and those popularly termed bilious, derive relief from it. From this account of some of its medicinal qualities, I would not wish it to be inferred that I regard the solution of the chloride of lime as a specific in fever, but that administered by a practitioner, at the moment when his judgment deems it necessary, it will materially assist the action of his other remedies, by immediately destroying one of the most oppressing and obstinate symptoms which attends on all febrile diseases, but more particularly those of a typhoid character.

CASE OF LOOSE CARTILAGE IN THE KNEE JOINT.

By HENRY TERRY, Esq., F.R.C.S., Surgeon to the General Infirmary, Northampton.

George Richards, aged 17, was admitted into the Northampton General Infirmary April 30, 1843, on account of chronic pain and swelling of his right knee. He said that he had injured himself by a fall on the ice three years ago, and that his knee had been getting worse ever since. He was kept in bed, and treated by cupping and blistering. During the progress of this treatment, an acute attack of synovial inflammation came on, and he then said that he had, two or three times before, suffered a slighter attack of similar pain, which had passed off in a few days. The present attack was severe, but it yielded to active treatment more readily than synovitis usually does.

On carefully examining the knee after the pain and swelling had subsided, a loose cartilage was discovered in the cavity of the joint. The patient said he had felt this for several months, and had considered it as the cause of the occasional attacks of pain which he had experienced. It seemed also to have been the cause of the recent inflammation, which was consequently symptomatic rather than idiopathic, and I thought that it was on that account perhaps that it had been so easily subdued. With so much chronic disease of the joint, and after so recent an attack of synovial inflammation, it seemed doubtful whether or not it would be justifiable to operate for the removal of the cartilage; but, after consultation, it was decided upon to do so, and I was the more inclined to this decision from the circumstance of the patient himself being very anxious to have it done. He now thought it was the chief circumstance which prevented him from walking, and fancied that he could get about pretty well if the little moving substance were taken away. It seemed clear also, that although there might be danger from the operation, there was at least an equal degree of danger in allowing a source of irritation to remain in the joint.

The operation was performed August 29, 1843, and the substance was easily removed. The wound was drawn together by one stitch and a strap of plaster; it was very tightly bandaged, and thoroughly wetted with cold water. The limb was put in a straight fracture box, a little elevated above the thigh; the most perfect state of rest was enjoined, and the lowest description of diet. I saw him four hours after the operation, and found him quite comfortable, and without pain; but I thought his pulse was getting rather too much up. It had increased both in strength and frequency since the operation, and I

feared that with such a circulation (though not more than ninety in a minute) local inflammatory action would probably soon take place. I, therefore, took thirty ounces of blood from his arm, and gave him the following medicine:—

Tartar emetic . . . . 1-6th of a grain.
Sulphate of magnesia . . 1 drachm.
Saline mixture . . . . 1½ ounce.

To be taken every four hours.

Some folds of the bandage were cut, and the wet application was made effectual by the agency of capillary attraction; a bit of worsted hanging out of a bottle of water kept up a continual dropping on the part.

He was comfortable in the evening, and the pulse was much subdued; the bowels were freely opened; he was comfortable again the next morning, and, in fact, had no unpleasant symptom during the period of his recovery. The plaster was not taken off till the tenth day after the operation, when it was found that the wound had united by the first intention. Indeed, it was quite healed, excepting the little apertures occasioned by the suture. The stitch was taken out, and in two days more, when it was looked at again, it was found quite well; the plaster and bandage were left off, but the limb was still kept quiet in the box for another two days, when (that is, in a fortnight after the operation) all treatment was discontinued, and he moved about freely in his bed.

He had thus recovered, as far as the loose cartilage and the operation for its removal were concerned, and these alone it is the purpose of this communication to describe. But the relief which the poor man hoped to receive from the operation was not obtained. He found the original disease still a barrier to his getting about, and this, after a time, went through the ordinary stages of scrofulous disease of the knee joint. His strength and flesh gave way, and it became necessary to remove the disease by amputation. I would only remark, that the absolute rest, the continued application of cold water, and, more especially, the free loss of blood a few hours after the operation, seemed instrumental in preventing the effects which sometimes arise from opening into the knee joint, and conducive to the rapid healing of the wound.

DEATH FROM THE IMPACTION OF A PORTION OF THE BEARD OF BARLEY UNDER THE TONGUE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following case, which I attended with Mr. Peck, of Newmarket, is one which you may perhaps think worthy of a place in your journal.

I am Sir,

Yours very truly,

W. H. RANKING, M.D.

Bury St. Edmunds.

