ground, he heard a crack, and found himself unable to walk. He was then brought here.

The left ankle is very much hurt. Both the external and the internal malleoli are fractured, and the foot turned inwards. The skin over the ankle and foot is not, however, broken. The sole of the foot looks upwards, the dislocation being inwards. It appears as if the calcis had been torn away from the astragalus, though it is hardly probable that this was the case. The parts seem very much swollen, and all movement of them exceedingly painful. The ankle was covered with an evaporating lotion, and perfect rest enjoined.

Dec. 2nd. Ten leeches were applied, and warm fomentations ordered, the pain and swelling being very great.

Dec. 3rd. Patient has slept better; still a good deal of pain about the joint; foot still a little turned in. The skin over the inner ankle is inflamed, and large blebs are making their appearance.

Dec. 7th. More leeches were necessary, and were repeated on the 8th and on the 11th.

Dec. 29th. Zinc lotion is being used now. The pain about the joint has all gone, as also the swelling; but the heel is a little sore, from resting long in one position.

Jan. 2nd, 1856. Better. The heel, having been padded with cotton wool, is less painful. The only spot where pain is felt is just below the outer ankle.

After this time, the case proceeded favourably; and, on Jan. 15th, the cure was so nearly completed as to render it probable the patient would soon leave the hospital.

III. STRANGULATED FEMORAL HERNIA: OPERATION: DEATH.

CASE. Eliz. B., aged 63 years, was admitted into St. Mary's Hospital, Dec. 1st, 1855. The patient has been ruptured on both sides for as much as six years, but the herniæ had never occasioned much inconvenience until now. When admitted, there was a tumour in the right groin, which, on examination, proved to be a femoral hernia. It was about the size of a small egg, very tender on pressure, and evidently composed of intestine. The woman was very ill, and complained of great pain on that side of the belly. She had been sick, but was not so when admitted. It was not known exactly how long the bowel had been strangulated, but some hours, at all events, had elapsed since it had taken place.

Other measures having been unsuccessful in returning the bowel into the cavity of the abdomen, Mr. Coulson determined to lose no more time, and the operation was accordingly performed two or three hours after her admission. The gut was cut down upon in the usual manner. The intestine, when exposed, was found rather congested, but not very greatly so; and the stricture having been divided, it was returned without difficulty. A small dose of opium was administered after the patient was put to bed. The next day she was not so well as after the operation. On the previous evening, she had complained of pain in the abdomen, and of distension with wind. Hot fomentations were prescribed, which partially relieved her. The opiate draught to be repeated at bed-time. Beef-jelly to be given.

Dec. 3rd. At four in the morning, she began to complain again of severe pain in the belly, and seemed low and weak; but nothing else in particular was noticed. Warm poultices were applied, and a little stimulant administered. The pain increased, unattended with sickness or other symptoms; and the patient died at 10 A.M., having been conscious up to the last. The bowels had not acted since the operation. The urine had passed naturally.

The *post mortem* examination showed that the operation had completely answered the ends in view; the gut (a small portion of the small intestine) having been completely relieved from the constriction. There was some redness and inflammation marking the spot where the knuckle of intestine had been received, and traces of recent peritonitis were observed on that side of the abdomen chiefly. There was no other particular lesion; and the cause of death was

evidently peritonitis. The patient was considerably advanced in life, and unable to bear up against the shock of the operation and the subsequent inflammation.

WESTERN DISPENSARY,

SUPPURATION OF THE SUBMAXILLARY GLAND FROM IRRITATION PRODUCED BY A FOREIGN BODY.

By THOMAS WILLIAM NUNN, Esq., formerly Surgeon to the Western Dispensary, Westminster.

CASE. A. B., a female between 50 and 60 years of age, patient of the Western Dispensary, residing in Chapel Street, Westminster, was visited by me at her own home. I found her with hot skin, flushed face, quick pulse; in short, with all the symptoms of severe constitutional disturbance. There was considerable swelling of the right side of the neck, but the tension was most considerable in the sub-maxillary region. Pain was excessive, and the patient had not slept for several nights. It seemed quite clear that the large salivary gland belonging to this region, the sub-maxillary, was acutely inflamed. On examining within the mouth, I discovered a fulness under the tongue of the affected side. There was great tenderness on pressure, but not distinct external evidence of disposition "to point". I ordered hot fomentations and poultices to be applied below the jaw, and gave some opium internally.

