fairly said, however, that in this particular case the greatest benefit was apparently derived from the procedure. The temperature fell; the erythema ceased spreading and began to fade; and the patient described himself as feeling altogether a different man within twenty-four hours after the excision of the pustule.

The treatment by an exclusively animal diet is, I believe, usually recommended in cases of "charbon," on account of the fact that the disease is not communicable to the carnivora. The plan seems rational and unobjectionable.

I was induced to select sulphite of soda from the long list of antiseptics, as an internal remedy, by the marked success which has attended the treatment of this disease (splenic fever) in cattle, by this drug, in the hands of Mr. J. B. Gresswell, of Louth.

Figure 2 represents the appearance of the intestine in a case of anthrax without external lesion, observed at Guy's Hospital by Mr. J. Poland, who has kindly placed the drawing, with the following note, at my disposal.

"The patient was a bargeman, Patrick G., aged 30, who had been unloading skins from his barge at a wharf at the river-side. Among these skins were some 'Chinese kippers.' He is said to have been engaged in this work for only one day, and to have complained the same evening of feeling ill; three days before his admission into Guy's Hospital, he complained of pain in the pit of the stomach and in the head; the next day, he had profuse diarrhoea, and in the night he had severe spasms, and became delirious. He was admitted into Guy's Hospital on the fourth day; he was then suffering from convulsive attacks resembling those of tetanus; he became cyanosed and comatose, and died eleven hours after admission. At the necropsy, lesions characteristic of anthrax were found in the stomach, intestines, and lungs; extensive hæmorrhages into the cerebral and spinal meninges were also present; there was no external lesion. The drawing (see Plate, Figure 2) represents one of the anthrax-nodules from the small intestine, very characteristic of the disease."

CASE OF AVULSION OF THE RIGHT ARM AND SCAPULA: RECOVERY.

By J. C. OGILVIE WILL, M.D., F.R.S.E.,

Surgeon to, and Lecturer on Clinical Surgery at, the Aberdeen Royal Infirmary.

THE following case is an example of a very serious injury with a very satisfactory result, and is, in some of its details, probably unique.

Lizzie W., aged 18, mill-worker, was admitted into the Aberdeen Royal Infirmary on Friday, January 5th, 1883, suffering from a severe injury, which she had sustained a few minutes before admission while at work in a flax-spinning manufactory. On examination, it was found that the right arm had been torn off at the shoulder-joint, and that the right scapula had been drawn through the wound at the shoulder, which extended horizontally outwards and backwards from the outer third of the clavicle for a distance of five inches and a half. The wound was somewhat slit-like in appearance, and its edges were even and regular. There was no hæmorrhage; the axillary artery was seen lying on the surface of the wound, pulsating feebly, and presenting an excellent example of efficient torsion. On inserting a hand into the wounded aperture, it was found that the whole scapula, with the exception of one or two very small fragments, had been torn away.

The acromial end of the clavicle projected unduly, and was removed by means of a bone-forceps. The wounded parts were then thoroughly washed with a 1-20 carbolic lotion, and provision was made for efficient drainage by the insertion of a large tube emerging through the skin at a point corresponding to that previously occupied by the inferior angle of the scapula. The edges of the wound were fixed together by means of silver-wire and catgut stitches and a single button-suture, and a salicylic wool-dressing was applied.

The general condition of the patient was one of great collapse. She was sensible, but sensation was so blunted that she did not seem to suffer pain while the proceedings just related were taking place. At the conclusion of the dressing, no radial nor temporal pulse could be felt; but, on the subcutaneous injection of twenty minims of sulphuric ether, she revived considerably. At 12 noon, five hours after the accident, the pulse was weak, 106, and the temperature 100.2° Fahr. She passed a fairly comfortable day, and took and retained a little beef-essence and some stimulant.

January 6th, 9 A.M. She had a restless night, but slept towards morning. She complained much of thirst. Pulse 106; temperature 102° Fahr. The wound was dressed at 12 o'clock. There was a considerable amount of bloody discharge, with a slight odour. The wound was dusted with iodoform powder, and the salicylic wool-dressing was applied as before. Pulse 102; temperature 103.2°. At 9 P.M., temperature 102°. She had taken nourishment freely to-day.

January 7th. She had passed a quiet night, and slept very well. Pulse, 105; temperature 101°. The wound was dressed, and there was less discharge.

January 8th. She had a very good night. Pulse 99; temperature 100.2°. The dressing was removed; the discharge was slight—so much so that the same wool was reapplied. The edges of the wound were sloughing slightly.

January 9th. She had a restless night, and looked pinched and worn out. Pulse 90; temperature 101°. The wound was dressed twice; there was considerable purulent discharge, with a very fetid odour. She took a fair amount of nourishment.

January 10th. She slept well, and felt very much refreshed. Pulse 96; temperature 100.2°. The discharge was rather less than yesterday, but still very putrid. Iodoform ointment was applied.

January 11th. The condition was the same as on the 10th.

January 12th. The patient began to look better; the discharge was less, and there was no smell. The wound was gaping, as the edges had sloughed slightly, but it looked healthy.

January 13th. The pulse and temperature were normal to-day, and the patient looked and felt well.

From this date everything went on satisfactorily, the patient regaining strength rapidly. She was allowed to leave her bed for half an hour on January 23rd, and next day she remained up for two hours.

On January 24th, the wound was covered with healthy granulations, and the gap which had been left on the recession of the edges was now on a level with the surrounding skin. The discharge was slight, and had no purulent taint. This superficial wound speedily cicatrised, and the patient was dismissed from hospital.

The accompanying woodcut, taken from a photograph, gives a faithful representation of the appearances presented by the patient a few weeks after her dismissal from the hospital; and I think that it will be allowed that the removal of this girl's arm and scapula was effected through a smaller wound, and has left less deformity, than in any similar case yet recorded where so formidable an occurrence has resulted from accident, or has been occasioned by operation, for there was but a single wound not six inches long, which is now represented by a mere linear cicatrix, with a little puckering at its anterior extremity.

The account given by those who witnessed the accident, as to the manner in which it occurred, was that the girl had hidden in frolic under a carding-machine, and that her sleeve had been caught by the teeth of a revolving cylinder, by which the arm was drawn in and torn from her body. No part of the arm or scapula could be recovered for examination, as they had been reduced to pulp before the machine could be stopped.