the motion being black and tarry-looking; her mind also wandered during the night. The pulse was now small and compressible, and I feared perforation had taken place. At noon of this day, she got up to take a smoke, probably thinking it would relieve her, when she died in the sitting posture, twenty-one and a half hours after taking the poison.

Thirty hours after death, in conjunction with another medical man, and by the request of the Procurator-Fiscal, I made a *post mortem* examination of the body. The relatives and friends were much averse to such a proceeding; consequently a complete examination of the viscera was not made. The Fiscal and other medical man being satisfied with an inspection of the stomach, I concurred in the opinion that there was ample to account for death in the state of that viscus.

On opening the abdominal cavity, the walls of which were very thickly lined with fat, a large amount of fetid gas escaped. The stomach was *in situ*, and towards its upper and posterior surface, about three inches from the pyloric end, a perforation existed, sufficiently large to allow a small hen's egg to pass through it. The perforation was oval in form, and, in the direction of the long diameter of the stomach; its edges were ragged, congested, and blackened, and the mucous membrane for two inches on each side of the perforation was congested and blackened, and the mucous surface of the stomach and lower end of the gullet was generally in a blackened and softened state, and coated with a black grumous matter. There appeared to have been no adhesive inflammation of the peritoneum, and, so far as observed, no peculiar odour was emitted from the contents of the stomach.

UNUNITED TRANSVERSE FRACTURE OF PATELLA TREATED SUCCESSFULLY BY POSITION.

By RICHARD THOMAS HEARN, M.B., L.R.C.S.I.,
Medical Officer to the Bournemouth General Dispensary.

J. L., AGED 18, a labourer, suffering from a transverse fracture of the patella, presented himself at the out-patient department on October 18th. He stated that, on September 6th, he and some others were amusing themselves in jumping, and, after giving a couple and when about to spring for another, he suddenly fell, and found he was unable to get up or move the left knee. He was at once conveyed to his lodgings and "found that his knee-cap had retracted three or four inches up on his thigh". A medical man was sent for, who put on a posterior splint, which was removed after four days, and a figure-of-8-starched bandage substituted. He remained in bed for five weeks, and, finding he was not getting better, he came home to his father's, where he remained a week without any treatment, and was then brought to the dispensary in a car. On removing the starched bandage, and examining the joint, I found considerable effusion. Examining carefully the patella, I found the lower edge of the upper fragment tilted forward, 'with a sulcus between it and the upper edge of the lower fragment, admitting readily my little finger. On fixing the lower fragment with one hand, I could move the upper about in every direction (there not being the least attempt at union). I determined to treat the fracture by position solely; and, with this object, had his foot and leg elevated until his great toe was on a level with his nose and his body bent forward, supported by a bed-rest, in order to relax the quadriceps. After about a week, there was hardly any appreciable separation between the fragments; the effusion began to disappear; and after keeping him in this position for upwards of four weeks, I put on a gum-and-chalk bandage, to support the knee, and let him walk about. He wore this for a fortnight, when he took it off and resumed his employment.

REMARKS.—This case affords a good example of fracture from muscular action; and also shows the disadvantage of the figure-of-8 bandage (which ought to be a thing of the past) in the treatment of fractured patella. The more simple our mode of treatment, the surer are we of getting a good result.

THERAPEUTIC MEMORANDA.

TREATMENT OF EPISTAXIS.

THE attention of the profession having been directed to the subject of epistaxis by two articles in the JOURNAL this month, may I advocate the claims of warm water applied externally to the face and nose in the treatment of that disease? It is not perhaps adapted for those severe cases where plugging the posterior nares is evidently, and, at first sight, the only thing to be done; but it is, according to my experience (confirmed by that of my friends) the best remedy that can be

recommended to that large multitude of patients who are subject to bleedings more of a troublesome than of a dangerous nature. These minor hæmorrhages come on at the most inopportune moments, as, for instance, when the unlucky one has overslept himself, and has only ten minutes to wash, dress, and save a train. Cold or warm water will then make all the difference.

I believe that warm water acts simply by relieving the congestion of the mucous membrane, which is the prime cause of most cases of epistaxis.—CHARLES B. KEETLEY, M.R.C.S., Assistant-Demonstrator of Anatomy at St. Bartholomew's Hospital.

INTERNAL ADMINISTRATION OF TAR IN PSORIASIS.

CASE I.—E. L., aged 14, was admitted into the South Devon and East Cornwall Hospital on May 26th last, suffering from psoriasis inveterata on her arms and legs, with a few spots on her face. She had been suffering from it for five years previously. Arsenic and phosphorus having been tried unsuccessfully, on October 12th, she was ordered pitch pills, beginning at six grains during the day; the amount was gradually increased, and on November 9th she was taking 144 grains in the twenty-four hours. Owing to some slight symptoms of tar-poisoning appearing, the dose was reduced to 120 grains, which she continued taking until the 20th, when, the psoriasis not being improved, tar ointment was ordered, and on November 12th she was discharged cured.

CASE II.—J. H., aged 11, was admitted on October 7th last, suffering from psoriasis of both legs of twelve months' standing. Pitch pills were ordered, beginning at three grains in the twenty-four hours; they were gradually increased, and on November 9th he commenced taking ninety-six grains in the twenty-four hours. This he continued for a fortnight; but, as there was no improvement, they were stopped and tar ointment ordered. He is at present in the hospital, and is nearly cured.

REMARKS.—In a previous number of the JOURNAL, Dr. McCall Anderson, while upholding the usefulness of tar internally in psoriasis, states that perhaps the reason why his cases were more successful than Mr. Balmanno Squire's might be because of the difference "in the dose and mode of administration". In the above cases, the same method as Mr. Balmanno Squire's has been followed, and both large and small doses have been given without any benefit. Although the amount taken in both cases was large, in neither was the general health affected; on the contrary, they both improved; indeed, in the last case, the patient got most remarkably fat. Neither of the patients suffered from any sickness or nausea, the symptoms which the first case showed being pain and weight in the cardiac region with tumultuous action of the heart.

R. H. CLAY, M.D., Physician to the South Devon and East Cornwall Hospital.

CLINICAL MEMORANDA.

PECULIAR ALBUMEN.

Two or three years ago, I mentioned at the Manchester Medical Society a kind of albumen in the urine which could be detected neither by heat nor nitric acid until the urine had stood for some hours in the test-tube, when it began to show itself.

In the BRITISH MEDICAL JOURNAL of November 14th, 1874, Dr. George Johnson describes a rare form of albumen; and at the present time I have under my care a case of albuminuria in which the albumen is somewhat peculiar.

1. The urine is highly acid, and, on being heated, albumen soon shows itself. On adding nitric acid, and allowing it to stand, one-third of albumen is deposited.

2. Adding one drop of nitric acid causes a little white cloud as it travels to the bottom, which soon clears up. Heat being applied, the urine remains clear, and does not change in any way. After standing all night in the tube, it is unchanged.

3. On adding eight or ten drops of nitric acid, the urine becomes white throughout, and heat does not alter it.

Thus from the same urine one tube shows one-third of albumen, and another none at all, and this does not occur once, but is met with day after day. There can be no doubt that the commonly used tests for albumen are unsatisfactory. Our knowledge, too, of what is called Bright's disease, although much has been written on the subject, is far from what it ought to be, and a study of such cases, with special reference to the nervous system, will certainly reward anyone capable of undertaking it.

J. HADDON, M.A., M.D., Eccles, Manchester.