The patient stated that, whilst sweeping the floor of her room, which was scattered over with straws, from allowing her son to keep some tame rabbits there, she fancied that a bit of barley-awn had flown into her mouth, and had fixed itself under the tongue. She declared that she positively felt its progress along the floor of the mouth. Two or three days after this occurrence, the gland began to be painful, and to swell; I was therefore led to conclude that the particle had insinuated itself along Wharton's duct, and that its presence was exciting the inflammation from which the patient was suffering so severely; and I anticipated that the offending substance would be discharged by an external aperture, along with the pus which, from the severity of the constitutional disturbance, it was quite evident would sooner or later be formed in the gland: in fact, there was reason to believe that suppuration had already taken place. However, from the diffused character of the swelling, it did not seem advisable to make any hap-hazard incisions; I therefore determined to wait twenty-four hours longer before attempting to reach the abscess by the bistoury, hoping that the exact spot at which the incision should be made would be indicated by Nature.

At the expiration of the twenty-four hours, there was but little more appearance of pointing; I therefore pushed a tolerably broad double-edged scalpel into the most prominent part of the swelling towards the anterior border of the gland, to the depth of about half an inch: however, no pus followed the withdrawal of the knife, and but a few drops of blood. I ordered some mercurial ointment to be applied over the part, and the hot fomentations to be continued. Within about forty-eight hours, matter poured into the mouth from under the tongue, finding its way along the track of the duct; and, on making my visit, the patient showed me what appeared to be an abortive oat, slightly coated with calcareous matter, which she says she found in her mouth after the bursting of the abscess.

The patient quickly recovered her usual health and strength.

I may mention that my friend Mr. Heisch, the Professor of Chemistry at the Middlesex Hospital, was so good as to examine the calcareous matter (of which, by the way, there was but a very small quantity) adherent to the hair-like appendages of the abortive oat, and found it to consist of carbonate of lime. In Liston's *Elements of Surgery*, page 412, and in Syme's *Principles of Surgery*, page 472, salivary calculi have been noticed. The

author of the former work speaks of them as composed principally of phosphate of lime. Professor Syme says, "Their composition is phosphate of lime, agglutinated by a small quantity of animal matter." Rokitsansky says, "They are composed of phosphate and carbonate of lime, held together by animal matter." (Jones and Sieveking's *Pathological Anatomy*. p. 578.)

If we but glance at the anatomical arrangement of the submaxillary region, the necessity for incision, and, at the same time, the extreme caution required in making it, will be apparent. Covering in the submaxillary gland, we have not only the ordinary integuments, but the platysma myoides, and beneath this a very strong dense fascia, which completely envelopes, or as it were forms a nest, for the gland. The tension of these structures, together with the "strangulation" of the inflamed gland, from their unyielding nature, especially that of the fascial envelope of the gland, no doubt occasioned the intense irritation. The vessels of this part are large, tortuous, and irregular; the facial vein, though of very considerable size, and comparatively superficial, is pretty constant as far as regards its position; but the artery of the same name, taking an exceedingly tortuous course through the substance of the submaxillary gland, frequently gives either a not insignificant submental branch, or the sublingual itself. Now, although, in an operating theatre, under a skylight, these would be but slight impediments to an operation; on a low truckle bed, in an almost dark room, it would amount to an awkward *contretemps* to wound either of the vessels above named, especially taking into account the infiltrated condition of the surrounding tissues—a condition not favourable to retraction of the ends of the divided trunk.

Suppuration of the submaxillary gland, I believe, is extremely rare; I have never met with but one other case, and that was in a girl of about 20 years of age. Nothing peculiar was to be found to explain the occurrence of the inflammatory attack in this case. It is common enough to see enlargement of the submaxillary lymphatic glands in scrofulous children; but, from the circumstance of these glands not being bound down by what is called the deep cervical fascia, no extraordinary inconvenience or irritation results; and, when they suppurate, they may be opened without risk. The above case has been detailed as being probably unique, and also as affording an example of the severity of the constitutional disturbance in subaponeurotic collections of matter.

Original Communications.

CASE OF POISONING BY STRYCHNINE.

