ing under acute rheumatism for about a fortnight. The pain was severe, beginning in the fingers, and knuckles. There were no heart symptoms. His general health seemed to be pretty good. He was put at once on the opium treatment; a pill containing one grain of opium with a small quantity of colocynthis being given him every hour. He at first took six pills that day, but, after the course of seven hours, with manifest relief to the pain, but without their procuring sleep. During the next three days the pills were continued regularly (he took fifty-two in this time); when, as he was becoming delirious, they were ordered every third hour, and then discontinued. He had thus taken sixty-two grains of opium altogether in five days. The principal effect appeared to be the relief of the pain, so that he could settle down in his bed, whereas, on his admission, he could not bear to be raised. He did not sleep inordinately, and was always easily roused. The delirium noted above soon subsided on the omission of the narcotic. He was ordered to have an effervescing saline draught with ammonia.

On November 4th, however, cardiac symptoms supervened; a friction-sound and systolic murmur were heard. Leeches were applied; and the opium was again ordered before, and again pushed till he began to show symptoms of delirium. This was on the 11th. In the interval, the symptoms of pleurisy had been added to those proceeding from the affection of the heart. He was now ordered to take the pills every three hours; and, in a few days, this was diminished to four hours. This treatment (he had been taking the saline mixture at the same time) was continued till December 1st; when, as his pains had subsided, and his powers were well enough for exertion, the friction-sound disappeared; the chest seemed free from fluid; and he was advancing rapidly to convalescence. He left the house, in every respect well, on December 15th; thinking himself in no respect weaker or less healthy than before the attack.

Case IV. George F., aged 36, a huckster, was admitted on Nov. 14th, and discharged on January 5th, with acute rheumatism (the second attack) of six days standing. The pains were seated in the wrists and ankles, and were no heart affection. The progress of this was very like that of the other cases. He was ordered four ounces of lemon juice a day, and the same pill as in the previous cases every hour. This was continued for twelve days, and during nine of them the doses were accurately noted; they amounted to a hundred and forty-one grains of opium. Murmur, both exo- and endocardiac, occurred on the fourth day of the opium treatment. The latter never produced any narcoticism or delirium. There was effusion, also, in the pleurae, as in the last case; and he suffered from slight bronchitis. The pains were soon subdued; and the cuticular symptoms altogether subordinate to thinking of the chest, to which the treatment was afterwards directed.

Case V. John W., was admitted on account of a slight accident, and transferred on account of rheumatic pain and stiffness of the wrists and ankles, and some pain in the chest, on November 10th. These symptoms had existed three days. A systolic murmur was heard. In this case the same treatment was at first employed, and he took a hundred and twenty-seven grains of opium in all; when, as he had been brought on under the influence of the drug, and was slightly delirious, its further use was suspended. It did not seem to have produced any marked benefit.

Oxenford Place Medical Society. The first meeting of this Society took place on Thursday evening, November 12th, W. Adams, Esq., in the chair. The President opened the proceedings with a brief and energetic address, complimenting the students on the success which has attended the labours of their society; pointing out to them the advantages, social, scientific, and professional, which arise from such reunions; and giving some general instructions as to the course which should be pursued in the preparation of papers for the meeting. T. A. F. Scott, on Excision of the Knee Joint. In this paper he defended, from statistical evidence, the operation of resection; and showed, from an analysis of all the cases that had been performed, that the operation was performed with a success of no less than 97 per cent. He then contrasted this favourably with the mortality from amputation of the thigh; and concluded by answering the objections that have been brought against the operation.

After the paper an interesting discussion took place, in which Mr. Richardson and Halford, Mr. W. Bloxam, the President, and others, took part.
INTRAUTERINE INJURIES AND DEFORMITIES, WITH A CASE OF COMPOUND DISLOCATION OF VERTEBÆ.

By R. U. West, M.D., Alford, Lincolnshire.

The perusal of the accounts of some curious cases of intrauterine fractures, recently published in the Journal, and especially of Dr. Barker's elaborate paper on the subject, reminds me of a case of some singularity, which I met with in my practice some years ago, and concerning which I have the following brief note and rude sketch in my register:

"No. 967. November 10, 1844. Primiparæ. Delivery with vetch. Fussus hydrocephalæ, at the full time. Spina bifida; vertebæ quite dislocated; club feet; left knee stiff, and bent forwards. There was a considerable quantity of fluid between the chorion and the amnion. The child lived three days, with inability to retain urine or feces."

