M.D., M.R.C.P.Lond.,

Physician to Addenbrooke's Hospital, Cambridge.

THE following case appears, owing to its rarity, to be worthy of record; and I am indebted to the kindness of Dr. Paget for allowing its publication.

J. S., aged 52, married, brickmaker, residing at Wisbech, was admitted into Addenbrooke's Hospital on November 30th, 1870, under the care of Dr. Paget. The patient was rather emaciated, and stated that he had been ill for four months, complaining of symptoms chiefly referable to the stomach; viz., a capricious appetite and intense pain after eating. He had had slight nausea, but had never vomited either his food or any blood. There was diffused tenderness in the epigastrium. He also complained of great pain across his loins. He had no cough or other symptoms indicative of disease of his lungs, and there was no abnormal cardiac murmur. The urine did not contain albumen. Ten days after admission, about an hour after taking his tea, florid blood suddenly commenced to flow from his mouth in quantities so considerable that a chamber-utensil was soon filled. During the bleeding, he had a violent fit of coughing. The hæmorrhage could not be controlled, and the patient died within twenty minutes from syncope.

I could not ascertain that the patient had suffered from any contusion or concussion of the thorax.

Autopsy.—The stomach contained a large quantity of black blood, but there was no evidence of any organic disease of this organ or of the duodenum. The mucus and blood clung to the stomach very tenaciously; and one spot, rather larger than a crown-piece, was tinged of a dark-green colour. (This appearance was probably due to some tincture of the perchloride of iron administered by the house-surgeon with a view of checking the hæmorrhage.) The heart was about normal in size, firmly contracted, and all its cavities were empty. The left ventricle was slightly hypertrophied, but the right was not so. The valves of the heart were all quite healthy, but the aorta was atheromatous. The base of the left lung, on being incised, was found to be infiltrated with blood; and at one point the texture of the lung was completely destroyed, and a cavity of the size of a hen's egg formed, which contained liquid and coagulated blood. In other respects, the lungs appeared quite healthy, being free from tubercles. The kidneys, liver, and spleen, appeared free from disease.

REMARKS.—The form of pulmonary apoplexy described above is, according to Niemeyer, exceedingly rare (*vide Niemeyer's Text Book of Practical Medicine*, seventh edition, translated by Drs. Humphreys and Hackley, vol. i, p. 162). I can find no mention of it in Wilks, or other English works on pathological anatomy. I am inclined to agree with Niemeyer, that the cause of the profuse hæmorrhage in such cases is atheromatous degeneration of the pulmonary artery, inducing its aneurismal dilation and final rupture. This view of the nature of the disease is to some extent supported by the considerable atheromatous deposit in the aorta in this case. Such instances of profuse hæmoptysis are, according to the authority above quoted, almost always rapidly fatal. The blood found in the stomach after death had, doubtless, been swallowed by the patient.

I am aware that cases of extensive and suddenly fatal hæmoptysis, due to rupture of an aneurism of a branch of the pulmonary artery in its passage through a vomica, have been recorded by Drs. Cotton, Quain, and others (*vide BRITISH MEDICAL JOURNAL*, Oct. 24th, 1868; and *Pathological Society's Transactions*, vol. xvii, p. 79); but the above

case seems to be altogether of a different nature, as no evidence of tubercular disease of the lungs existed.

The most curious circumstance connected with the case is the fact, that the patient's complaints were chiefly connected with the stomach; indeed, the symptoms were not unlike those of chronic ulcer of the stomach. The house-surgeon also thought, and not without some reason, that the hæmorrhage was from the stomach, although the fluid character of the blood and the cough certainly militated against that view. Dr. Paget had not an opportunity of seeing the case subsequently to the supervision of the hæmorrhage.

Cambridge, December 1870.

COD-LIVER OIL.

By J. M. WINN, M.D.,

Senior Physician to St. George's and St. James's Dispensary; late Resident Physician to Sussex House Lunatic Asylum; etc.

THE utility of cod-liver is so universally admitted, that it may seem idle to say anything more in its favour; nevertheless, its *modus operandi* is so imperfectly understood that I make no apology for offering a few remarks which have occurred to me whilst watching its effects on the various forms of hereditary disease that have lately come under my notice.

Some of our best writers on therapeutics attribute its efficacy chiefly if not solely to its dietetic properties; in fact, they regard it rather as an article of food than as a medicine: they apparently come to this conclusion principally on account of the very trifling quantity of iodine and bromine found in the oil—these amount to only .05 per cent; and it is, indeed, scarcely to be supposed that so small a proportion of these elements could have any appreciable effect. However this may be, the marvellous curative power of cod-liver oil cannot be explained by any theory based on its chemical constituents. Its effects, as an active remedy, are unmistakable; and it seems to have especial power in arresting the morbid force which obtains in phthisis, scrofula, skin-disease, and other hereditary affections.*

The prevalent notion that cod-liver oil acts chiefly as a nourishing article of food, has often led to the neglect of its use in cases where the disease is not attended with loss of fat and muscle, and it has also led to its administration in unnecessarily large and nauseating doses. Experience, however, has shown that very small quantities suffice to produce beneficial results. I never myself prescribe more than one drachm for a dose.

The following example is a remarkable illustration of the value of cod-liver oil in a case that appeared, at first sight, an unpromising one for its use.

