

case. If more or less shock-sound be heard with the murmur, this does not disprove my case. The questions, then, arise, What is the source of this shock-sound? Is it the true heart-sound, or is it only an appendage to the murmur which has replaced the normal sound? The present theory does not rest for support on the advocacy of its author. It has many adherents, and amongst them such eminent men as Dr. Walshe. His published works and his well earned reputation as one of the ablest and most accurate observers with regard to everything that concerns auscultation and physical diagnosis that this country has produced, makes his testimony of special value. I may be pardoned, therefore, for giving the following extract from his last work. After having considered the merits of the muscular theory of the first sound as well as several others, including my own, he says: "In fine, the theory advocated by Dr. Leared appears more in accordance with the principles of physics and better reconcilable with numerous facts of clinical experience (many of which will appear in the sequel) than any of its rivals."*

Considering the turn which this discussion has taken, I have no wish to prolong it; but that matter does not rest with myself alone, and, if necessary, I shall be again ready to maintain what I believe to be the true theory of the sounds of the heart. The rule observed throughout has been to meet fairly every objection brought forward.

SURGICAL MEMORANDA.

DISLOCATION OF THE TIBIA FORWARD.

HAVING noticed in the JOURNAL for May 5th the record of some cases of rare dislocation by Mr. Bradley of Manchester, I am induced to communicate the details of the following case, in the belief that they will be of interest to him, and perhaps to the profession generally.

On March 31st, 1875, while in practice in Cape Colony, I was requested to proceed to a farm distant about three hours' ride from the village in which I resided, to see a man who, four and a half days previously, had been kicked by an ox. I found the patient suffering intense pain, lying in a hut near which he had been working when the accident occurred. In the region of the left knee-joint, there was extreme deformity, evidently due to displacement of the bones of the leg forward; the tibia was riding on the front of the lower end of the femur, while the latter appeared to be rotated inwards, as the internal condyle was pressing strongly on the skin in the popliteal space. A circular spot of skin, black, hard, and dry, was adherent to this condyle, and followed it when reduction was accomplished. The leg was shortened to the extent of three inches. The foot and leg were œdematous, but much less so than might have been expected. There were several large bullæ, full of bloody serum, on the outer and posterior aspects of the joint; the largest of these being on the spot at which the blow had taken effect—immediately behind the head of the fibula. By extension and manipulation, the dislocation was readily reduced without the aid of chloroform. The parts behind the joint were dressed with a watery solution of carbolic acid, and the limb put up in an improvised long splint, without extension.

I left the colony immediately afterwards, and saw this man no more; but he ultimately did well, as a friend, writing to me three months later, stated that — had repeatedly sent for more lotion, and was last seen hobbling about leaning on a stick.

ALEXANDER NAPIER, M.D., Crosshill, Glasgow.

THERAPEUTIC MEMORANDA.

THE EMPLOYMENT OF LIQUOR AMMONIÆ ACETATIS IN DYSMENORRHEA.

THE following case may prove interesting, as affording additional evidence of the usefulness of liquor ammoniæ acetatis in painful menstruation.

On June 22nd, at 6 A.M., I was called to see M. C., aged 19, who was stated to be in great pain. On arrival, I found the patient writhing in agony, her face pale, and the body covered with profuse perspiration. She is a healthy-looking and well nourished girl, but not of a marked plethoric habit; and I was informed that, with the exception of the dysmenorrhœa, her health had always been good. Since menstruation commenced, four years ago, she has always suffered more or less at her periods, but never so much as on the present

* *Op. cit.*, page 57.

occasion. I was told that menstruation had come on some little time before I was called, and that a slight "show" had appeared. I prescribed a drachm of liquor ammoniæ acetatis with a little spirit of chloroform every hour until relieved. On visiting the patient again in the course of a few hours, I was informed that she had taken two or three doses of the medicine with the most satisfactory results, and she now expressed herself as quite free from pain.

In the afternoon of the same day, the pain returned slightly, but was again relieved by the medicine, and since then there has been no recurrence.

I find that the same satisfactory results have been obtained by my brother, Mr. C. W. Drew, previously in the same patient, and also in other similar cases where everything else has failed. How the liquor ammoniæ acetatis effects this result is not quite clear, but certainly, in some cases, it seems to act as a specific. It may be that the same influence is exerted on the uterine surfaces as on the cutaneous, increasing secretion, making the flow more free, and thus lessening the tension of the engorged vessels.

CLIFFORD L. DREW, M.B.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

HOSPITAL NOTES.

ST. THOMAS'S HOSPITAL: MR. MACCORMAC'S WARD.

Excision of Hip-Joint.—A boy, delicate-looking but playful and free from pain, had undergone excision of the hip-joint a few weeks before. Previously to the operation, he suffered great pain, and hypodermic injections of morphia were needed daily. General constitutional disturbance had been marked, and signs of commencing phthisical changes were found in both lungs. Immediately after the operation, pain ceased and his general health improved. Another little boy had just been admitted for hip-joint disease, with suppuration. There was considerable shortening of the limb; the head of the femur appeared to have been absorbed and sinuses existed. On examining the pelvis through the abdominal walls, much inflammatory thickening could be felt on its inner surface opposite the acetabulum; evidently the inflammation, and probably the suppuration, extended through into the pelvis. Mr. Mac Cormac remarked that, in such cases, it is usually the junction of the three portions of the innominate bone at the acetabulum that gives way; the pus then enters the pelvis, and, as it accumulates there, tends to strip up the periosteum from the bone. Hence this swelling in the pelvis is an indication for excision rather than against it, as is often taught. After excision, there will be free exit for the pus; removal of the dead bone will, it is hoped, lessen the discharge, and the sections of healthy bone may produce fibrous union. Directions were given for a careful examination of the lungs and urine to be made previously to a final decision on operative procedure.

Hæmophilia.—A man aged 42 had received a blow on the cheek, and dangerous hæmorrhage resulted from the socket of the last molar tooth. On admission, the blood welled up continuously, but not in large quantities. Various styptics were used without success during the first week. The loss of blood amounted to about half a pint a day, and threatened life. Another plan was then tried. A piece of India-rubber was rendered soft in hot water, placed over the bleeding jaw, and the mouth firmly closed upon it; it was then moulded so as to form a case over the bleeding point; pressure was thus effectually made, and the bleeding has not recurred during the last week. Ergot has been given internally, and ergotine by hypodermic injection. The patient has five brothers, of whom three are "bleeders"; his two sisters are not so. Neither his father nor mother are thus afflicted, but his mother's father, uncles, and aunts were "bleeders". Such conditions seem to be transmitted to children by the mother rather than by the father, and a mother may transmit the tendency without appearing unhealthy herself.

Cicatrix after a Burn.—A boy was admitted with a very extensive granulating surface on the right side of his chest, passing up to the axilla, as the result of a burn. There was as yet no cicatrix, but it was certain that such would form and tie down the arm. A month ago, Mr. Mac Cormac dissected a long flap of skin from the dorsal region, and brought it horizontally forward under the arm on to the granulating surface, leaving its upper extremity at the spine. A part of this flap