

pressure on the larynx; sitting up in bed; has swallowed but little since his admission. Ordered weak broth for diet.

24. Voice gradually returning; ordered blister to the throat, to be followed by a poultice.

26. Walking about; union of cartilage quite firm; voice improving; blister repeated; treatment continued; brown mixture for cough, which troubles him slightly.

28. Voice nearly well, though hoarse; swallows as well as ever; cartilages united entirely.

November 4. Patient discharged; voice strong; no motion in the cartilage; slight hoarseness.

December 15. The patient was seen to-day; he is able to attend his duties; speaks clearly; but is unable to call the hour, without some difficulty; has been free from pain since he was discharged.

CASE OF DISLOCATED CLAVICLE, CURED IN TWENTY-TWO DAYS, WITH DEFORMITY.

Michael M—, labourer, aged 35, fell, in going down stairs, on the 27th of October, 1837, and struck the extremity of the shoulder. He, however, took little notice of it until the 30th, when, becoming alarmed at the continued stiffness, he consulted a physician; by him it was mistaken for dislocation of the humerus, and sent to the hospital to be reduced. The shoulder was flattened, and apparently hollow near the clavicle, owing to the projection of its scapular extremity; but the rotundity of the shoulder was easily restored by forcing the humerus upwards. He was dressed with the apparatus for fractured clavicle, (mentioned in a previous number,) and placed in bed. As long as he continued perfectly at rest it remained reduced, but the least motion forced it out again. He was therefore dressed with Dessault's bandage, and a large compress over the end of the clavicle; but this did not answer much better; so that, after being confined for some days, all was removed except the sling, the patient being exceedingly restless. In this way, he was allowed to walk, and on the 26th of November was discharged, having the entire use of the arm, although the clavicle still projected a little over the shoulder-joint.—*Philadelph. Med. Examiner*, April, 1838.

CASE OF AMPUTATION AT THE SHOULDER-JOINT, FROM EXTENSIVE LACERATION IN MACHINERY.

Walter L—, a black man, aged 29, was admitted early on the morning of November 17th, 1837, for a very bad compound fracture of the hand, forearm, and arm. He was engaged in attending a steam-engine, for kneading dough, at a biscuit bakery, and whilst placing the dough under a heavy lever, by which the crackers were cut, stamped, &c., his left hand was drawn into the machinery up to the shoulder. The arm

was terribly lacerated, being punched at regular distances from the fingers up to the shoulder; the bones of the hand and forearm were broken into many pieces; humerus fractured in three places; the brachial artery divided, and bare to within two inches of the axilla. He had lost much blood immediately after the injury, but had no hæmorrhage at the time of his admission, one hour and a half afterwards. The skin was torn from the chest for several inches, and from the neck to within one inch of the lower jaw; the head of the humerus was dislocated, and the skin torn some distance on the back part of the chest. On his admission, the threads holding the arm together were divided within four inches of the axilla, the vessels tied, and stump dressed with dry lint. The patient was then put to bed; ordered *tinct. opii* gtt. lxxx., with a little wine and water. A consultation at 12½, P. M., determined on amputation at the shoulder-joint. The man having reacted sufficiently, the operation was performed by Dr. Randolph, in the presence of the surgeons of the house, and several medical men. The artery was compressed above the clavicle; and the arm being much lacerated, the vessels were first dissected up and tied; the muscles on the top were divided by the catlin; the capsular ligament divided, and the head of the bone turned out. The muscles on the axilla were next divided, the smaller vessels tied, and a flap formed by bringing the deltoid, &c., to the side. The usual dressings were applied, and the patient put to bed; pulse good; little blood lost during the operation; diet, sago; ordered *t. opii*, gtt. lx.

Night. Pulse very quick—considerably over 160; cold sweat; no hæmorrhage; complains of little pain; ordered wine ℥iij, in sago; *laud.* gtt. l., and hot tins to extremities.

19. Pulse fuller—165 in the minute; skin warm and pleasant; slept tolerably; ordered *t. opii*, gtt. lx., and same treatment.

Night. Pulse slower—about 130; skin warm and moist; laudanum repeated; continue wine, &c.

20. Great prostration; pulse quick and irregular; ordered hot egg-nogg, and stimulated very freely.

20. Died at 2 A. M., having never entirely recovered from the shock to his nervous system. There was no examination of the body.

HOUSE-MAID'S KNEE.

To the Editor of THE LANCET.

