

Reminiscences of a medical life : with cases and practical illustrations / By Jonathan Toogood.

Contributors

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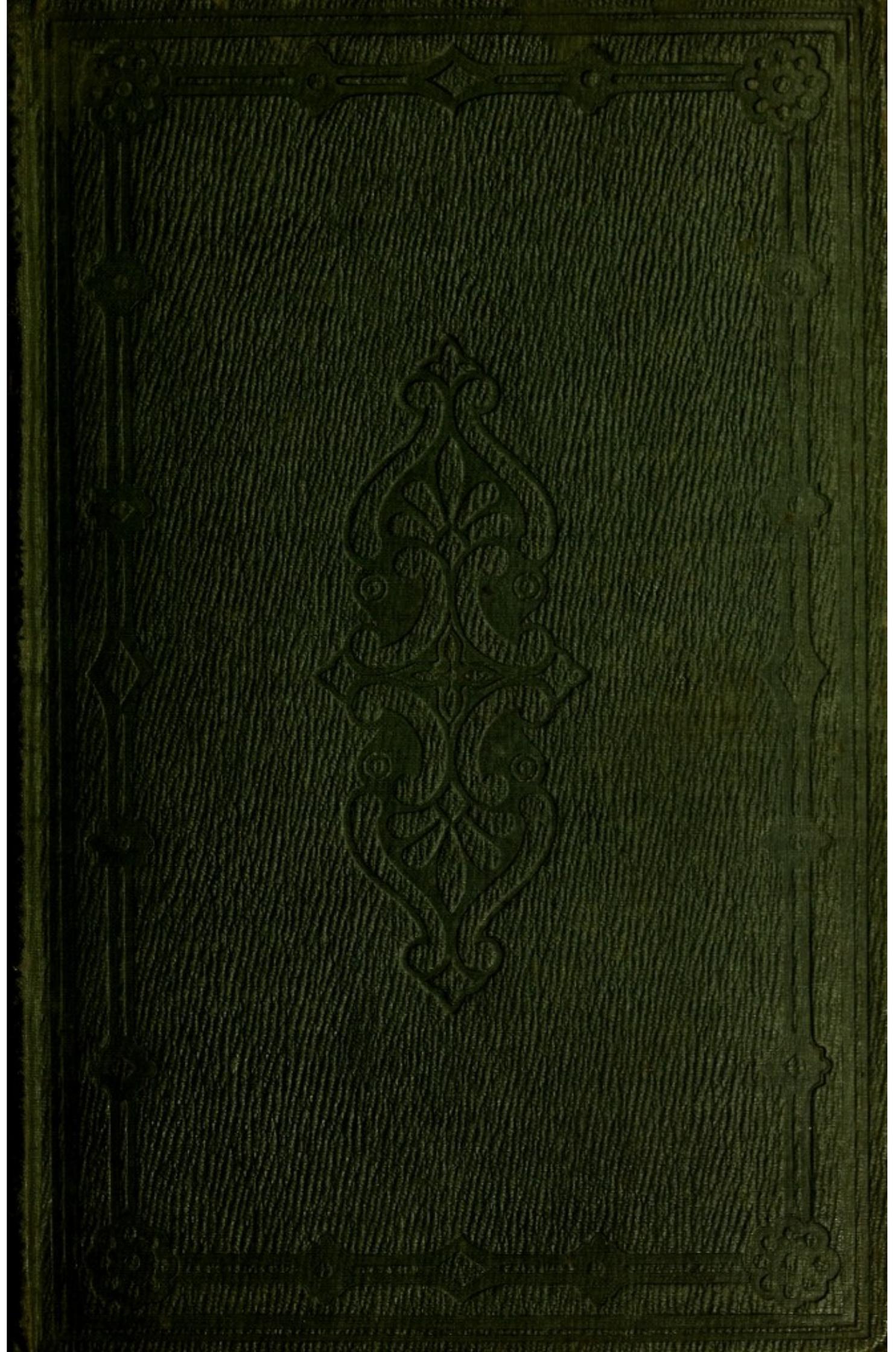
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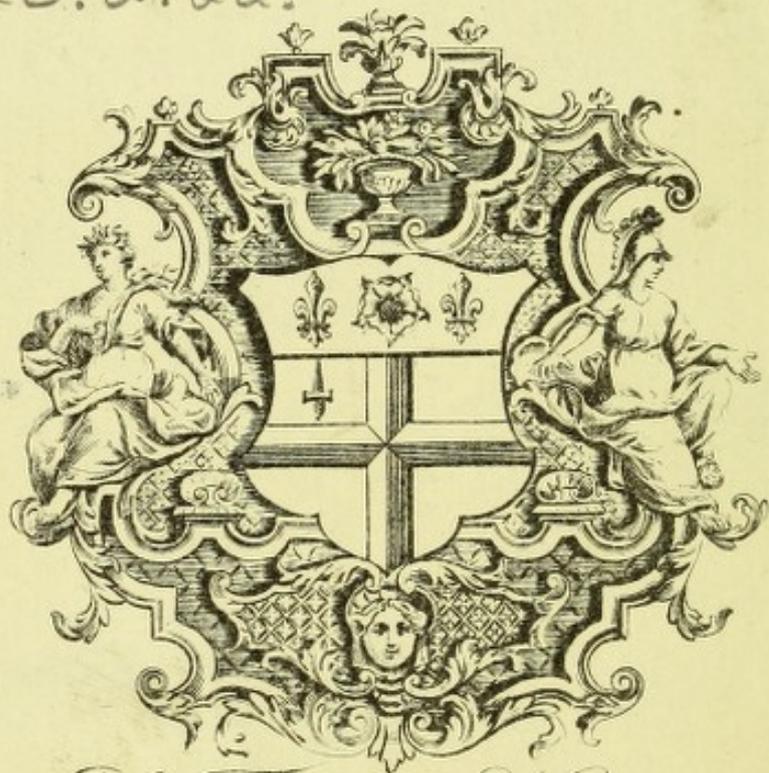
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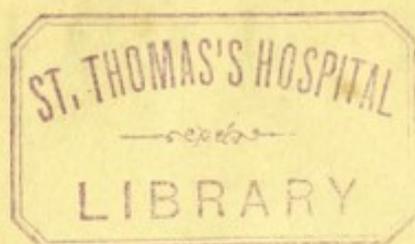
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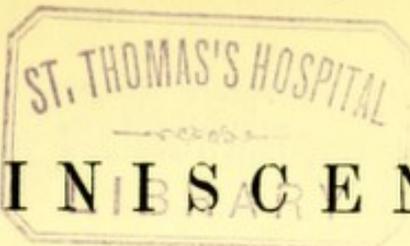
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TOO GOOD, JONATHAN
REMEMBRANCES OF A
MEDICAL LIFE
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REMINISCENCES

OF A

MEDICAL LIFE,

WITH

CASES

AND

PRACTICAL ILLUSTRATIONS.

BY JONATHAN TOOGOOD,

EXTRA-LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS; FELLOW OF THE ROYAL COLLEGE OF SURGEONS; FOUNDER OF AND LATE SURGEON TO THE BRIDGWATER INFIRMARY; AND CORRESPONDING MEMBER OF THE EDINBURGH OBSTETRIC SOCIETY.

"Felix quem faciunt aliena pericula cautum."

TAUNTON:
FREDERICK MAY, HIGH STREET;
LONDON: LONGMAN & CO., PATERNOSTER ROW.

1853.

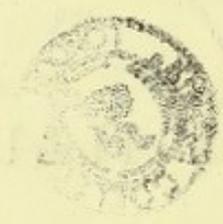
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REMINISCENCES

MEDICAL LIFE

CASES



PRACTICE

By JONATHAN TOOGOOD

Author of 'The Medical Student's Guide to the Study of the Human Body', 'The Medical Student's Guide to the Study of the Human Mind', and 'The Medical Student's Guide to the Study of the Human Soul'.

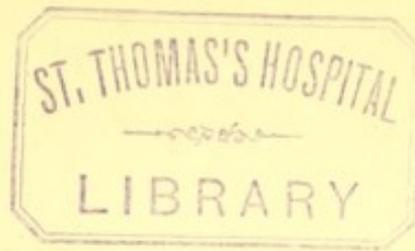
With numerous illustrations.

