were the general topics to which Mr. Turton directed the attention of his auditors.

In the communication which was read at a much earlier period of the session by Mr. Thomas, the method of treatment to be adopted in the same disease was chiefly dwelt upon. Mr. Thomas related a case which had occurred in his own practice, in which he commenced by giving two grains of opium, and afterwards repeated one grain every three hours. On the following morning the patient took sixty drops of the tincture of opium, and a progressively increasing dose was given every three quarters of an hour, till in the evening it amounted to one hundred minims. The disease yielded in three days and a half, during which period the patient took eighteen grains of opium, and five ounces and a half of the tincture. In about a year afterwards the patient suffered from another attack, which continued four days and a half. The total quantity of opium taken during the latter attack was four scruples and eight grains of the powder, and twenty-seven ounces and a half of the tincture. The largest dose given at one time was three drachms of the tincture. In the subsequent conversation to which the recital of these cases gave rise, it was generally agreed that the exhibition of full doses of opium at short intervals is the most judicious and successful practice; but of course, when the disease is complicated with other affections, the treatment must necessarily be modified. The opium treatment, however, even in simple cases, is not commended by all writers. Dr. Ware, of Boston, in North America, for example, has published an analytical table of cases in which various methods of treatment were adopted. In eight of his recorded cases treated by large doses of opium, four died; in seven treated with small doses, only two died. "It appears," says he, "that of fifteen cases in which opium constituted the principal remedy, six died; whilst of fifty-four cases in which opium was not used at all, or only incidentally in small doses, only five died." Other narcotic medicines besides opium are occasionally employed with advantage in cases of delirium tremens. Thus, in the course of the evening, a case was related in which opium and morphia seemed to produce no effect, whilst free doses of tincture of hyoscyamus were productive of decided benefit; and it was further stated by our late associate, Dr. Bartolomé, that a friend of his had very successfully employed lactucarium after opium had entirely failed. This latter remedy, it will probably be recollected, was at one time very extensively employed in a great variety of cases by the late Dr. Duncan, sen., of Edinburgh; but the extreme nicety which is required in its preparation at all times renders it a very uncertain medicine.

(To be concluded in the next Number.)

ENLARGED CLITORIS.

Clitoris enormously enlarged, successfully removed by Mr. Auchinleck; the tumour weighs five pounds, and occupied a period of only eighteen months in attaining this vast size; its attachment was narrow and contracted, so that but little difficulty was experienced in performing the operation. Its structure is dense and fibro-cartilaginous, like that of the other specimens; the surface is hard, warty, and lobulated. —*Houston's Catalogue.*

THREE CASES OF EMPHYEMA, OR PLEURAL ABSCESS.

By W. S. OKE, M.D.,

Physician to the South Hants Infirmary.

[For the Provincial Medical Journal.]

CASE I.—I was requested to visit a lad, the son of a labourer, aged thirteen, suffering with acute pain of the left side, cough, dyspnœa, and fever. His illness had been of short duration, and was supposed to have arisen from cold.

On examining the thorax I found a swelling a little below, and posterior to, the left nipple. The swelling was fluctuating and without pulsation, and indicated the presence of pus in large quantity; nothing, in short, could be more easy than the diagnosis in this case.

A free incision was immediately made, and a torrent of healthy pus poured from the wound. The quantity measured ninety-six ounces, and must have filled the whole of the left thoracic cavity. The lad was greatly relieved by the evacuation, and in a few weeks he completely recovered.

CASE II.—Thomas Peters, aged 40, was admitted into the South Hants Infirmary on the 26th of April, 1841. He had been steward in a steam-packet, and very intemperate in his habits of drinking. The history of his disease was somewhat obscure. It appeared that, from exposure to sudden changes of temperature, to which his situation was liable, he caught cold, which fell upon the respiratory functions. On his admission, I found him suffering from pain and weight of the left side of the thorax, cough, slight expectoration, and difficulty of breathing, which was much aggravated by any exertion; his tongue was not much furred, and his pulse ranged from about 85 to 100 in a minute.

On exploring the external surface of the chest, the result was as follows:—

There did not appear to be any difference as to size in either side of the thorax; nor could any material difference be proved by a transverse measurement. The left side of the thorax was found to be everywhere completely dull on percussion; the intercostal spaces were dilated; the ribs motionless; and the intercostal muscles taking no part in the respiratory action. On the right side, the sound by percussion was normal, and the intercostal muscles and ribs in hyper-respiratory action.

On applying the stethoscope to different parts of the left side no respiratory sound whatever could be detected, and the heart's action was heard at a distance. On the right side the respiration was distinctly puerile, and the action of the heart was found well developed on the right side of the sternum.

These circumstances led to the diagnosis that there was pleural abscess in the left thoracic cavity, compressing and interrupting the action of the left lung, and displacing the heart *a situ naturali* towards the right side of the thorax.