SIR:—The following detail of a case commonly called "house-maid's knee," I beg to forward to you, and should you deem it worthy of your notice, I shall feel obliged

by your inserting it at your earliest convenience. I am, Sir, your obliged and humble servant,

WM. LAMBTON, Surgeon.

Rotherhithe, July 4, 1838.

Kitty O'Brien, ætat. 23, of a delicate constitution and pallid complexion, applied to me for relief on Sunday, the 10th of June, for a swelling in the left knee-joint. She states that she has been in Guy's Hospital for *three weeks*, under Mr. Aston Key, and had left on Tuesday, the 5th of June, in very delicate health. Complains of great pain in the left side; has no appetite; lives on tea and a "morsel" of bread; spirits much dejected. On inquiry I found that she has never had the slightest appearance of catamenia; has two sisters, one twenty and the other eighteen years of age, and neither of them have menstruated.

She has been in service from a child, and at the last place, where she had lived for *four years*, she was in the habit of washing stone floors, and never remembers, during the whole of that period, using a mat to kneel upon more than half a dozen times, although her "mistress had repeatedly scolded her for being so careless of herself as to wash the kitchen floor without kneeling on a mat, and let the damp strike into her knee." Never had a pain in the right knee-joint, which she attributes to leaning her weight on the left, while in the act of washing the floors. While in hospital has had leeches and blisters applied to the knee, had one blister applied by a medical man since she left the hospital.

The plan of treatment I adopted was to exhibit two grains of the sulphate of quinine, in the form of a pill, *three times a-day*; to have *whatever* she might fancy to eat, with a pint of porter at dinner, and another at supper; to attend strictly to the bowels, for which purpose I ordered her a dozen pills, each containing one grain of calomel and four grains of comp. ext. of colocynth. One to be taken when required.

She improved, after a few days, under this treatment; and on Monday, the 18th of June, I ordered her—

R *Iodine*, ʒj.;

*Hydriodate of potash*, ʒj.;

*Fresh lard*, ʒij. Mix; make an ointment. Apply it to the knee three or four times a-day, taking half an hour each time to rub it well in.

I have seen her daily since the ointment has been in use, and it is quite gratifying to find the knee gradually improving.

Last Monday, July 2, she called and stated that she was quite well. She has been taking quinine for three weeks, and has been using the iodine ointment for a fortnight. The pain in the side has left her; her countenance is quite cheerful; the swelling in the knee is *completely* gone; it

is now of the same size as the other, and she can walk comparatively well, being, of course, a little weak.

Thus, then, I find that she has taken during the time she has been under my care—

*Sulph. of quinine*, ʒj. xii. gr.;

*Calomel*, gr. xviii., combined with *ext. of colocynth*, ʒj., gr. xii., internally.

She has besides used *three boxes* of ointment, making in all—

*Iodine*, ʒij.;

*Hydriodate of potass*, ʒj.

Although she may now be termed cured, I have recommended her continuing the medicines for some short time longer, when I intend to put her under a course of the tincture of the muriate of iron.

## A DRUGGIST PRACTISING UPON HIMSELF.

To the Editor of THE LANCET.

SIR :—In the last number of your valuable Journal you give a case of death arising from the ignorance of a Yarmouth druggist. A similar event has latterly occurred in London, but under different circumstances. An old druggist, in extensive practice, was attacked by the usual symptoms of strangulated hernia. The *Doctor*, for so he was called by his customers, prescribed for himself, under the notion that the disease was an affair of chalk mixture; and would see no surgeon for some time. A surgeon was, however, sent for at last, and operated; but the bowel had mortified, and death ensued shortly.

This druggist had faith in himself, and while incapable of recognising strangulated hernia, would, no doubt, have undertaken its treatment in a patient, with as much confidence as in his own person. He has left a large family. It is melancholy to reflect, that in the present state of medical law, families led to delay sending for medical advice, by ignorant druggists, have no legal remedy. The lives of the poor are left absolutely at their mercy. Is this right? Should every facility be given to suicide in order to ensure the liberty of Englishmen?

Why are the druggists of this country left ignorant of chemistry, and of their own branch of practice—the *materia medica*? Why are they unable to test the properties of drugs? It is only by neglecting their own branch that they are able to delude and destroy the poor. At the same time, I must confess, that so long as surgeons are found retailing and vending halfpennyworth's of drugs, and playing the tradesman, tradesmen will be found playing the doctor. Yours, &c.,

M. L.

[This letter has been properly authenticated.—ED. L.]