J. G., aged 17, the son of a wealthy farmer near Newmarket, of remarkably robust frame, was first seen by Mr. Peck, on the afternoon of the 28th of September. He complained of sore throat, with difficulty in moving the tongue. The soft parts forming the floor of the

mouth were much engorged, and with the terminations of the sublingual ducts were raised upon a level with the teeth of the lower jaw. The fauces were not implicated. Deglutition was painful, from the difficulty experienced in moving the tongue, articulation was impeded, and there was considerable fever. Upon making enquiry as to the onset of the complaint, it appeared that on Wednesday, the 25th, while engaged on the farm, he put a grain of barley into his mouth, with a portion of the beard attached, and feeling that it pricked him beneath the tongue he removed it, but was not confident that he had not left a portion sticking in the mouth. He felt no further uneasiness until the Friday, when his throat became swollen, and fever and restlessness ensued. Leeches were applied, followed by a blister, and the bowels were freely acted upon by calomel and senna. On Sunday the swelling had increased, and several deep punctures were therefore made with a bistoury, in the neighbourhood of the sublingual ducts. No appearance of the barley "haw" could be discovered. On Monday he had a severe rigor, and his pulse became rapid and lost power; his features likewise became collapsed. Under the impression that abscess had formed, the part was again punctured deeply, but without giving issue to pus. As the symptoms rapidly became more severe, I was sent for and met Mr. Peck, at half past eight, p.m. The patient was at that time evidently sinking; he was without pulse at the wrist, extremely restless, but perfectly collected. Brandy and ammonia were ordered, and half a grain of morphia was administered immediately, and the effects sustained by smaller doses at intervals. He became more quiet under this treatment, and his pulse rallied for a short time, but he gradually sank and died on Tuesday.

Post-mortem examination thirty hours after death, in the presence of Mr. Peck, his son, and myself. Decomposition rapid; the neck livid and puffed up with emphysema; brain healthy, but slightly congested.

Upon cutting into the neck, the cellular tissue was found to be dark, and filled with air. Dissecting inwards, through the genio-hyoid muscles, we came to a gangrenous abscess, the size of a turkey's egg. The genio-hyoglossus, and lingualis muscles, and the substance of the tongue, as far back as the epiglottis, were converted into a complete putrilage. In the centre of this mass of gangrene was found a portion of barley "haw," or beard, an inch in length.

CASES OF STRANGULATED HERNIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—

I beg to forward the following cases of strangulated hernia for insertion in your useful journal.

I remain, your obedient servant,

HENRY EWEN, M.R.C.S.E.

Long Sutton, September 14, 1844.

CASE I.—STRANGULATED FEMORAL HERNIA RELIEVED BY OPIUM.

May 6, 1844. At the request of my friend, Mr. Barron, of Holbeach, I visited Stephen Alcock, a labourer, aged 73, residing at Whaflode. He had been

ill for some weeks with bronchitis, but first observed a small swelling in his right groin on the 4th inst. Mr. Barron saw him on the 5th, and found the tumour to be hernia; he succeeded in reducing it "to the satisfaction of the man himself, he declaring it to be gone," and ordered the patient calomel and salts. When I saw him in the evening of the 6th, I found him suffering under the symptoms of strangulated hernia; there was vomiting, constipation, and some pain in the abdomen, with frequent and small pulse; the tumour in the groin was about the size of a walnut, not very tender, and not reducible by the taxis. He resolutely refused to be operated upon, and we therefore thought it best to give opium in pretty large doses a fair trial; four grains were given forthwith, and three doses of two grains each ordered every two hours.

At a subsequent period I learned that the sickness and other symptoms were relieved by the opium, "which was continued during three days, with occasional purges; the bowels were first moved on the 10th of May; two or three times a-day afterwards," as reported by Mr. Barron!

CASE II.—STRANGULATED FEMORAL HERNIA: OPERATION: RECOVERY.

June 27, 1844. About half-past ten p.m. I visited Mrs. Easom, aged 50, the mother of several children, whom I found to be suffering under symptoms of strangulated hernia, which had come on about three o'clock in the afternoon. There was sickness, hiccough, constipation, pain in the abdomen; pulse very small, and about 84. The hernia was on the left side, of oval figure, the long axis corresponding with Poupart's ligament, tense, tender, and about the size of a pullet's egg. I could not reduce it by the taxis. She states that she first observed a swelling in the left groin about two years ago, but has never been able to return the prolapsed part, and consequently has not been able to wear the common truss. She has been subject to paroxysms of angina pectoris for some years past, and during the past three years has been in the habit of taking about three grains of opium daily. Ordered four grains of opium to be taken directly, and three doses of two grains each every two hours afterwards.

28th. The sickness and pain were relieved by the opium for some hours, but she feels the sickness to be returning this morning; no stool; the tumour is more tender; taxis unavailing. I explained to her the nature of the complaint, and the necessity of an operation for the relief of it, to which she consented, but her husband interposed his veto, and wished an enema to be tried, &c. In evening she was much relieved in all respects; the enema was followed by two copious stools.

29th. Has had a tolerable night, having taken her usual dose of opium. She wished me to give her some medicine. The tumour in the same state as yesterday.

Sulphate of magnesia . . . 1 ounce.

Citric acid . . . 1 drachm.

Peppermint water . . . 8 ounces.

One ounce and a half to be taken with one scruple of bi-carbonate of potash every three hours.

Evening. The medicine immediately rejected; aggravation of all her symptoms; belly tense, tender, and swollen; pulse very weak and small; countenance anxious. I again urged the necessity of an operation