As the general health was not much disturbed, and there being no *urgent dyspnœa*, it was decided that there was no immediate necessity for the paracentesis, and that an attempt should be made to cause absorption of the fluid by a general mercurial treatment,

accompanied by a light nutritious diet. The following medicine was accordingly prescribed, and commenced at once :—

Calomel, six grains ;
Opium, four grains ;
Conserve of roses, enough to make twelve pills.
One, thrice a-day.

Slight ptialism was produced. In about a fortnight the cough and dyspnoea were decidedly diminished, and he expressed himself as considerably relieved. From this time he gradually improved. The sound of the left side of the thorax by percussion became more and more clear; the ingress of air into the respiratory tubes was audible; and at the end of five weeks he was discharged convalescent.

Thomas Peters returned to Southampton in March last. He called at the infirmary, and reported himself completely recovered.

CASE III.—Robert Gee, aged 33, steward of a steam-vessel, dark hair, pale complexion, and considerably atrophied, was admitted into the South Hants Infirmary on the 8th of March, in the present year.

The following is the history of his case :—

He has been affected with cough since February, 1841, which originated with symptoms of common nasal and bronchial catarrh. As the attack was not severe he thought nothing of it, and continued his duties on board the vessel. The cough, however, did not leave him; and after about four months he began to feel pain of the left side, the muscles of which became stiff, and interrupted the free use of his left arm. These symptoms went on more or less till October, when the pain of the side increased to such a degree, that he felt as if knives were piercing him; at the same time the cough also increased, associated with dyspnoea and muco-purulent expectoration.

When I visited him on the 14th of December, these symptoms had considerably subsided. There remained a troublesome cough, with scanty expectoration, and a sense of weight of the left side, on which alone he could lie with any degree of comfort. There was some degree of attenuation; the pulse ranged from 90 to 100 in a minute; the tongue was clean, and his general health not much disturbed. On exploring the thorax, the left side was dull by percussion, and but very limited respiration could be detected by auscultation, and that over the upper lobe; on the right side, the percussive sounds were clear and loud, and the respiration was puerile.

As he had been the subject of cough so long, and was one of a consumptive family, I supposed the case might consist of disorganisation of the left lung, and, therefore, did not expect that it could admit of any essential service being done; however, I placed him under a mercurial course in the following formula :—

Calomel, one grain ;
Extract of conium, three grains. A pill, thrice a-day.

By this means he was smartly ptialised for several weeks; but he did not appear to be benefitted by the treatment, either locally or generally; on the contrary, at the expiration of two months he had lost flesh; his breathing had become more laborious; the left side was everywhere dull; its external aspect was enlarged, measuring transversely an inch more than

the right; the intercostal spaces were dilated, and without muscular action; no respiratory sound could be detected at any part of the left side; and the heart was pushed to the right side of the sternum. Along with these symptoms, there was serous infiltration into the sub-cutaneous tissue over the inferior part of the left side of the thorax and into the peritoneal cavity; there was also anasarca in a slight degree of both inferior extremities. What is somewhat remarkable, the cough and expectoration had almost subsided.

This state of things, clearly indicating to my mind a large pleural abscess in the left thoracic cavity, I suggested to him the evacuation of the fluid by an external incision as a *derniere ressource*, and as a possible means of relief. "*Anceps remedium melius est quam nullum.*"

A consultation was held; the diagnosis confirmed; and in a few days he came into the infirmary for the operation.

On the 9th of March, the day after his admission, a grooved exploration-needle having discovered the presence of pus, a free incision was made by a scalpel through the sixth intercostal space into the chest, midway between the ensiform cartilage and the tenth dorsal vertebra. A mass of coagulated albumen plugged up the aperture; but as soon as this was removed, ninety ounces, or five pints, of laudable pus were evacuated.

He bore the operation well, and was greatly relieved by it. For some days the same albuminous mass continued to impede the discharge, which somewhat oppressed his breathing; a free and regular outlet was, therefore, subsequently maintained by the frequent use of a director.

The next symptom that presented itself to my notice was the metallic tinkling, accompanied by occasional and forcible expulsions of air through the external aperture. The tinkling was heard through the stethoscope, at any part of the left side of the chest, either after speaking or coughing. It sometimes closely imitated the striking of a wire against an empty glass vessel; at others, the falling of a drop into a thin fluid. Whilst auscultating the actions of the respiratory function a few days ago, I could distinctly hear the air rushing through the pleura pulmonalis into the thoracic cavity; and the sound exactly imitated the blowing of air by the mouth into a large bladder.

The fluid at present discharged from the external orifice is partly serous and partly muco-purulent, the latter kind sticking to the vessel, as in catarrhus vesicæ.

The cough and expectoration returned after the evacuation of the abscess, and have continued more or less to this time; the urine is high-coloured and scanty; there still remains some serous fluid in the cavity of the belly, and the legs are slightly anasarca above the ancles.

On the other hand, the breathing continues much relieved; there is no hectic development; the pulse ranges from 90 to 100 in a minute; his nights are tranquil, and he can sleep on his back; his appetite is good; he has gained flesh, and can walk to a considerable distance without fatigue.