LONDON

FREDERICK MAY HIGH STREET

LONDON: LONDON & CO. PATENTERS BOW

1868



TO

FRANCIS SIBSON, M.D., F.R.S.

*Fellow of the Royal College of Physicians; Physician to St.
Mary's Hospital.*

MY DEAR DR. SIBSON,

I inscribe the following pages to you, in testimony of my esteem for your professional abilities, and private friendship; and in grateful acknowledgment of the skill, unremitting attention, and great kindness, with which you conducted me safely through a very severe and dangerous illness.

I do not presume that they will be found to possess any merit beyond a faithful record of cases and observations, during a life devoted to the study and practice of my profession.

That you may long exercise talent of no ordinary kind, and enjoy health to enable you to practise a profession of which you are so distinguished a member, is the sincere wish of

Your attached Friend,

JONATHAN TOOGOOD.

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ERRATA.

- PAGE vi., LINE 30. for ogri, read ægri.
,, xii., ,, 33, ,, fiæna, ,, fræna.
,, 16, last line—after flooded, add “for months.”
,, 68, LINE 22, for bere, read bone.
,, 78, ,, 29, ,, returned in, ,, returned to.

P R E F A C E .

IF Medical Practitioners generally kept a register of important cases and remarkable incidents of their lives, how much valuable information would be added to our present fund of knowledge. But, from various causes, there are comparatively few who give to the profession the benefit of their experience ; some never acquire the habit, others cannot afford the time, and some have a disinclination to appear before the public. My object, in making this attempt to detail some of the results of an extensive country practice, is to induce others, possessing more materials and greater ability, to give the profession something better worth their acceptance.

The life of a medical man is not long enough to become a master of every branch of his profession ; hence arises the subdivision of labour, which chiefly obtains in cities, where some confine themselves to specialities only. But this course cannot be followed in the country. There the practitioner, who is desirous of discharging his duty faithfully to his patients, and acquitting his conscience most satisfactorily to himself, must be prepared for every emergency, and ready to act on his own responsibility on every occasion. In order to keep pace with the improvement of the times, he must preserve a teachable state of mind, still consider himself a student, and not despise information, from whatever quarter it may come, more especially if it be the result of observation—always remembering

that the old see afar, that they stand on the height of experience, as a warder on the crown of a tower; and the old must not forget, that if they see further than those who went before them, that they stand on their shoulders, and escape many disadvantages under which they laboured.

The late Sir Charles Bell, in his address to the reader, in the second volume of his "Operative Surgery," says: "Ever since I became aware of the true means of improvement, it has been my study to seek the conversation of the elder members of the profession. In this search I may confidently say that I have found their conversation pregnant with information, and their practice safe, as well as bold, in the proportion of their acquaintance with anatomy. The best Surgeons are for the most part the best men in a more extended sense; for humanity of disposition does not merely insure careful study before the duties of the profession are undertaken, but stirs on to active and virtuous exertions through a whole life."

It is extremely difficult if not impossible, to impart the results of personal experience to others, although important observations may be expressed in writing, so as to render them useful in practice.

The following case will better explain my meaning :

I was desired to see a gentleman, who had complained only the day before, and who would not have consented to call in medical advice, had not his son, who accidentally visited him on that day, urged it. He did not appear, from the symptoms which presented themselves, to have any disease of a definite character, but complained of general indisposition, referring it chiefly to his bowels. I directed such means as suggested themselves to my mind, and as his son, who lived at a distance, intended to return in the evening, I visited him again early in the afternoon. Whilst at his bed side with his family, something suddenly occurred, which impressed me unfavourably as to the result. I hardly know how to describe it properly; it was not exactly a fainting, but seemed to be a sudden failing of the powers of life, with an alarming expression of countenance. It was so transient

that none of his family observed it. I stated, much to their surprise, my doubt of his recovery, and recommended that if any family arrangements were necessary, they should be made without loss of time.

His professional adviser came in the evening, who remarked that he saw no necessity for such haste, and that it might be safely delayed until next day (Monday). He was much in the same state on the following morning; there was no pain, nothing in the pulse or respiration to excite immediate apprehension, but in the afternoon another indescribable attack occurred, in which he died. I greatly regret that, as no *post-mortem* was allowed, the cause of such an unlooked for event could not be discovered. I remember nothing like it either before or since. He was an active, temperate man, between sixty and seventy. I had long been the medical attendant of the family, but had never occasion to visit him professionally.

This case affords a singular instance of the uncertainty of general conclusions, and shows how little we are entitled to say that any case, even the most simple, is absolutely safe.

When a medical man enters a sick room, he should keep his eyes and ears open, and avail himself of every hint which may enable him to form a correct judgment of his patient's case, and not disdain to weigh any suggestion which may be offered conducive to his recovery, even though it may proceed from an unprofessional bye-stander. He should remember a proverb of the Finlanders, "The wise man gathereth wisdom everywhere, and profiteth by the discourse of fools."

It is the duty of all who study the medical profession, to bring such observations as their experience has enabled them to collect into the general stock, the great object of medical science being the discovery of the best method of curing diseases, and mitigating those which the present imperfect knowledge of our art can relieve only. I have derived such valuable information from the simple statement of facts emanating from practical men, the authenticity of which could not be doubted, that I am induced to offer some of the experience of a life wholly devoted to the study

and practice of my profession, believing that the interests of science are far better promoted by such means, than by many of the visionary theories which inundate the medical works of the present day. Men would derive more practical information from the perusal of cases, than from the excessive pursuit of the mere science of the profession. The difficulty is to turn the minds of the rising generation a little more to practical matter, when they are absorbed in pure science. I do not wish to undervalue the scientific workers ; they advance the body of professional knowledge, but they certainly do not fit themselves to cope with disease. It is more than probable that I may over estimate the value of the following pages, but I trust they will not be found altogether useless. These considerations alone have influenced me, for, at my advanced period of life, I could have no other object.

Mr. Abernethy taught that the best mode of imparting knowledge, and fixing it on the mind, was by the relation of cases, with which he used to illustrate his lectures richly; and he constantly impressed on his pupils the necessity of keeping a faithful record ; not with a view of establishing a favourite theory, or practice, but for the advancement of science and truth.

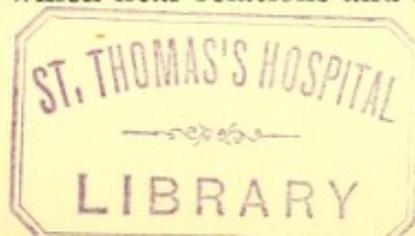
Dr. Gregory, in his observations on the duties and qualifications of a Physician, says : " Many advantages arise from consulting together with candid men, mutually confident in each others honour, which are often prevented by unhappy jealousies and animosities;" and that such too frequently prevail cannot be denied. It is to be lamented that such a state of things exists even in the great metropolis ; and it cannot therefore be matter of surprise to find it prevail more extensively in circumscribed localities, where men of equal pretensions to public confidence are struggling, not in the vain hope of realizing a fortune, (for that rarely is the fate of the country practitioner), but to procure such a competence as will enable him to maintain a respectable position in society, and where the loss of a patient cannot easily be supplied. He is therefore compelled to work out his cases alone, or with the assistance of books, which do not always afford

him the information he seeks, and he searches systems and authorities in vain, when an unusual case occurs.

This, however, is not without its advantage, by obliging him to rely on his own resources, and making him more original in his ideas, and more fertile in expedients. It was a saying of Luther, "that a man lives forty years before he finds himself to be a fool, and at the time he begins to see his folly, his life is nearly finished, so that many men die before they begin to live."

I by no means venture to assert that this saying literally applies to the medical profession; yet I believe, if men reviewed their practice, they would candidly acknowledge that they did not find themselves as wise at forty as they imagined themselves to be when they entered on their professional career. For there are some (even in our own profession) upon whom the continuance of life, and all the means of improvement, seems to be thrown away. They pass through a life full of instructive scenes and interesting occurrences—but they travel in a hearse.