By THOMAS NUNNELEY, F.R.C.S., Lecturer on Surgery in the School of Medicine, Leeds.

THE following case, which came under my notice last May, I have for some time past intended to forward for publication in the JOURNAL. The interest which it possesses in itself is now increased by the notorious case at Rugeley, and, therefore, I now send it without further delay. The curious circumstances under which the poison was taken—the *post mortem* appearances, differing, as they did, in the absence of muscular rigidity, from what is commonly observed in animals killed with strychnine—and the detection of the poison in the contents of the stomach at a considerably later period than, if the newspaper reports are correct (which I doubt), might be supposed probable according to the evidence of Dr. Taylor in the case of Cook, are all worthy of attention.

CASE. On the afternoon of May 19th, 1855, I received the coroner's order to examine the body of Ellen Waterhouse, a stranger in Leeds, who had died under suspicious circumstances during the night. A short time before her death she said she had taken poison, but gave no clue as to its nature, or how she had taken it. After her death, in

examining her dress pockets, two empty small paper packets were found, the outer and inner bags of one packet of "Battle's Vermin Killer", according to the printed label upon them; they were folded up, the inner within the outer. There was also found a box of pills and a bottle of medicine, out of which one dose had been taken. These, it was ascertained, had been obtained for her a day or two before from some one at Huddersfield for a venereal complaint, and were of a simple character.

The young woman presented herself at a public house in Leeds at a quarter before twelve o'clock on Friday night, May 18th, where she asked for a bed, stating that she had just come from Huddersfield by the last train, and was disappointed in not finding the house of her uncle. There is no doubt of the truth of the statement, for she was seen at her own home, two miles from Huddersfield, between eight and nine o'clock the same evening, quite cheerful; the train leaves Huddersfield at a quarter past ten, and arrives at Leeds at a quarter past eleven o'clock. She had an uncle who had lately removed from the neighbourhood of the public house, which is some little distance from the station. The landlady refused her a bed, when a poor man, who lived near, and was upon the point of going home, thinking it was a pity that a good looking and apparently respectable young woman should walk about the streets all night, from friendly feeling took her home to sleep with his children. She did not sit down in the public house, nor did she take anything. She appears to have sat in the cottage talking to the man and his wife till half-past twelve o'clock, and then retired up stairs, and got into a small bed with two children, the woman going into her own bed. The chamber was a small one. She did not eat or drink before going to bed, when she appeared to fall asleep; at least Mrs. Sheard, who says she lay awake for an hour, thought so, and was quite certain the girl did not get out of bed or move much about, and that there was no water or other fluid in the room, nor any vessel to drink out of. The man retired to bed after the woman thought her asleep. At a quarter to two o'clock Mrs. Sheard was awake by the moaning of the girl, who was then, or immediately after, severely convulsed; the convulsions continued at frequent intervals for an hour. For another hour she was comparatively free from convulsion, and talked calmly and distinctly about her parents, and the conduct of her lover, and her having done something wrong, but refused to say what. During this time she drank freely of cold water, which was fetched from the room below, when a violent convulsion came on, in which she died. From the evidence of Mrs. Sheard it was very difficult to determine the exact form of the convulsions, as she did not at the time appear to consider the throwing about of the arms as convulsions; but from what I could make out, I have no doubt the lower extremities were principally rigidly extended, while the upper were strongly convulsed. It was owing to a more violent convulsion not very long before the girl's death that Mrs. Sheard became seriously alarmed, and sent her husband to seek a medical man; during his absence death occurred, the girl continuing sensible until the last minute or two.

Subjoined is a *verbatim* report of the evidence alluded to:—

"Abraham Waterhouse, the father of the deceased, deposed that she was twenty years of age, and in service at Huddersfield; that she was not in very good health, but her parents did not know what ailed her: that she was at his house, about two miles from Huddersfield, so late as eight o'clock on Friday night, May 18th, where she stayed about an hour, and was as cheerful as he had ever known her. She stated her reason for calling was to borrow a carpet bag, as she proposed going to Liverpool the next morning.

"Thomas Sheard, Wellington Place, Wellington Lane, cloth dresser. I was at the Bean Jug public house on Friday night. Deceased came there about a quarter to twelve o'clock, and she asked for lodgings. The landlady said it was an untimely hour, and she could not have any.