The percussive sounds are much clearer, and limited respiration can be detected in both lobes of the left

lung; the heart and ribs have resumed their normal position; the intercostal muscles are in perceptible action, and the metallic tinkling is seldom heard.

Such is the history of this case. The result we have yet to learn.

REMARKS.

It is somewhat singular that these three cases should have occurred in the left pleural cavity. Whether the left side of the thorax is more frequently affected with this disease than the right, my own experience is too limited to determine.

The first case is so plain a matter of fact as to require no observation, except that pleural abscess in young and healthy constitutions will, under proper treatment, justify a favourable prognosis.

That the second case consisted of purulent effusion there can be no reasonable doubt.

Had it been serous it would have been complicated with some disorganisation of the lung, which would have led to a detection of its true character. There would have been probably no dilatation of the intercostal spaces, and no displacement of the heart.

I do not mean to assert that the thorax is never dilated by serous fluid. As Laennec writes—doubtless it sometimes is so; but I feel convinced that such a result is very uncommon; that it is the exception, and not the rule. But why is it that accumulation of serum in the thoracic cavities does not more commonly produce abnormal enlargement? Because serous fluid is the effect of infiltration, which is passive, and inferior to the resistance of the thoracic parietes; whilst pus is the direct effect of arterial secretion, which is active, and superior to their resistance.

Thoracic enlargement, dilatation of the intercostal spaces, and displacement of the heart, associated with symptoms of fluid in the side affected, must, therefore, be considered in the great majority of cases as indicative of the presence of pus.

The case of Robert Gee is, in every point of view, most interesting; whether we consider the state of atrophy and dyspnoea to which he was reduced; the complete marks of diagnosis; the relief afforded by the operation; or the auricular symptoms which occurred after the evacuation of the abscess.

The term "metallic tinkling" does not, to my mind, comprehend all that is signified. It is exactly descriptive of one sound, but not of another, which, by way of distinction, ought to be called "the dropping sound," or "the drop-tinkling," so distinctly heard in this case.

I think some term ought also to be given to the sound produced by the rushing of air from the lung into the pleural cavity, as above described—and this I would denominate "the pulmo-pleural inflation."

Whether I am the first to give a name to this auricular symptom I cannot determine.

From the great relief experienced by the operation, I was disposed to think there was no important disease of the lung; but from the sign just mentioned—proving a communication between the lung and the pleural cavity—such an opinion is not tenable; and this fact, associated with a hydropic condition of the peritoneum, still renders the termination of this case extremely doubtful, and forbids a favourable prognosis.

Southampton, June 2, 1842.

ON

DISLOCATION OF THE KNEE-JOINT.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

Complete dislocation of the knee-joint is so very rare an accident, that I believe few surgeons have ever seen it. I furnished Sir Astley Cooper with the following case, which he published in his work on Dislocations. He had never met with a similar one, nor has any surgeon of my acquaintance connected with the London or provincial hospitals, although I have related it to a considerable number; neither do I remember to have read of such a case. I learnt also, in a conversation with Dupuytren and Roux, that it had not occurred in their practice.

Dec. 5, 1806. Francis Newton, a strong, athletic man, thirty years old, fell from the fore part of a waggon heavily laden with coals, and, entangling his foot in the framework of the shaft, was dragged a very great distance before he was released. I saw him two hours after the accident; the left knee was very much swollen; the tibia, fibula, and patella were driven up in front of the thigh, and the os femoris occupied the upper part of the calf of the leg, the internal condyle being nearly through the skin. It was a complete dislocation, and the appearance of the limb was so dreadful that I despaired of being able to reduce it; but to my surprise it was more readily effected than I imagined. By placing two men at the thigh whilst I extended the leg, the reduction was immediately effected. The whole limb was placed in splints, and the strictest antiphlogistic treatment observed, with the most perfect quiet. The symptoms were very mild, and, by carefully watching him, he suffered very little inflammation or pain. At the expiration of a month I allowed him to get up, and on the 29th of January he came into this town, a distance of four miles, in a cart, and walked from an inn to my house, with his leg but little swollen, and having some motion of the joint. He eventually recovered very good use of his limb, and walks with so little inconvenience, that he has followed his business as a waggoner ever since, and this day (November 30, 1822) I have seen him walking by the side of his team with very little lameness.

I am induced to send you this case, which occurred many years ago, in consequence of having read in your last number a short account of one of a similar nature by Mr. Coote. In his case, I should imagine, from the speedy recovery of the patient, the dislocation was not so complete as in that above related; but, as such cases are so very uncommon, I hope he will publish the details. The successful issue of both cases clearly proves his position, "that in dislocations of the tibia forwards, or of the femur backwards, the injury to the ligaments and other soft parts about the knee-joint is not necessarily such as to render the recovery of the limb in a perfectly useful state a forlorn hope, as has been represented by writers of high authority, some of whom have almost regarded amputation as *prima facie* necessary to save the life of the patient."

Bridgwater, May, 1842.