Dr. Johnson, speaking of the medical profession, says: "It is a melancholy attendance on misery, a mean submission to peevishness, and a constant interruption to pleasure." Few, I imagine, will agree in this churlish sentiment; for although the proper discharge of our duties involves a large space of our time and great personal sacrifice, yet the reflection on a life devoted to the alleviation of the sufferings of our fellow creatures, is accompanied with higher feelings of satisfaction, and a more enviable reward than the acquisition of wealth. Mr. Lawrence says, in the concluding address of his last lecture on "Physiology, Zoology, and the Natural History of Man," "Our professional ministrations introduce us to our fellow creatures in the most endearing character, as instruments of unquestionable benefit; not merely in alleviating or removing the severe pressure of that great evil, bodily pain, and protracting the approach of that awful moment, from which all sentient beings shrink back with instinctive dread, the termination of existence, but in soothing the acuter anguish which near relations and friends feel for each



other." A celebrated Surgeon used to say in his lectures, "That men never approached so near the Gods, as when they devoted their lives in giving health to their fellow men." My own experience has taught me, that the medical attendant, by prompt and judicious counsel, by kind and soothing attention, and by sympathizing in joys and sorrows, in the most trying and anxious moments of life, often becomes the confidential and attached friend of the patient and his family. It must, however, be admitted that instances do sometimes occur where the sacrifice of time, health, and convenience, has been ill requited, ungraciously acknowledged, and speedily forgotten ; but these are rare.*

Charles Patin, a Physician, used to say for the credit of his art, that it had enabled him to live in perfect health until he was eighty-two years of age, that it had procured for him a fortune of twenty thousand pounds, and that it had acquired for him the friendship and esteem of many very respectable and celebrated persons. I cannot adduce such a parallel, but I am thankful to enjoy good health, after forty years most laborious country practice, and gratefully acknowledge that my profession has enabled me to educate, and establish in respectable positions in life, eight sons, and that it has introduced me to a large circle of acquaintances, and secured many valued friends.

The liberality of our profession is proverbial. No other class of

* At the anniversary dinner of the Medical and Surgical Association, at York, the Dean drew a parallel between the clerical and medical professions ; and after paying a just tribute to the latter for the zeal, active benevolence, and universal kindness which he and his brother clergymen so constantly witnessed in their visits to the sick, concluded an eloquent speech with the following happy and most appropriate quotation :

" Utilis iste labor per quem vixere tot ogri,
Utilior per quem, tot didicere mori."

Equally gratifying was it to hear the late Chancellor Pott express himself in similar terms, when he met the same Association at Exeter. In alluding to his honoured parent, the celebrated surgeon, who was the distinguished ornament of the time in which he lived, and whose matchless writings are a rich legacy to the profession, he observed that he had been taught that the paths of public service were never far asunder, and had common objects of well-doing, and benefitting others for their end ; that the motto of the medical profession was a declaration of its usefulness : " *Quæ prosunt omnibus artes ;*" and that the much honoured Bishop Hall, the first English satirist, in one of his beautiful little satires, which Pope had the good sense to admire, begins with these words :

" Worthy were Galen to be weighed in gold,
Whose help doth sweetest health and life uphold "

men give up so much of their time to the public. Hospitals and Infirmaries for the relief of the sick are to be found in every town of importance, and even in large villages, and medical men always ready to render their services gratuitously. But who ever yet saw an institution for the dispensation of law, or the protection of the poor man against his rich neighbour, free of expense. The lawyers are wiser in their generation; they are a united body, who never quarrel amongst themselves, and consequently are much better remunerated than our profession, divided, as it unfortunately is, by petty jealousies and unseemly animosities, of which the public take advantage. This was demonstrated but too plainly when the new Poor Law Amendment Act was introduced. It was a notorious fact that unworthy members were willing to undertake the care of individuals and clubs at a rate below a common farrier. Such men, estimating their services so cheaply, have no right to complain of the scale at which the Commissioners fixed their remuneration, and have placed a yoke on their own necks, and their successors, which never can be shaken off. It was well observed by the late Sir Astley Cooper, that if the older members of the profession did not stand in the breach, and assist their junior brethren, they must become barber-surgeons again. But unhappily many have put it out of the power of their predecessors to assist them, by disregarding the obligations they entered into on receiving their diploma, and adopting a course alike disgraceful to themselves, and mischievous to their more respectable brethren.

The following specimen is copied from an advertisement, the original of which is in my possession :

“ To Servants, Labourers, Mechanics, and Persons of limited incomes!

“ The advantages of Self-supporting Dispensaries have been found to be great, for the relief and assistance of a numerous class of sufferers, who, whilst they have been anxious to avoid having recourse to the Parish Surgeon, or Charitable Institutions, have been prevented from having the assistance of their own medical attendant, by their inability to meet the customary charges.

“ For the relief of such persons, it is proposed to establish a

“ **Self-Supporting Dispensary,**

“ *Conducted by MR. KING, (Member of the Royal College of Surgeons, and Licentiate of the London Apothecaries' Company,)*

“ **BALLS LANE, BRIDGWATER.**

“ Persons desirous of Medical assistance, may receive attendance at the Dispensary daily, between the hours of Eight and Ten in the morning, with all

medicines which their cases may require, on payment of the weekly sum of Three Shillings.

“Persons desirous of Medical Assistance, whose health will not allow them to attend the Dispensary, may be visited at their respective abodes, as often as their cases may require, and every medicine supplied, for the sum of Five Shillings per week.

“* * All minor operations are included in the above charges.”

[Whitby, Typ.]

It cannot be imagined that either the College of Surgeons, or the Apothecaries' Company, would ever have granted a licence to any applicant, could those bodies have contemplated such a degrading departure from their intentions.

The heartless New Poor Law is indeed a heavy blow and great discouragement to the profession; and, as the avowed object of Government was to save money, Commissioners, Boards of Guardians, and Ratepayers, eagerly joined the crusade against the medical staff. In some instances adventurers and men of inferior acquirements were employed, without due regard to their fitness or ability. An instance occurred within my own knowledge, in which an impostor was accepted by a Board, on the production of testimonials which were afterwards proved to have been forged. Abundant proof was given before a select committee of the House of Lords, of the misery, neglect, and painful loss of life, occasioned by contracting with such men, and compelling others to enter into engagements which they could not fulfill. All union medical officers, however, must not be included in this category; for it is well known that many honourable and well educated men submit to the arbitrary terms of the commissioners, at a certain loss, rather than incur the risk of a greater, by the introduction of an opponent. The following case, which occurred in a union notorious for the persecution of its medical officers, is an example of the tyranny exercised over them.

A woman, seventy-nine years of age, who had for many years a large ulcer in her leg, suffered a compound fracture of both bones. It was not to be expected that she could long survive such an injury, and the case proved fatal in a few days. The medical officer sent in to the Board the usual charge for compound fracture, which was refused. It happened that one of the

Guardians, formerly a dissenting preacher, and afterwards a disciple of the "Agapemone," denied that the fracture was compound, and advised that payment should be resisted. In this opinion he was seconded by an *ex-officio* Guardian, who had made himself conspicuous by talking on all occasions "De omnibus rebus et quibusdam aliis," and, by assuming an authoritative tone and manner, had acquired some influence over a portion of the Board. The medical officer appealed to the Commissioners, who, not being conversant with such matters, referred the case to a hospital surgeon, of great experience, in London, who at once decided it to be a compound fracture. Hereupon a long correspondence ensued between the Commissioners and Local Board, the objectors contending for the correctness of their opinion, by ruling that, to constitute a compound fracture, the bone must penetrate the skin; whereas, in this case, the skin had been destroyed for many years, therefore it could not come under the definition of compound fracture, and persisted in refusing payment. A more contemptible instance of special pleading is not to be found.

The illustrious Boerhaave * used to say that the poor were his best patients, for that God was their paymaster. My own experience has been so extensive and familiar with that class, as to become well acquainted with their general habits and character, and to convince me that they are well deserving of our care; and I could adduce many instances in which I have seen the finest traits of human nature exhibited by them.

The encouragement which is given to quackery by the public, by irregular practitioners, and, to their everlasting disgrace be it said, by some who are legally entitled to practise, has tended to lower the medical profession greatly in public estimation. The late Dr. Beddoes was of opinion, that although there might be an increase of advertised medicine, the old women with their herbs much exceeded the quack medicines; and he believed that

* This great Physician consecrated through life the first hour after he rose in the morning to meditation and prayer, declaring that from thence he derived vigour and aptitude for business, together with equanimity under provocations, and a perfect conquest over his irascible passions.

medicine, in proportion to the population of the country, was less frequently administered by unprofessional hands, than at any former period. But I imagine that had he lived to the present day, his opinion would have been altered; for surely at no other period was quackery so extensively practised, or so patronized by the highest, as well as the lowest, classes of society. When we reflect on the known efficacy in disease of numerous articles from the vegetable kingdom, and the probable benefit of many others, were we acquainted with their virtues, and knew how to administer them judiciously, perhaps then the old women may be more safely trusted than the bold empirics who daily impose on the public their vaunted nostrums. Formerly in the shop of the old apothecary there was a china tile, on which he rolled his pills, and on which was written, "Opiferque per orbem dicor, et herbarum subjecta est potentia nobis;" at this time may be seen the following inscription, in gold letters, over the counter of a chemist, in Oxford Street, "Quæ in terris gignuntur, omnia ad usum hominum creantur."