A child, six years and a half old, was brought to me dreadfully disfigured by an eruption of eczema impetiginodes over the forehead, nose, lips, and left cheek. She was one of the largest and most robust-looking children I ever saw, and her muscles were firm and well developed. She was the daughter of Jewish parents; and I was informed that her brothers and sisters were all on the same large scale. Attributing the disease in a great measure to a plethoric condition, I prescribed aperients and alkalies; and as she was in the habit of eating very heartily of animal food, I reduced her allowance of meat. After continuing this plan for a fortnight, there was no amendment: I then changed the treatment, and ordered one small teaspoonful of cod-liver oil three times a day. The effect was immediate, and in about a fortnight the eruption had disappeared, and the child was quite well in every respect.

A case which I am now attending will serve to show that all the beneficial effects of cod-liver oil may be produced by the use of very small quantities, even on full-grown persons of very large proportions. The patient is an ex-Life-Guardsman, above six feet in height, suffering from tubercular disease. He appeared to be in a sinking state, but has now rallied far beyond my expectation from the use only of one drachm of the oil three times a day.

From these and similar instances of constant occurrence, I infer that cod-liver oil does not act as a mere article of food; neither is it a simple tonic, like iron or gentian, but that it has a specific virtue of its own—in short, I would suggest that cod-liver oil is to hereditary affections what quinine is to zymotic diseases.

Harley Street, December 20th, 1870.

* On the principle that cancer and struma are mutually convertible, I have lately been testing the effects of cod-liver oil in cases of cancer, but have not tried it long enough to arrive at any positive result.

CLINICAL MEMORANDA.

OBSCURER DISEASE OF THE CÆCUM.

I HAVE recently met with a case which bore a close resemblance to those described under the above title, by Dr. Chambers, in the last number of the JOURNAL; and, on account of the peculiar nature of this affection, a few details may be interesting.

The diagnosis between a tumefaction arising either from a fæcal collection or an organic tumour, and that from the affection alluded to, will probably not be very difficult; but it is a much more puzzling matter when we come to decide whether the swelling be due to the formation of an abscess in the perityphlitic tissue, or to the much less serious affection described by Dr. Chambers. Of this difficulty the following case is, I think, a good illustration.

A gentleman of middle age had been travelling a good deal, exposed to cold, and more or less "out of sorts" for three weeks. Some days before I saw him, he began to complain of tumefaction and pain in the right iliac region, the pain sometimes extending down the thigh and into the testicle of the same side. There was no history of constipation; and the bowels had been freely acted on by castor-oil. He had at this time nausea and a furred tongue; the pulse was 88, and temperature 100.8 deg. The next day, he complained of having had a very restless night, and also of more pain at the seat of swelling; the pulse had risen slightly; and the temperature was 101.8 deg. He was ordered to have a warm hip-bath and a chloral draught at bedtime. From the combined effect of these he experienced much relief; he slept soundly, and awoke, as he said himself, "altogether better." When I saw him in the afternoon, the iliac swelling had decreased; pressure there was much better borne; the bowels had acted naturally; and the temperature had fallen to 96.6 deg; it remained between this point and 97 for five days (time of observation, 4.30 P.M.), except on one occasion, when, during spontaneous free action of the bowels, it rose to 98.8. During this time of low temperature, the swelling and pain gradually subsided, and convalescence proceeded without a relapse; quinine and iron being the remedies used. In this case, up to the time of the sudden improvement and fall of the temperature, I certainly feared the formation of an abscess. Subsequently, I thought it must have been due to a fæcal accumulation; though the absence of any history of constipation, the high temperature, and the character of the stools, always rendered this explanation unsatisfactory to me. Since the perusal of Dr. Chambers's communication, I am inclined to look upon this curious affection as being of the nature described by him.

Hull, January 9th, 1871.

GEORGE F. ELLIOTT, M.D.

EPILEPTIC MANIA CHECKED BY CHLORAL HYDRATE.

THE patient was a retired publican, 60 years of age, rather given to drink. She had suffered from epilepsy for very many years—generally the *petit mal*, which attacked her in her sleep. She had only had three attacks of the *grand mal* before the present one. I saw her only in this last and the last but one; this latter occurred twenty months since. She was universally convulsed, insensible, and bit her tongue. The convulsions lasted about an hour and a half. She was maniacal and sleepless for sixty hours; and drugs had no effect on her.

I was called to see her on December 18th, at 11 P.M. She had been in perfect health up to 5 P.M., when she complained of headache and went early to bed, quite sober. At 10.30 P.M., when asleep, she was suddenly convulsed; and I saw her at 11 P.M. She was lying on her back; the lips and eyelids were half open, the lips drawn to the left side. She had clonic spasms of all her limbs, most marked on the left side. The conjunctiva were insensible. She continued in this state till midnight, when she became partially sensible, and I gave her a draught containing twenty-five grains of chloral hydrate. She soon fell asleep, and slept soundly till morning, when she was sane, and only complained of weakness. She is now (Dec. 22) well.

This may be contrasted with the case of a man who in a fight received a fall, and has since (fourteen days) been suffering from pain in his head and complete loss of the use of words. He was sleepless for the first few nights; but I found that chloral, instead of giving him rest, made him restless and excited, so that, after repeated trials, it had to be given up. There is no external injury to his head, but he cannot express himself at all correctly. He can say words, but they simply escape from him without his having any control over what may come. He cannot read aloud, but understands to some extent the power of words, and can tell if they be read.

Alston, Cumberland.

GEO. H. SAVAGE, M.D. Lond.