mid-day was 130, almost imperceptible. A turpentine stupe was applied, and ammonia, with stimulants and brandy, constantly administered, but he never rallied, and gradually sank in the afternoon. To the last there was no hiccough nor vomiting.

Post-mortem examination twenty-three hours after death :—The abdomen very much distended, the whole intestines being filled with a moist fetid gas. The peritoneal surface was injected, and nearly universally adherent to those parts of the intestine in contact with it, lymph and pus being effused in several places, and chiefly about the folds of the jejunum. The mucous membrane of this was injected, particularly about its upper third, increasing towards the duodenum, which was filled with a glairy, dark, thick matter, like inspissated mucus, and much injected. The stomach was empty, more vascular than natural, but not inflamed. The liver, spleen, and kidneys were healthy. Head and thorax not examined.

A coroner's inquest was held on the body, as this case had made considerable noise in the neighbourhood, and a verdict of "Died from eating an inordinate quantity of mussels" was returned.

It is to be remarked that his companion also suffered, but recovered after taking a slight aperient next day. No other cases of similar effects from eating of the same mussels could be traced.

Leicester, Nov. 20th, 1845.

[We cannot record the foregoing case without remarking upon the wretched tampering by unqualified persons with which the first three days of symptoms, evidently the result of poisoning, were allowed to pass over. Whether the life of the unfortunate man might have been saved by judicious medical treatment in the first instance or no, neither lessens the moral responsibility, nor diminishes the moral guilt, of those who so recklessly intermeddle with the management of cases to which they are utterly incompetent; and the code of laws which fails to mark such conduct with a sufficient punishment, and to afford to the sufferers under it adequate protection, must ever be grievously deficient in the attainment of those purposes for which the restraints of law are mainly imposed.]

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

DISLOCATION OF THE HUMERUS: FRACTURES OF THE LEFT FEMUR, AND RIGHT TIBIA: GANGRENE: AMPUTATION.

John Woodman, aged 19, an emaciated and depraved seaman, admitted October 14th, 1845, at ten p.m. with dislocation of the right humerus into the axilla, and simple fractures of the left femur a little above the knee, and of the right tibia immediately below its tubercle. The dislocation was readily reduced by manual extension at the wrist, with the heel in the axilla; the right leg was simply placed in two side-splints, there being no displacement of the bone nor

particular swelling; the thigh needed considerable extension to bring it to its natural length, and it, as well as the calf of the leg, was very much ecchymosed and swollen; the limb was comfortably secured in Mr. Greenhow's improved fracture-bed, the knee being left uncovered, so that a saturnine lotion might be kept constantly applied. He was rather cold, and was immediately given some warm tea, with half a drachm of tincture of opium, and ordered house-medicine in the morning. It appeared that the accident had occurred at four p.m., whilst working on deck, that a rope had given way, caught his leg, and thrown him down.

15th. Limb placed on a pillow, on account of his being restless, and unable to stay in one position. Repeat the anodyne.

17th. Complains much of the left knee; leg and thigh continue swollen; bowels confined.

Appl. Hirud. xij. genu, et postea Cataplasma. Sumat Pil. Calom. cum Coloc. ij. statim, et Infus. purg. secunda quaq. hora donec soluta fuerit alvus.

18th. An incision made through the integuments of the knee, which, as well as the leg, remains tense and swollen; blood only discharged; is restless; bowels free.

Pulvis effervescens tertia quaque hora. Repet. Tinct. Opii hora somni.

21st. Complains greatly of the knee again, which is still hard and swollen; the leg cold and of a livid hue, with vesications appearing on the calf, seeming as if gangrene was about to occur; sleeps ill, and is very restless; pulse moderate; bowels free; tongue clean.

Cont. Catapl. et sum. Tinct. Opii, m. xl. hora somni.

22nd. Easier, and slept better; leg evidently gangrenous as far as the knee, above which there is an inflammatory blush; no feeling in the foot; pulse 100; bowels confined.

Rept. Pilulæ, Infus. Purg., et Tinct. Opii hora somni.

23rd. Appears better; slept well, and takes food; bowels confined yet; some signs of a line of demarcation above the knee; leg and foot are emphysematous, and of a dark green colour.

Rept. Pilulæ et Tinct. Opii. Enema purgans vespere si opus sit.

24th. Very restless and uneasy; pulse 120, rather weak; bowels free; line of demarcation apparent; emphysematous crepitation extends to the hip. Capt. Tinct. Opii, m. xl. statim.

A surgical consultation was called, and amputation performed at the middle of the thigh; the flaps were made anteriorly and posteriorly, a good stump formed, the bleeding vessels secured, sutures introduced, dressings applied, and the patient sent to bed much relieved. The operation was borne well, only a very small quantity of blood having been lost. Brandy and water with half a drachm of tincture of opium directly.

Vespere. Sleeping comfortably.

25th. Easy; no bleeding from the stump; slight purging; pulse 120, and soft.

Wine in sago, beef tea, &c. R. Mist. Cretæ, oz. viij.; Tinct. Opii, dr. iss.; Tinct. Aurantii, dr. iij. M. Capt. oz. iss., urgente diarrhœa.

26th. Purging ceased; slept well; pulse 120, and

weak; complains of stump, which was dressed; it looked pretty well, but was sloughy.