The virtues of the ergot of rye have been known to the profession only within the last few years.

The following case is an example of the benefit of remedies derived from this source :—

Mary Stacey, was seized with vomiting at the eighth month of her pregnancy, which continued with scarcely any intermission upwards of a week; when I visited her she was reduced to a state of extreme weakness. She had been judiciously treated; but neither local or general means allayed the irritable state of the stomach. A wine glassful of walnut water was given, and rejected immediately, but after waiting twenty minutes, half the quantity was repeated, which was retained, and she did not vomit afterwards. I have frequently prescribed the same remedy in cases of great irritation and sickness, with marked success. Equally efficacious have I found the orange flower water, in procuring sleep in nervous and irritable habits, in which opiates could not be borne, for which hint I am indebted to Dr. Simpson, of Edinburgh, who assures me that he has often em-

ployed that and lime flower water, in doses of a wine glassful, with the best effects.

Extraordinary superstitions on medical subjects prevail in some districts. In the neighbourhood in which I practised, a very general prejudice existed against medical men, who were supposed not to understand the nature or treatment of jaundice; and if the disease was not turned, as the patient expressed it, on the first visit, he lost all confidence in his doctor, and placed himself under the care of a seventh son, or some such person, who had the reputation of being a curer of that disease. I was consulted by the wife of a mason, who was completely jaundiced, and having been of service to her formerly, in an extreme case, she paid the unusual compliment of a second visit, after which I saw nothing more of her for a considerable time; but meeting her accidentally on the road, and enquiring after her health, she told me that she was perfectly recovered, for which she was not indebted to me, but to a blacksmith in an adjoining village, who had cut her on the crown. On my doubting this, she shewed me the mark of a crucial incision on the top of her head, and declared that the jaundice left her immediately after it was made. Shortly afterwards a patient, living near her, an educated lady, had a similar attack, and was with difficulty prevented from consulting the blacksmith, and trying the same experiment.

In July, 1846, whilst on a visit at Dr. Simpson's, at Edinburgh, a poor half-witted girl was brought from a considerable distance in the country, who believed, as well as those about her, that she had swallowed a beast. It was a spasmodic hysterical affection of the abdominal muscles, of which two or three cases have fallen under my observation, one of which was mistaken for the motions of a child. The Doctor treated her story seriously, and desired that she may be brought again the following morning. He then placed her on a bed, and suddenly sent a smart galvanic shock through the abdomen; all motion immediately ceased, and the patient and her friends exclaimed that the beast was killed; but in order to prevent the possibility of resuscitation, a second shock was repeated, which confirmed their belief that the beast was dead.

I have lately been consulted by the lady of a general officer, just returned from India, for a little boy who had hernia, for which she had been using for some time a quack's pills and ointment; and so confident was she of their efficacy, from the reports she had read, and the cures which had been related to her, that she actually brought a supply with her from India, believing that the demand was so great in England, that there was much difficulty in procuring them.

The following disgusting case is related to show to what an extent superstition and ignorance will go; and as it may well appear incredible, I will detail the particulars. In the village of Bawdrip, in Somersetshire, lived a man by name Richard Their, who by profession was a gelder. His wife, Judith, a handy, kind hearted, but very ignorant woman, was a nurse, and very useful to her neighbours; and this pair were conspicuous characters, and authorities in the parish. They had a son with a scrofulous disease of the ankle and foot, which had resisted every means employed for its cure, and was condemned for amputation. But Judith would not consent to this course, and undertook the case herself, on which she exhausted all her remedies in vain. At length the poor boy died, and meeting the mother some time afterwards, she recounted the various means she had used, and, amongst others, one which she was ashamed to mention before, lest, in the event of his recovery, he might be "betwitted" in after life. On my expressing a wish to learn what it was, after some hesitation she told me, that when she delivered William Tout's wife, her neighbour, she preserved the after-birth, which she carefully dried in the sun, with the chord, and having reduced it to powder, she gave her son a teaspoonful every morning, until the whole was taken. What a helpmate Judith would have proved to Dr. Hermann, the inventor of "Isopathy," which is based on the principle that "Every diseased organ has its remedy in the same organ"; thus: if you have diseased liver, eat liver; if a headache, eat brain; if you suffer in the bladder or kidneys, nourish yourself on bladder and kidneys. As these organs may not appear very tempting to certain squeamish persons, M. Hermann has made tinctures of

them, which his patients take in spoonfuls, under the scientific names of stomachine, cystine, umbria, etc. This work, published at Augsburg, contains fifty cases of radical cures, as well entitled to credit as those published by the Homœopathists.

In this age of popular delusions, the more absurd the novelty, the more fashionable it becomes. Of all the impostures practised on the public, or monstrous insults offered to the human understanding, that mockery of medicine, Homœopathy, is the greatest. That enthusiastic and speculative minds may be betrayed into a belief of the efficacy of infinitesimal doses is possible; but, to imagine that men of sober judgment could ever subscribe to so ridiculous a doctrine, is to tax credulity too highly. It is well known how important the regulation of diet and regimen is in the treatment of disease; and if the Homœopathists had the honesty to acknowledge that their success (if any?) depended on enforcing a stricter dietetic plan, and not on their mysterious remedies, they would have been entitled to more respect. When men, educated to a profession, suddenly become converts to new and strange doctrines, it may fairly be presumed that such conversions are not the result of conviction, but of other causes, especially if they have not been so fortunate as to obtain the confidence of the public. But because deserters from a profession, to which they are neither honour or ornament, have openly joined the ranks of quacks, a cry has been raised, against the general practitioners especially, that they have encouraged its introduction by pursuing a system of overdrugging their patients.*

* The author of the Latin poem, "Zodiacus Vitæ," calls ignorant and interested physicians,

"Carnifices hominum, sub honesto nomine fiunt;"

"Mankind's fell butchers, with a nobler name;"

and then addresses the princes of his time to rid the world of these pests of society :

"Vos quibus imperium est, qui mundi fœna tenetis,
Ne tantum tolerate nefas, hanc tollite pestem
Consulite humano generi ————
Vel perfecte artem discant, vel non medeantur."

"Ye who the reins of empire bear,
The human race in pity spare;
Its scourges to destruction give,
And we shall then be well, and live."

But it must not be forgotten that "*Plebs amat remedia.*" If any real grounds for such a charge exist, the public, and not the profession, is to blame. They have always refused proper remuneration to the general practitioner, and the only way in which some compensation for time (the estate of the medical man) could be obtained, has been in some instances by adopting a course repugnant to his feelings.

In proof of the moderate expectations of the general practitioners, I relate a fact which came under my own observation. The general practitioners of a town unanimously resolved to charge one shilling a day for attendance, without reference to the number of visits, which was so violently opposed that it was soon abandoned, from the apprehension of the introduction of a stranger, and from a threat by a lawyer, who headed the opposition, to indict the whole body for a combination to raise their charges. Shortly afterwards one of the most respectable practitioners was summoned to attend the child of a wealthy tradesman, which he did assiduously, twice daily for fourteen days, besides occasional visits during the convalescence. Three powders were the only medicines supplied, for which the usual charge of two shillings and three-pence was made; and as it was not the custom to receive pence, the sum of two shillings was paid about a year after; but not the slightest compensation was made for the many hours devoted to this service. Although a strenuous advocate for just and fair remuneration for time and skill, I am decidedly opposed to the administration of medicine unnecessarily; but as the public have their option, I do not think any great wrong is committed by administering in such a case, in self-defence, a few more saline draughts than is absolutely required, as the only mode of being reimbursed from former loss. An equitable payment for professional attendance, the patient providing his medicine from the chemist, would be an effectual mode of removing such a stigma from the whole body.

