

record, and I gather from such details as are given with respect to the places in which the mussels were found that they were in contact with sewage or stagnant water.

Dublin.

A CASE OF VERTICAL DISLOCATION OF THE PATELLA.

By ED. A. PIGGOTT, L.R.C.P. & S. EDIN., L.S.A. LOND.

THE following case occurred in my practice some time since. This form of dislocation being somewhat uncommon, and great difficulty having been experienced in its reduction in some recorded cases, are the principal reasons for my publishing these notes, and, I think, make the case worthy of observation.

Walter M—, aged thirty-two, an agricultural labourer, when endeavouring to gain the high road from a field by means of jumping a ditch, alighted upon uneven ground, and, losing his footing, made a sudden and violent muscular effort to regain his equilibrium, in which he failed, and fell into the ditch, from which he was unable to raise himself. Fortunately help was at hand, and he was conveyed to his home in the immediate neighbourhood. On arriving at the patient's cottage, some four miles distant from my residence, and making a careful examination, I found that the patella was dislocated vertically—in fact, completely twisted round upon its axis, so that its internal edge was resting between the condyles of the femur upon the trochlear surface of that bone, its external edge projecting beneath the integument in front of the knee-joint in a line almost directly forwards, but with a very slight inclination outwards. The man was in extreme pain, and the slightest attempt at movement of the knee-joint caused intense agony. I endeavoured to reduce the dislocation by ordinary manipulation, but after several attempts this proved impracticable. As, unfortunately, I had no supply of chloroform with me, I decided to make a further attempt at reduction before procuring it, especially as the patient was in a state of semi-intoxication, which circumstance would necessarily favour my efforts. Having procured some stout towelling, I placed a clove-hitch round the ankle-joint, and with the aid of three powerful men made extension directly downwards, at the same time raising the limb (the patient lying upon his back on the floor) with counter-extension beneath the axillæ. During the period extension was being exercised I made considerable pressure on the outer edge of the patella with my fingers and thumbs. Then *suddenly* relaxing the extension, I sharply flexed the leg upon the thigh, or rather my assistants did, at the same time keeping up the pressure upon the patella, when the bone slipped into its normal position with a very audible "crack." The limb was then put up in a suitable splint, and a lotion containing tincture of opium combined with solution of subacetate of lead applied, ten grains of Dover's powder being prescribed internally at night. The local inflammatory mischief was very slight, and at the end of three weeks the patient was able to walk with no other support than a stick.

Remarks.—I considered myself fortunate in reducing the dislocation, with, comparatively speaking, so little trouble. This I attribute principally to my having seen the case almost immediately after the injury was inflicted, and to the efficient and unhesitating manner in which my untutored assistants carried out my instructions.

Clare, Suffolk.

PILOCARPINE IN POISONING BY BELLADONNA.

By WM. MCGOWAN, B.A., M.D.,

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ON Dec. 25th, 1889, at about 11.30 A.M., a messenger came for me to visit immediately Mrs. M—, aged about thirty-seven, who was said to be dying from having taken a quantity of a liniment by mistake for a dose of a mixture she had been ordered. As the remains of the bottle were not brought to me for inspection, I had no means of knowing or finding out then what the poison was. Taking with me a hypodermic case, stomach pump, &c., I arrived at her residence, three miles distant, shortly after 12 o'clock. I found, on examining the bottle, that the liniment was

linimentum belladonnæ B.P., and that at about 8 A.M. she had taken a large tablespoonful of it. Her condition was very serious. She was totally unconscious, and breathing stertorously; there were frequently recurring convulsions; the pupils were widely dilated, so that there was only a ring of iris, and they were not influenced by light; the extremities were cold, the heart greatly excited and weak, and the pulse scarcely perceptible at the wrist. She presented all the appearances of approaching death. Some attempt had been made before my arrival to procure vomiting, but without success. As she could not swallow, I injected one-tenth of a grain of apomorphine. This failed to produce vomiting, and, fearing the depressing effect sometimes produced by the drug, I did not repeat it, but at once introduced the tube of the stomach-pump, and thoroughly washed out the stomach. The stomach was almost empty, and I could not detect any odour of belladonna in the water returning from it. I then injected hypodermically one-third of a grain of pilocarpine, passed the catheter, and withdrew nearly a pint of urine, injected a pint of strong hot coffee into the rectum, and used flagellation with a wet towel over the chest and cheeks. I also applied mustard to the calves of the legs. In about half an hour improvement was observed; her countenance became more natural. A little later she looked about her, and was soon able to swallow small quantities of sal volatile and strong coffee. At 2 P.M. I left her, ordering the sal volatile and coffee to be continued alternately, and warning the attendants against allowing her to sleep. At 5 P.M. I returned, and found her sitting up in bed in a rather excited condition, and talking deliriously. She knew me, but did not realise her position or know anything of what she had passed through. I injected another third of a grain of pilocarpine. It did not at any time produce perspiration, but only a little softness of the skin. From this time recovery was uninterrupted. She complained of thirst and dryness of the throat, and remained very weak, being unable to get up for nearly a week.

Remarks.—I consider this case worth recording, on account of the undoubted action of the pilocarpine in antagonising the belladonna. Owing to the length of time from taking the dose and my seeing her (over four hours), the poison must have been entirely absorbed, as, indeed, was clear from the absence of odour of belladonna in the washings of the stomach, and from the very marked and characteristic toxic effects. Although I used the stomach-pump, I cannot attach much importance to this part of the means adopted. There can therefore be little doubt as to the effective part played by the pilocarpine in the cure, and in preserving a valuable life to a large family of helpless children.

Maghera, co. Londonderry.

SIMULTANEOUS FRACTURE OF BOTH CLAVICLES.

By W. H. BOGER, M.R.C.S. ENG., L.R.C.P. ED.

I MUST candidly admit that until reading Mr. Owen's article in THE LANCET of July 5th I was unaware that simultaneous fracture of *both* clavicles was such a rare event. Having, however, had a case quite recently, possibly it may be worthy of record.

J. S—, a farmer, aged forty-five, was riding in a steeple-chase at the Fowey annual races, when his horse, which he had failed to draw in soon enough to take the first fence, came with such force against the hedge that it threw its rider, who, turning a complete somersault in the air, disappeared into the adjoining field. The horse then turned, and, scrambling over after the others, slipped and rolled over on top of its rider. I happened to be at the other end of the field, and so only saw the accident from a considerable distance, and on arriving at the scene of the disaster found they had dragged the man away from the spot where he had fallen to avoid the oncoming horses from doing him any further damage. I made inquiries as to the position &c. in which he fell, but could gain nothing definite, so that whether it was likely to have been done before or after the horse fell on him I am not prepared to say. Unfortunately he turned out a very tyrannical patient to have to deal with, for he would neither lie still nor keep the bandages on I placed round him, and finally insisted on going home four days after the accident, a distance of some thirty miles, in a close carriage. The fractures on both sides were situated about the junction of the middle and outer third, and came