To the above extract from my note-book, I may add from my recollection that the women present at the labour at once attributed the miserable condition of the child to repeated injuries received by the mother from its father, who had frequently kicked her on the back and abdomen. No doubt the complication of hydrocephalus, distorted knee and club feet, were of the kind frequently seen either associated with, or caused by, spina bifida. How far the spina bifida could be the direct effect of an injury or blow inflicted on the mother's abdomen, in the manner so distinctly described by Mr. Davies, of Pershore, in the account of his case, or the indirect effect of the mother's imagination after having been kicked on the back, must remain doubtful. After Mr. Davies's very distinct statement, and other analogous accounts, it would seem that it is just possible that the child may be wounded by a stroke on its mother's abdomen; while, on the other hand, examples of the effects of the maternal imagination on the fetus are so numerous and so well authenticated, that we may perhaps, to some extent, admit the latter supposition as accounting for the injury to the child's back. A spina bifida once in existence, the distorted knee and club-feet are easily accounted for, being the effects of spinal irritation. But the coincidence of a large hydrocephalus, which this was, with an open and discharging spina bifida, is not so intelligible to me when I reflect on the following case; I again copy from my register:

quently rubbed with a powerfully stimulating emulsion containing opium.

On Oct. 1st. He is now going about, rapidly regaining strength, though still complaining of extreme tenderness about the muscles, especially those which were principally subjected to spasms; and the features have not regained their wonted appearance, insomuch he presents a peculiar grise, which gives him a highly ludicrous appearance.

Remarks. Although this case is to be considered a recovery, I by no means entertain the idea of its being a cure. There is nothing like the treatment that has been practised over and over again. I must, however, confess my astonishment at the result, especially after my almost invariable ill success in these cases. The case here was sufficient to sustain him under the violence of the morbid action was exhausted. In my practice, numerous cases of tetanus have come under observation, all of which, however, with the exception of this and another, have proved fatal. The other recovery to which I allude, occurred a considerable time ago to a girl who received a contused wound on the radial side of the forearm, near the elbow. In about three weeks after the receipt of the injury, a severe form of tetanus set in. After freely evacuating the bowels, I treated her on Dr. Eliotson's plan, viz., the administration of large doses of the sesquioxide of iron. On the fifth day, the malady had passed off. A similar case occurred soon afterwards, and I adopted the same plan of treatment, but not with the same fortunate result: the case terminated fatally.

The cannabis Indica or Indian hemp, so highly extolled by Dr. O'Shaugnessey, I saw submitted to a fair trial in the year 1845, by the late Mr. Maurice Collins at the Meath Hospital, Dublin. The patient was in the hospital for treatment of a lacerated wound of the leg, during which period tetanus came on; and, although the remedy had a careful trial, the case ran on rapidly to a fatal termination.

I have never used chloroform; and, from what I have seen of the practice of others, I feel no inclination to do so. In the Royal Infirmary of Edinburgh I witnessed its inhalation, but with no advantage further than a temporary alleviation of the spasms.

About two years ago, there was a vigorous young Irishman brought into the City of Dublin Hospital, in consequence of a severe injury of the hand, produced from the bursting of firearms. I was present at a clinical lecture given by Dr. Hargrave, Professor of Surgery to the Royal College of Surgeons, Dublin, also the author of a valuable manual on operative surgery, when he referred to this case, and spoke of its being a wound of that character in which lockjaw might supervene. In that institution, they have a remedy, which is designated their "anti-tetanic pill," the composition of which, if my memory serves me right, is colocynth, senna, calomel, tartar emetic, and hembane: one of these pills is directed to be taken every six hours. Dr. Hargrave expressed his confidence in the prophylactic efficacy of the medicine, as it keeps up free intestinal action, besides correcting the secretions. The patient made a good recovery, without any tetanic manifestation.

As to the insutility of attacking the spine with counterirritants, I may relate the following case:—A able strong man, employed on the station of the London and North-Western Railway Company, got his hand jammed between the buffers of two wagons. The integuments of the hand were much bruised, and the muscles of the ball of the thumb considerably lacerated. When the poor fellow had almost recovered from the casualty, he became the subject of the severest attack of trismus and opisthotonis I had ever the painful opportunity of witnessing. I bled him to sixteen ounces, purged him freely, gave calomel, opium, and tartar emetic, with antispasmodics: turpentine dressings to the wound. On the day succeeding the attack (owing to the man being an old and trustworthy servant), his employers requested that I should take along with me a gentleman who at the time stood at the head of his profession in this town, but has since removed from among us. On seeing the man, the worst imaginable fate was adopted, he concluded that he could only make one suggestion, viz., a free application of the actual cautery along the whole course of the spine. This was done about noon, and the formidable operation is said to have been painless. The patient was kept under the application of the cautery, the jaws could be more opened, and the extremities became more flexible. This state of matters, unfortunately, was but of short duration; the patient relapsed into his old state, and died, put an end to his agonies about the following midnight.