The cases of patients are sometimes reported before their final termination is known. It often happens that patients are discharged from Hospitals after severe disease, and operation in

cases of doubtful, and not infrequently, malignant character, apparently cured, which return in an aggravated form, and run a rapid and fatal course. In many such, if the report had been delayed for a time, a very different result would have been shown. But country practitioners, living in the same locality with their patients, generally trace their cases from the commencement, and throughout their progress, to the end.

The recital of the daily progress and treatment of cases is often tedious, and seldom read by those whose time is much occupied. Their object is to arrive at the practical points as speedily as possible. I have endeavoured to present the following (the greater number of which occurred many years since,) as clearly and concisely as possible; and although nothing new may be found, yet I trust they will not be wholly unacceptable, inasmuch as all accumulation of facts must possess some value, in the interesting and difficult study of medicine.

Taunton, 1853.

Reminiscences of a Medical Life,

WITH

CASES, ETC.

ON COUNTER-IRRITATION.

THE efficacy of counter-irritation in arresting the progress, and promoting the cure of disease, is well known; but I do not think the extent to which it may be advantageously carried, is so thoroughly understood. I do not advocate its rash and dangerous use, as practised by some, although experience has convinced me that a more free employment of this powerful remedy, often leads to successful results. In 1841 this subject was brought before the profession, in an article in the Provincial Medical and Surgical Journal; and since that period I have had many opportunities of testing the practice, and have been entirely satisfied with its success. A prejudice exists against this practice, which is by some designated barbarous, by others heroic, or unnecessary. But I confess myself at a loss for a substitute in cases in which a powerful and speedy effect is desirable. I have employed it with marked advantage in epilepsy, obstinate head-ache of long standing, in threatened paralysis, and in cases in which there has been reason to suspect effusion, as well as in other chronic diseases of a formidable nature. I prefer the mode of keeping up counter-irritation explained in the paper above referred to, to setons, blister, or moxas, as being more manageable, more effectual, and less painful. I am not sure that the actual cautery (barbarous as it may appear), should be entirely abandoned, and I have sometimes employed it with manifest benefit. "Ad extremos morbos, extrema remedia exquisite optima."*

* Hippocrates Aphorisms, vi., Sect. 1.

CASE I.—A woman thirty years of age, who had suffered for a long time from scrofulous disease of the knee joint, which had terminated in ankylosis, consulted me on account of a disease of the leg, which had resisted all the means employed for its cure, and was condemned for amputation. The limb measured twenty two inches in its smallest circumference, and was become burdensome and useless. There were several sinuses on the inside, which were supposed to lead to diseased bone; none however could be detected by the probe, which passed into diseased cellular structure; in fact the disease was confined to that and the integuments, which were hard, unyielding, and much resembled brawn. Baynton's plaister and bandage were fairly tried without effect; an issue containing from twenty to thirty peas was made on the outside of the limb, which in a month reduced it greatly, and at the expiration of a second, all the sinuses were healed, the leg had regained its original size, and the cure was complete and permanent. The termination of this case, which occurred in the first year of my practice, and proved to be one of those fortunate chances, which sometimes establishes success, may have given me an early prejudice in favour of this remedy, but the following cases will clearly demonstrate that it may be successfully employed in various diseases.

CASE II.—A young lady aged twenty, consulted me many years since on account of a swelling in the groin, which was supposed to be hernia, and for which she had been wearing a truss, under advice. There was a curvature, and disease of the lumbar vertebræ, and it became evident that the tumour in the groin which had been mistaken for inguinal hernia, was occasioned by the pointing of an abscess. I accompanied her to London, and consulted the late Mr. Cline and Sir Astley Cooper, who both confirmed the opinion, but held out no hope of recovery. Under the direction of my estimable preceptor, Mr. Abernethy, (to whose kindness and instruction I am mainly indebted for my success in life,) she was encouraged to strike at the root of the disease by counter-irritation, and to maintain her general health by diet and regimen. An issue was made on either side of the

curvature, large enough to contain in each forty small horse beans, which was attended to daily, and kept open for upwards of two years. During this long period she was not entirely confined to the house, or to a horizontal posture. By day she rested on a couch, which was fitted to a small four wheeled carriage, in which she took exercise, and had the benefit of air; a screw placed at the upper part, raised the head and shoulders at pleasure, so that she could work, draw, and amuse herself in a variety of ways, and by pushing the lower part of the carriage under a table, she was able to join her family at meals; all of which rendered her confinement less irksome. Under this treatment her general health gradually improved, the swelling diminished, until the contents of the abscess were absorbed, without any external opening, and she obtained a complete and lasting cure. She was married shortly afterwards, and has since enjoyed uninterrupted good health for more than thirty-five years.

Recovery from lumbar abscess, particularly in delicate females, is of rare occurrence; and although numerous cases of this disease have fallen under my observation, this is the only one of permanent restoration to health which I have witnessed, either in my own practice or that of others. The careful maintenance of the general strength, by air and exercise, undoubtedly contributed much to the favourable result, which probably would have been different, had the local remedy been less extensively or less assiduously employed.

I may here mention an anecdote of the last named celebrated Surgeon. As soon as my patient had left his house, she exclaimed that she would never see so unfeeling a man again. I represented to her that his kindness was as great as his manner was uncourteous, and this she afterwards experienced fully. During her stay in London, he frequently called and sat with her of an evening, on his return from lecturing at St. Bartholomew's, and on the last occasion he adopted a singular mode of impressing on her the general management of her case. He placed a chair in the middle of the room, and said, "Now attend, that is the patient, and I am

the doctor; I will ask and answer every necessary question, and if you do not understand me, I will allow you to ask an explanation once, but not a second time." When the period arrived that her recovery was so far advanced, that it appeared safe to allow her to stand, and use gentle gestation, I did not like to make so decided a change without his sanction, and as her brother was going to London, I requested him to call on Mr. Abernethy with a letter describing as concisely as possible, her state, and asking his opinion. On learning the object of the visit he returned my letter to her brother un-opened with the following remark, "that if her medical man, who had constant opportunities of seeing the patient, could not judge better than himself at a distance of one hundred and fifty miles, it was time for him to give up his practice."

It may be interesting to some, who have not enjoyed the privilege of confidential correspondence with this distinguished man, to know the usual style of his letters. The following is a reply to mine, respecting a patient who had consulted him, whose case was hopeless.

"MY DEAR SIR,—All I can say to patients situated as yours is, after telling them what treatment seems rational and appropriate to the case, to exhort them not to despond; because we know many obstinately disordered states of the bowels, which have continued until they have nearly exhausted the patient, have unexpectedly arrived at a kind of crisis, by the production of morbid discharges &c. And with regard to local diseases, the proverb of 'tis a long lane that has no turning', is fully verified, for when least expected, a favourable change often occurs, as I suppose you can testify. In every situation of life our primary enquiry ought to be what is right to be done, and having ascertained as far as we have the power, we must then perform or endure it. I have no objection to opiates when required to soothe pain;" and he adds, in reference to case II, "I hope Miss F— will do well under your care; I know the amendment of the health is the primary object in the cure of all local diseases;

'tis the removal, in my opinion, of the cause. I feel that I am writing what you know, and that you will think me stupid; I will therefore add no more than that I remain,

“ Yours most sincerely,

“ JOHN ABERNETHY.”

“ J. TOOGOOD, Esq., Bridgwater.”

CASE III.—A boy eleven years old was brought to my house, a distance of twelve miles, in a cart, with an enlargement of the thigh bone, and a small wound on the inside of the limb, just above the condyle, which was suspected to communicate with lumbar abscess. The disease had been of long standing, and the patient was much emaciated. To the great surprise of the friends, the femur was discovered on examination to be broken, occasioned most probably by his removal, having been seen by the surgeon under whose care he had been on the previous day, who had not observed it, and who was too careful a practitioner to have overlooked it. The diseased state of the bone explained all the symptoms, and as there was no evidence of any affection of the vertebræ, I advised a large issue to be made on each side of the fracture, which was kept open for many months. The bone united firmly, and the recovery was complete.