Rept. omnia.

27th. Slept well, and is easy; sweats; appetite returning; bowels confined; stump dressed; profuse sanious discharge.

Contin. Capt. Pil. Rhei., ij. hora somni si opus sit.

28th. Pretty easy, but requires an opiate during the day occasionally. To continue, and to have as much wine as he wishes.

29th. Recruiting a little; pulse 120 and firmer; emphysema gone from the thigh; considerable sloughing of the stump, which is dressed daily.

30th. Very feeble; hectic sweats and restlessness; great thirst; pulse 130. Has as much wine and porter, with beef tea, &c., as he can drink.

31st. Strength decreasing, and sleeps little; bowels confined; sloughs separating, and granulations can be seen. To continue, and to have brandy.

November 1st. Died at five a.m., exhausted, having been occasionally delirious.

Shortly after the amputation of the limb it was dissected; the line of demarcation was fully formed on the skin, that of the parts within was not distinct, but would have taken place two or three inches higher up; no show of suppuration was found; underneath the skin of the lower part of the thigh, knee, and leg, there was considerable ecchymosis; the ends of the bone were riding in the popliteal space, surrounded by a small clot of blood, and had the vessels lying loose and unconnected over them. The popliteal artery was impervious; it had been torn by the injury; the middle, with the inner tunic, was abruptly lacerated across, and the ends separated from each other for the distance of an inch and a half, but connecting them was the stretched and partially-lacerated outer coat, which had not altogether given way like the others; there was a discoloured coagulum plugging the upper extremity of the lacerated inner coats. The vein presented marks of having also been violently stretched; it was impervious, but was not so much lacerated as the outer coat of the artery. The knee-joint contained about two ounces of fetid sanious pus. The muscles of the leg and foot were nearly of their natural colour and consistence, as also the vessels, which were empty.

After death an examination of the body was obtained. The dislocated shoulder presented nothing particular on external inspection, except that its movements were lax, and the skin a little ecchymosed; the cellular tissue in the axilla was found infiltrated with bloody pus; the capsular ligament had, at its inner part above the insertion of the uninjured subscapular tendon, a slit-like opening, formed by the separation of its fibres, and sufficiently large to allow the head of the humerus to escape; the joint contained about an ounce of pus similar to that in the knee, and presented no marks of inflammation; the long head of the biceps was natural; the supra and infra-spinatus, with the teres minor muscles, were detached from the humerus, and had torn off the bony surface of the great tuberosity; the postero-inferior attachment of the capsular ligament was lacerated, and had allowed pus from the joint to lodge between the triceps and the bone. The liver was greatly enlarged from chronic disease, and several black tumified glands were situated

in the course of the left iliac vessels; there was no union of the tibia, and a bed-sore was on the sacrum.

Remarks. The dissipated habits of this patient had undoubtedly so weakened his system, that it was unable to encounter an exhausting suppuration, more seriously debilitated as it was by the shock of the accident and of the operation. The dissection of the limb sufficiently accounted for the occurrence of the gangrene; the stretched and lacerated condition of the vessels can only be supposed to have been produced by the inferior end of the fractured bone having been greatly displaced by the injury, and thrust backwards with the vessels upon it, which of course would violently extend and stretch them, for no rupture or laceration of the surrounding tendons existed to show that the limb had been forcibly lengthened by the accident; that there had been no bleeding from the artery was not surprising, as its state resembled exactly that which is induced when a limb is torn off by machinery, and where generally there is no hæmorrhage. The examination of the dislocated shoulder presented nothing peculiar beyond what has been recorded in other cases, except that it contained pus, which however was most probably a mere deposition from the depraved blood, as no trace of inflammation could be found. The fracture of the great tuberosity appears to be a rare occurrence, and is a good illustration of the immense power these muscles sometimes exert in attempting to prevent a dislocation.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF DISLOCATION OF THE SPINE.

(Reported by Mr. W. H. COLBORNE.)

Thomas Young, labourer, was admitted into this Hospital, under Mr. Liston, October 27th, for an injury to the spine. The patient is about 22 or 23 years of age, stoutly made, of florid complexion, and general good health; he gives the following account of his accident:—On the 23rd, whilst standing on a high ladder, a sudden sensation of giddiness came over him, and losing his hold he fell to the ground: he was not rendered insensible in consequence, and though he says he felt much shaking, he was able to walk home soon afterwards; next morning on leaving his bed-room, being at the stair-head, he was again seized with vertigo, and having fallen to the bottom, was taken up insensible, and continued so for some time; on awaking from his stupor, he found that the power of motion and sensation was lost in both of the lower extremities. A medical attendant was called in, who sent him into the Hospital on the 27th.

State on admission.—There is a complete loss of sensation in all parts below the clavicles; the power of motion in the lower limbs is altogether gone; sensation is much impaired in the upper extremities, and though every movement can be performed by them, yet they are so much weakened as to be nearly powerless; no particular pain is complained of but a general sense of uneasiness, and he says he feels stupified. Respiration is purely diaphragmatic, not the slightest motion of the ribs being perceptible, and articulation slow, and during expiration, difficult. The bladder is distended, but he is unconscious of it, and has felt no