producing apnoea. And there can be little doubt, from the circumstances detailed, that chloroform was continuously inhaled for a long time, and produced its fatal effects from the peculiar concurring circumstances above mentioned. Had he inhaled it whilst sitting up in bed, the result would, most probably, not have proved fatal. The quantity inhaled it is impossible to state, but the quantity usually employed might produce death under such circumstances as those above mentioned.

Bank Street, Sheffield,
January 21, 1851.

REMARKS ON CASES IN PRIVATE PRACTICE.

By W. C. COOKSEY, Esq., WORCESTER.

ON A NEW APPARATUS FOR CLUB-FOOT.

In the *Journal* of the 26th of June last, I directed attention to a method of treating talipes equinus by a simple apparatus, and I mentioned at the time that a modified splint on a similar principle, might be applied to other forms of the same affection, with equal advantage. I have since used the splint to which I refer in a case of equinus varus; I found that its effect in bringing the foot to the proper angle with the leg was as good as possible, but something more was necessary to uncurb and expand the contracted foot, and to give it as early as possible the power of being placed flat and firmly on the ground. I therefore had an apparatus made, of which the following sketch may convey an idea, and which has answered the end in view perfectly well:—

Fig. I.

Fig. II.

It consists of a wooden sole somewhat larger than the bottom of the foot, (*Fig. I.*); to the under surface of this is attached a bar of steel about four inches in length, and

moving loosely on a pivot in the plane of the sole; this bar may be placed at any angle with the long axis of the sole, and secured in its position by means of a stud on its upper surface, which enters the holes in a segment of brass let into the sole. At the free end of the bar is an eye holding a strap, which meets the buckle on the collar at the knee, *Fig. II.* Thus the pull may be made in any direction or to any extent. I do not know any case of deformity affecting the foot and ankle-joint, in which this splint may not be available, or in which, unless the case be beyond the reach of mechanical art, a cure may not be effected by its use, after the proper division of the tendons, it being always borne in mind, that while no class of cases may appear at first sight more hopeless than those in question, there are none which better repay a diligent, careful, and patient use of the remedial means which we possess for their relief.

In applying this apparatus, the foot should be first firmly bandaged down as flat as possible on the sole, and to prevent its moving aside when the strain commences, the heel should be surrounded by a piece of stiff leather, three quarters of an inch in depth, with a strap to buckle across the instep over the bandage. The sole and collar must be carefully padded, and the whole removed once a week, without which precautions the long-continued pressure may endanger the skin.

DEATH CAUSED BY THE IMPACTION OF A PIECE OF WALNUT IN THE LARYNX OF A CHILD.

On the 26th of October my attendance was requested upon a child who was thought to be dying; I was from home, as was also another medical man to whom the messenger applied. When I arrived at the house, the child had been dead half an hour. The parents told me it had been attacked while in perfect health, with sudden difficulty of breathing, threatening immediate suffocation; it appeared in great distress; there was no cough, but a wheezing sound on each inspiration. The symptoms, as described, appeared to resemble those of sudden oedema of the parts around the glottis, but the manner of the attack, and the rapidly fatal termination of the same scarcely bore out this view. I passed my finger into the pharynx, expecting to find some foreign body pressing upon the glottis or otherwise impeding respiration; the throat, however, was clear, and the parts natural and healthy. I then requested leave to examine the body, which being granted, on the following day I cut down upon and removed the larynx and part of the trachea, when the difficulty was at once explained. A piece of the kernel of a walnut had passed through the rima glottidis, and was wedged within the cricoid cartilage, by the ring of which it was firmly embraced, so as to be with difficulty removed. The angular shape of the walnut, by allowing the passage of a small portion of air, accounted for the little patient having survived the accident an hour and a half. It was only six months old. The case appears to me to suggest the question of—How far, under similar circumstances, mechanical interference would be justified? as, for instance, endeavouring to pass an elastic bougie through the rima glottidis before thinking of tracheotomy, with the view

of dislodging the body obstructing the passage of air, and of facilitating the natural efforts of the parts concerned in its expulsion through the rima.

ACUTE RHEUMATISM, WITH HYDROPERICARDIUM, AND DEATH, IN A CHILD THREE YEARS OLD.