CASE IV.—A delicate lady who had suffered so much from an affection of the chest, as to make her friends apprehensive that her case would terminate in consumption, had an acute attack of inflammation of the lungs, from the effects of which she recovered so slowly, that the former fears of the family were much increased. She was advised to try counter-irritation as a precautionary measure, for which purpose an issue of the size of a crown piece, was made on the sternum, the good effects of which soon became apparent, and by keeping it open for a year, the pulmonic symptoms gradually disappeared, and she regained her strength. Five years have elapsed since the attack, during which time she has enjoyed excellent health, and appears free from disease. In this case a piece of India rubber was used instead of peas, and found less troublesome as well as more convenient. It must not be presumed that these were the only

curative means employed ; as other remedies, aided by nutritious diet, were used; the favourable progress may be fairly attributed to the combined plan. A less severe but more extensive application of counter-irritation is sometimes followed by the best effects, as in the following case :—

CASE V.—The daughter of a clergyman, whose general health had been much deranged for a considerable time, was seized rather suddenly with *Dyspnæa*, which increased so rapidly that I found her, a few hours after the attack, in a state of great exhaustion. The surface was cold and clammy, the lips and countenance livid, with a feeble and interrupted circulation. The slightest motion threatened immediate suffocation. Such cordial antispasmodics as were at hand, were administered, warmth was applied generally, and the chest rubbed freely with a strong liniment, composed of croton oil and tartarized antimony. Her sister, either in her anxiety to relieve her, or having misunderstood my directions, applied the liniment entirely over the chest, sides, and back, the consequence of which was, that she was smartly blistered over the whole surface. On my visit early the following morning, I was agreeably surprised at her improved condition ; the breathing was comparatively easy, the general surface warm, and of a more natural appearance, with a free and open pulse. She gradually recovered, and although for sometime occasional attacks recurred, they became much milder and were always relieved by the same remedy.

I entirely coincide with the late Dr. Prichard, who deservedly enjoyed a European reputation, that large issues are decidedly more beneficial in intense disease, than any other mode of keeping up counter-irritation ; and he recommends, in certain states of the brain, issues made by a long incision of the scalp over the sagittal suture. He says, “ this remedy is not found in experience to be more painful than the usual application of setons, and is incomparably more efficacious.” This, which I have heard designated the “Tomahawk practice of Bristol,” I have often employed in threatening disease of the head, with the most decided advantage, but never with regret ; and patients are now

living so perfectly aware of the benefit they have derived from keeping open a safety valve, that nothing would induce them to give it up. The scalp issue is made with little pain, is less inconvenient and troublesome than in some other parts, and being covered with a piece of black plaister, is easily concealed by the hair. The size must of course depend on the severity of the disease. The following case affords a fair example of the practice, and its success.

CASE VI.—A tall stout woman, aged forty, of very full habit, whose mother and brother had both had Hemiplegia, suffered from frequent attacks of pain and giddiness in the head, accompanied with indistinct vision and muffling of the speech, for which she was constantly largely bled, purged and blistered, with temporary and partial relief only. The veins in both arms had been opened so frequently, that blood could no longer be drawn from them, and recourse was had to the temporal artery, and afterwards to repeated cupping from the nape of the neck. But the result of this treatment was very unsatisfactory; her gait became unsteady, and a more decided attack appeared to be impending. An issue, containing twelve peas, was made on the crown of the head, which were gradually reduced to six, the good effect of which soon became obvious; the attacks were less violent, more distant, and at length disappeared altogether. This was done ten years since, and when I saw her lately, she told me that her health was so much improved, that she had never been worth the attention of a medical man since the insertion of the issue.

Dr. Blackall related to me the case of a gentleman who consulted him on account of so complete a loss of memory, that he frequently could not remember his own name. Under the use of a seton in the neck, he perfectly recovered his recollection.

CASE VII.—The following is an extract from a letter from a medical man who consulted me about a year ago, on account of a violent affection of the head, which often confined him to his bed for many days together, and compelled him to give up a lucrative appointment: "I have much pleasure in assuring you

that I have derived decided relief since the adoption of the issue twelve months since. Previous to this, I seldom passed ten days without intense suffering, but latterly I have experienced the delightful respite of two months or more.—May 24, 1852.”

CASE VIII.—A strong man, aged fifty, had been suffering for several months from giddiness and pain in the head, accompanied with dimness of sight and sickness. His gait was unsteady, and he had frequently fallen to the ground. He had been repeatedly bled, both generally and locally; blisters and purgatives, with other medicines, had been freely used, and that attention to diet had been observed which the rules of a hospital enjoin. But very partial relief was obtained, and all the symptoms soon returned with increased violence. To ascertain the state of the blood, twenty ounces were drawn from the arm, which exhibited a buffy and inflamed coat; he was cupped, and took large doses of antimonial powder, with nitrate of potash, and salines, with so little relief, that it was evident that no positive good could be expected from a continuance of such treatment. An issue was made over the sagittal suture to the extent of six inches, and a copious discharge promoted daily by inserting peas, smeared with savine ointment. He soon began to show evident signs of improvement, all the former alarming symptoms gradually subsided, and he so perfectly recovered as to be able to follow his usual occupation without inconvenience.

CASE IX.—A robust healthy gentleman, about thirty, received a blow on the forehead, which knocked him down and stunned him. It was followed by symptoms of concussion of the brain, from which he recovered under the usual treatment. He continued well for upwards of a year, when he was seized early one morning with a severe epileptic fit, and did not perfectly recover the stupor for some hours. He had taken unusually great exercise the day before, which was a very hot one, and had eaten heartily and irregularly. Leeches were applied to the temples, and active opening medicine administered with

relief. He was low and nervous for some time, but the only remarkable symptom which remained was the extreme slowness of his pulse, which was generally under fifty-eight beats in a minute, and seldom exceeded that number. His diet and bowels were regulated, and he was enjoined to lead a perfectly quiet life, and avoid all excitement; and as a precautionary measure, counter-irritation on the scalp was recommended as a likely means of averting danger.

Unfortunately that course was not adopted, and although he gradually improved in health for some time, his state was far from being satisfactory. Presently the former attacks returned, accompanied with sickness, and other symptoms, which excited the greatest alarm in the minds of his family. He was now taken to London, a course which was advised soon after the commencement of his illness, as it was thought possible that a minute examination of the head might lead to the detection of some mischief occasioned by the blow which had produced the attack and consequent symptoms. A consultation with a distinguished physician, and two surgeons of great eminence and experience, was held. It was suspected that a thickening of the bone could be discovered, and that a corresponding enlargement of the internal table of the skull had taken place, which by its pressure had produced irritation of the brain, and all the symptoms which followed. Although his medical advisers were not unanimous in this opinion, they all agreed that the treatment from which benefit was to be expected, was active counter-irritation, and strict attention to the general health. The head was shaved, and iodine, with mercurial ointment, fully and fairly employed by friction on the scalp, with the happiest effect, and he has now perfectly recovered.

ON THE EFFECTS OF LOSS OF BLOOD.

CASE 1.—The following case illustrates, in a very striking manner, the great advantages of carrying blood-letting sometimes to a fearful extent, and the state of reaction as an effect of re-

peated losses of blood :—Mrs. —, a delicate and most interesting lady, aged 24, a week or ten days after her confinement of a still-born child, was seized with pain at the lower part of the abdomen, extending to the liver; with other symptoms, indicating inflammation of cervix uteri, together with much constitutional disturbance. The case appeared to have been mistaken in the beginning, so that it was allowed to become somewhat inveterate before the appropriate treatment was adopted. At this stage of the disease she fell under my care, when I found the uterus in so irritable and painful a state, that an examination conducted in the most gentle manner gave exquisite pain, which lasted several hours. It was treated with leeches to the hypogastrium, cupping low in the loins, hip bath, aperient medicines, strict abstinence, &c. The benefit from cupping over the sacrum was observed to be so decided, that recourse was had to this remedy twice or thrice a-week regularly. The disease seemed to be thus yielding in the most favourable manner, when the patient became suddenly, and quite unexpectedly, affected with the effects of loss of blood in a most violent form. The quantity of blood taken by cupping had sometimes been twenty ounces; and too exclusive attention had been paid to the disease, the state of the constitution not being sufficiently watched. In this manner the patient became affected all at once, after being cupped, with sudden and alarming syncope; she gasped, and became convulsed, and afterwards slightly delirious. The admission of cold air, and the administration of brandy, gradually restored the patient to sensibility; but she remained exceedingly feeble. On the next morning she complained of extreme pain in the head, violent throbbing of the temples, and had slight delirium and sickness; I found the street covered with straw. During this day the pain of the head, the throbbing, and the intolerance of light and sound, had increased so much, with sickness, feverishness, and a frequent strong pulse, that I apprehended inflammation of the brain had taken place, and had actually tied up the arm for blood-letting; but the remonstrance of the patient, the history of the attack, and the recollection of some

remarks on the effects of the loss of blood, read some years before, happily led to the abandonment of this measure. Fortunately, both for my patient and myself, her repugnance to general bleeding prevented me from using the lancet, and so saved her life. I prescribed leeches to the temples, a blister to the nape of the neck, and a cold lotion to the head; opiates and the effervescing medicines were immediately rejected. She became much better, and earnestly requested to be allowed a little brandy, which I gave her; it obviously afforded much relief, and I began to see clearly the nature of the case. From this time light cordials, a mild diet, rest, quietude, a strict attention to the state of the bowels, constituted the treatment, which was followed by a gradual and progressive amendment. Some of the symptoms remained, however, for a considerable time. The pain in the head continued troublesome for many weeks, and a pulsatory movement in the side of the neck harassed the patient for several years. In this case the effects of the loss of blood stole on me almost imperceptibly, and I was not then aware that such symptoms, as experience has since taught me, would arise. It has also made me ever since attend very much to the prejudices of a patient, and carefully examine whether they be well founded. In this instance I really believe my yielding to them saved the life of my patient.

I watched this case with the most intense solicitude, during this period of imminent danger, for many days and nights. Her complete recovery rewarded all my pains; and I had, moreover, the satisfaction of finding that not a vestige of the original disease remained. She soon became pregnant, and bore several children afterwards. Some years after I was called to visit her, at a distance of one hundred and fifty miles, and found her in a sinking state, having been attacked with acute pain in the abdomen, for which she had been copiously and repeatedly bled, and she sunk under the disease and remedies.

CASE II.—Dr. Cole, aged 34, became affected with inflammation of the larynx. Having previously suffered from the same disease whilst employed on the staff in the Peninsula, he was

bled freely on two successive mornings, at his instance, by one of my pupils. In the afternoon of the second day, the disease being unsubdued, he was bled a third time, and placed in a rather inclined position on a sofa. The blood was allowed to flow until thirty-four ounces were taken. He then suddenly fell upon the floor violently convulsed, and remained for some time afterwards in such a state of syncope, as to render his recovery doubtful; being carried to bed, however, he slowly recovered under the administration of cordials. He did not suffer afterwards from the secondary effects of loss of blood.

CASE III.—*Syncope from Venesection.*—A gentleman, aged 84, robust, and unusually active for his period of life, with great energy of mind, had suffered from repeated slight attacks in the head, threatening paralysis, for which he had often been bled locally, and once or twice from the arm, and had worn a seton in the back part of the neck for several years. In December, 1841, these symptoms increased to such a degree that he fell down, and partially lost the use of his left side. Leeches were applied to the head; he was cupped, took active medicine, and lived very sparingly. No relief was obtained by these means, and as the pulse was exceedingly full, strong, and labouring, ten ounces of blood were drawn from the arm; but as this produced no change in the pulse, after an interval of half an hour, the arm was again tied up, and the blood suffered to flow until the fulness of the pulse was somewhat diminished. He was placed in a semi-erect posture, and showed no sign of faintness until after the arm was secured, and he was laid down in bed, when, after yawning twice, he had a violent convulsion, gasped two or three times, the pulse ceased, and he fell back covered with a cold sweat, and to all appearance dead. Some brandy was quickly poured down his throat, and after a short time he appeared to revive a little, but soon relapsed into an alarming state of weakness and faintness, which required the constant administration of powerful stimulants, and application of warmth to keep him alive, and the event was even then very doubtful for many hours; for the pulse fluttered, the countenance remained blanched, and the

surface cold and clammy, with constant restlessness extremely difficult to control, sickness, and disposition to evacuate the bowels. Notwithstanding the free use of stimulants and opium in large doses, he was only so far recovered, at the expiration of six hours, as to assure me that he would not die from the immediate loss of blood.

This case strongly illustrates the truth of the position laid down by that able physician and accurate observer, Dr. Marshall Hall, in his excellent work on "The Effects of Loss of Blood".

He says, "Convulsion, as an immediate effect of loss of blood, occurs when blood-letting has been inappropriately or unduly employed, and from excessive hæmorrhage. It is apt to occur in cases in which the patient has been bled in a more or less recumbent position, in which the blood has flowed slowly, or in which time has been lost during the operation. In such cases much blood flows before syncope is induced—too much to be safe. When the blood flows slowly, we should be cautious how we bleed to deliquium, even in the erect posture; in the recumbent posture it is always attended with danger."

In this case the blood was drawn from the patient in a semi-erect posture; it trickled slowly down the arm, and [a much larger quantity was abstracted than I was aware of. Altogether it weighed thirty-two ounces. I have often witnessed alarming syncope, but never so frightful a case as this which did not terminate fatally. It was surprising to observe how soon the constitution accommodated itself to so great a loss, which could not have been less than fifty ounces, the patient in three days having been bled by leeches, and cupping on the two preceeding ones. On the morning after the last bleeding the pulse was firm and steady, and two days afterwards he walked about his room with slight assistance.

March, 1842. Although depletion was here carried to a fearful extent, and much farther than was intended, it has been attended, hitherto, with the best effect. There has been no muffling of the speech, or threatening of paralysis since. An issue has been placed in the nape of the neck, and the

patient is now able to take his accustomed exercise, and return to his usual habits; observing a moderate diet, and avoiding all exciting causes.

I have always felt that, of all the remedies we employ, the lancet requires the greatest discrimination. I have witnessed the happiest effects from early and copious bleeding, and again, a total failure when pushed to a fearful extreme; and I have often regretted its too frequent employment.

In 1847 this gentleman fractured the neck of the thigh-bone, from which he recovered so well, that he was able to walk tolerably, and continued to enjoy health until 1851, when he died.

I was not sufficiently alive to the necessity of caution in cases where patients dreaded the loss of blood, until warned a second time by the following case:—A robust man, aged sixty, who had enjoyed uninterrupted good health, was attacked, after exposure to cold, with symptoms of inflammatory dropsy. I saw him early in the disease and proposed bleeding, at which he shuddered, and said that he was afraid of being bled, but would willingly submit to any other treatment. As I had known him for many years, and believed him to be a strong man, I pressed him to submit, from the conviction that it was right and necessary. He very reluctantly consented, but stipulated that he should be blindfolded. He sat upright in bed, and when about seven ounces of blood were drawn he exhibited slight symptoms of faintness; he was immediately placed in a horizontal posture, and drank some sal volatile, but he became more and more faint, and in spite of the liberal administration of restoratives, he so frequently relapsed into the same state that I was obliged to remain at his bed side upwards of six hours before I could leave him safely. He made a rapid recovery, and all his dropsical symptoms disappeared.

CASE IV.—William Ford, a labourer aged 47, after unusual exposure to cold, was seized in the night of Wednesday, 23rd of April, with shivering, followed by fever and general pain of the limbs. Believing himself to have an attack of ague, he drank very freely of brandy and water on the Thursday and Friday; but

getting worse, he walked upwards of a mile to my house, on Saturday, the 26th. His countenance denoted great anxiety; his skin was hot and dry; respiration hurried and difficult, with pain in the right side of the chest; increased by deep inspiration, which occasioned cough. The pulse 100, full and jarring.

He was bled to fifteen ounces. Ten grains of calomel, with an equal quantity of jalap, were given, and immediately afterwards some sudorific medicine.

Sunday. Has passed a bad night; the bowels have been copiously evacuated, but there is little change in the symptoms. Thirty-two ounces of blood were drawn, a large blister applied to the chest; and he was directed to take calomel and antimony every three hours. At six in the evening he was not at all relieved. Twenty-eight ounces of blood were taken, which reduced the pulse from 100 to 88, and produced great perspiration, but no faintness.

Monday.—Eight, a.m. Has passed a restless night, without any abatement of the symptoms; the breathing is more difficult, the pulse 100, full and tense. He was bled to forty ounces, in an erect posture, which reduced the pulse, and produced copious perspiration, with slight loss of sight, but no faintness. The calomel and antimony were continued, with fifteen drops of tincture of digitalis in saline mixture, every four hours. At one o'clock he was much in the same state; his breathing was short and difficult, with troublesome cough, bloody expectoration, and a strong, full pulse. At six in the evening, there was much difficulty of breathing, with considerable pain, and a full pulse of 100. Fifteen ounces of blood were abstracted with great advantage; the pulse fell to 80, and the violence of the symptoms abated. Another large blister was applied to the chest.