In the afternoon of the 27th of October I was called to a child of nearly three years old. Upon examination I found the whole of the right lower extremity much and uniformly swollen; the shape of the joint being lost, and the skin tense and elastic; there was not uniform redness, but patches appeared at intervals, the size of a shilling, of a dusky red colour. Upon my attempting to move the limb the child cried out suddenly and violently, and every subsequent motion, however slight, appeared to cause excruciating pain. So far the symptoms were those of acute rheumatism. The skin was acting freely; tongue white and moist, papillæ elongated; bowels open; pulse 140, and somewhat feeble. I found the affected limb enveloped in a warm soft poultice, which was ordered to be continued. The child was placed in a warm bath, and Hydrarg. Chlor., gr. j.; Pulv. Doveri. gr. ij; Antim. Pot. Tart., gr. 1-6th; given every second hour. I told the parents that the heart would probably be affected, but did not think myself called upon to apply any special preventive measures in so early a stage of the disease, the child having been in perfect health two days before I saw it.

In the evening I saw the case again. She was lying quiet, the eyes closed. I felt the pulse, and found that she was sinking. She could be roused without difficulty, and replied clearly to questions; but some fatal influence was evidently at work, and the vital powers were failing. The pulse was fluttering, and could not be counted; the eyes were surrounded by a dark circle; the swelling and pain on moving the limb were not lessened. Fatal effusion was evidently going on somewhere; and though I ascribed the symptoms to affection of the heart, by metastasis from the limb, they were yet not defined enough, nor was there sufficient strength remaining, to justify any vigorous treatment by blistering or depletion. I ordered support to be administered, and Hydrarg. Chlor., gr. $\frac{1}{2}$, alone to be given every half hour. The child died at six o'clock next morning, sixteen hours after my first visit.

On the following day I examined the body. The morbid appearances were confined to the heart and left lung; the pericardium was distended with clear straw-coloured serum, in which the heart floated; there was no vascularity, or roughening of the serous membrane, neither did the serum contain any flakes of lymph; the left lung was gorged, the lower and posterior portions extremely so; the organic structures were perfectly sound. The case, therefore, appeared to have been one of simple hydropericardium, produced by metastasis of rheumatic effusion from an extremity to an internal organ, without inflammatory action.

I should be glad to know if any of the readers of the *Journal* have met with cases such as I have just attempted

to describe. Authorities speak of both the remarkable points which distinguished this case, viz., acute rheumatism in a child three years old, and passive hydropericardium without inflammation, as extremely rare. That the latter was not a *post-mortem* appearance was sufficiently clear from its amount, which completely distended the pericardium, and surrounded the heart with fluid.

Worcester, Nov. 26, 1850.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

REPORTS OF CASES ADMITTED UNDER DR. DAVID NELSON.

Extracted from the Clinical Records,

BY W. J. MOORE, ESQ. M.R.C.S., AND L.A.C., RESIDENT MEDICAL OFFICER.

CASE XVI.

Case of Charles Rowe, aged 30. Temp. nervo-lymphatic. Affected with Phthisis, terminating in Recovery. Admitted as an out-patient March 11th.

HISTORY.—This patient, nine months before, had caught a cold, which he neglected. Three months after he had consulted Dr. Morris, of Preston, who appeared from the prescriptions to have treated a bowel complaint with mercury and chalk, to have also stopped hæmoptysis by acetate of lead, and subsequently used paregoric and squills, in conjunction with blistering. Ever since he had used the lead he stated his bowels had been constipated.

Symptoms.—On examination he was greatly emaciated, and had pale sharp features; his tongue was speckled; he had very troublesome cough, and expectorated a thin ropy mucous; he had no sickness, but his bowels were very costive; he had profuse night sweats; there was dulness under percussion beneath the right clavicle, which was sunken, and on the same side, posteriorly, and also over the lower portion of the left lung; resonance elsewhere good; there was a good deal of sibilant wheezing throughout, which at first marked the bronchial respiration; pulse 104; respirations 38. He now weighed seven stone two pounds.

Diagnosis.—That there was tubercular deposit in the upper portion of the right lung and lower portion of the left.

Treatment.—This was commenced by an endeavour to excite the bowels, allay the cough and wheezing, stop the sweats, with counter-irritation, and the orders were:—Hab. Tinct. Opii Camph., Tinct. Hyoscy., Spt. Æth. Sulph. utr., gtt. xx., ter die. Pil. Aloet. j., omni nocte. Acid. Sulph. Dil., gtt. xxx., horâ somni. Ol. Aselli c. Ferro, dr. j., ter die. Ap. Vesicat. Sterno.

23rd.—The cough was easier, and the wheezing was gone; the sweatings were slight; the bowels were regularly opened, and his appetite was somewhat improved; pulse 90; respirations 30. Cont. Med.