Monday Evening. Has passed a quiet day, and is in every respect better.

Tuesday. He continued nearly in the same state during this day.

Wednesday. Has passed a sleepless night, and is very hot and feverish, with hurried, difficult, and painful respiration,

attended with pain and cough, and a strong, full pulse. He was bled to the amount of forty ounces, after which the breathing became more free, the skin moist and soft, the cough less troublesome, and the expectoration more copious. His friends remarked that this bleeding had been followed with more decided relief than any former one.

Thursday. Has passed a very disturbed night, with broken sleep and slight delirium. The respiration is quick and short, performed sometimes with a double catching. Twenty ounces of blood were drawn, after which he had some tranquil sleep; and on awaking passed three fœtid black stools. From this time his recovery was gradual, although very slow.

The quantity of blood which this patient lost in a short time amounted to two hundred and twelve ounces, nearly half of which was taken away in twenty hours. It was received in tea cups; and, with the exception of that in the last cup of the last bleeding, the whole was exceedingly buffed and cupped, and, although carried to such an extent, it never produced faintness. I have often doubted in my own mind the propriety of the practice in this case (which I should not now adopt), and am inclined to believe that if opium had been freely administered after the first copious bleedings, the subsequent ones would not have been thought necessary. This case occurred in 1820, before the effects of loss of blood were so well understood as they are now. Since that period diseases of the respiratory organs have been more closely studied; to which the stethoscope, and other modes of investigation have greatly contributed. This patient fortunately not only survived the attack, but the remedies also, and although he never perfectly recovered the effects, yet he lived for many years after.

The following case illustrates that the most active treatment, vigorously pursued, on the onset of Pneumonia, does not always arrest the disease, or prevent the formation of abscess:—

CASE V.—The wife of a farmer, aged 30, of thin, spare, but wiry habit, who had borne several children, living in Sedge-moor, an aguish locality, in which hundreds of acres were often flooded

together, was seized with shivering on going to bed. She became much worse during the night, and at four o'clock in the morning I found her with decided symptoms of Pneumonia. Forty ounces of blood were immediately drawn, and during that, and the following day, she lost about 100 ounces more, and was kept under the influence of tartarized antimony. On the third day the violence of the symptoms was subdued, but she was by no means in a satisfactory state. Active measures could not be carried further, and for the next ten days the case was carefully watched, and such treatment and regimen enjoined as circumstances appeared to justify. She had however apparently so much improved, that she insisted on being dressed, and taken into another room; but was scarcely seated, when a violent fit of coughing came on, and she brought up upwards of a pint of pus so suddenly, that time was not given to reach a vessel; and I found her, two hours afterwards, sitting in a chair in a very exhausted state, surrounded by the discharge. Her recovery was perfect, under a nutritious diet and restorative plan of treatment; she followed her usual occupation, bore children, and was living in good health when I left the neighbourhood, twenty-five years afterwards. I should now hesitate to adopt such heroic practice; for although this patient recovered, I am more inclined to attribute the success to the natural powers of her constitution, than to the judgment or skill of her medical adviser.

That accomplished physician, and excellent pathologist, Dr. John Hughes Bennett, in his lectures on clinical medicine, gives the following rules for guidance in blood letting in Pneumonia.

“If you are called to a case at a very early period, before exudation is poured out, and before dullness, as its physical sign, is characterized: but when, notwithstanding, there have been rigours, embarrassment of respiration, more or less pain in the side, and commencing crepitation, then bleeding will often cut the disease short. When, on the other hand, there is perfect dullness over the lung, increased vocal resonance and rusty sputum, the exudation blocks up the air cells and can only be got rid of by that exudation being transformed into pus, and

excreted by the natural passages. In such a case bleeding checks the vital powers necessary for these transformations; and, as a general rule, if the disease be not fatal, will delay recovery. I believe this to be the cause of so much mortality from Pneumonia in hospitals where bleeding is largely practised; for, in general, individuals do not enter until the third, or fourth day, when the lung is already hepatized."

CASE VI.—Mrs. Brown, aged 38, was delivered of her seventh child on Sunday, Nov. 2, 1817. It was a face case, but her labour was neither protracted or difficult. She remained quite well until the following Tuesday evening, when she was seized with shivering, succeeded by heat, restlessness, violent pain in the abdomen, and sickness, with vomiting. This attack was attributed to having improperly eaten some boiled mutton. She was so completely relieved by an active purgative on the following day, that on Thursday she complained only of being low and languid, and had very little milk. During the next five days her bowels were disordered a good deal, and she required occasional doses of opening medicine; on the sixth, Thursday, she complained of pain in the head, which she described as being so violent, that it would deprive her of her senses if not speedily relieved. A smart purgative entirely removed it. On Saturday she was considerably better, but she complained of being low and weak, and frequently shed tears. She had very little milk. A light tonic and nutritious food were directed, but on the following day it was found that she had refused to take her medicine or keep the child to the breast. On Sunday evening she was observed to be very sleepy, and at seven o'clock on the following morning, she was found insensible and quite unconscious of surrounding objects. She lay with her eyes open, with the pupils widely dilated, the pulse small and weak, at 96, the breathing neither difficult or sterterous, and the surface covered with a cold clammy perspiration; indeed she appeared to those around her dying. The head was shaved and cold applications diligently employed; eight leeches were applied to the temples, and a dose of calomel and jalap given with much difficulty, which procured two black

fetid evacuations with marked benefit. She became more sensible to external objects, but could not answer any question. At eight in the evening she had relapsed into a state of almost total insensibility, the head was very hot, particularly at the back part, the pupils contracted if the eyes were kept closed, but after they had been open some time, they were largely dilated, and she looked about with a vacant stare. The respiration was rather difficult and accompanied with stertor, the skin was warm but not hot, pulse 90 and tolerably firm, the speech inarticulate. She had passed two black stools, involuntarily. Sixteen ounces of blood were drawn from the temporal artery, after which she became somewhat sensible, put out her tongue when desired and answered questions sometimes correctly. Cataplasms were applied to the feet, cold applications continued to the head, and the calomel and jalap repeated, followed by a purgative mixture. She was relieved and remained more sensible during the greater part of the following day, Tuesday, occasionally returning correct answers. The bowels were imperfectly acted on, from the difficulty of giving and retaining medicine; but she was sensible when they were moved, always asking to be assisted. In the evening she became much worse, the insensibility was greater than before, she appeared more sunk, was roused with greater difficulty, and only by vociferating in the ear. The head was very hot, the pulse as in the morning, the respiration difficult, and frequently stertorous. Occasionally she attempted to get up in the bed. The most striking good effect was immediately produced by bleeding that I ever witnessed. The temporal artery was opened, and before two ounces of blood were drawn she became more sensible; and when ten ounces had flowed she sat up in bed, answered every question rationally, took food and medicine by herself, and expressed great relief. The loss of blood produced temporary weakness, which soon went off. The local applications were continued, fifteen grains of jalap and five of scammony given, and a blister was placed on the nape of the neck. She passed a quiet night, and from this time her recovery

was regular and progressive, by strict attention to the bowels, and a mild nutritious diet.

CASE OF GENERAL ANASARCA CURED BY SPONTANEOUS HÆMORRHAGE FROM THE NOSE.

A robust man, aged 30, by trade a baker, a free liver, got out of health, and became anasarca; at the time I was consulted the œdema was very general. All the usual remedies had been employed without relief, and he was so much oppressed, that little hope of recovery remained. The disease appeared to me to have had an inflammatory origin, and it seemed desirable that he should be bled; but it was impossible to find a vein, from the great distension of his limbs. On the following day he was seized with bleeding from the nose, which was allowed to continue for some hours, without any attempt to check it, and was at length stopped with difficulty. It recurred the next morning, and continued so profuse during that day and the succeeding one, that his life was in imminent danger. On the fourth day it abated, and entirely ceased on the fifth, leaving him in an exceedingly exhausted state. It was now observed that the œdema had much diminished, and it gradually subsided altogether. He slowly recovered, and followed his usual occupation for some years; but pursuing his intemperate habits, he was attacked with inflammation of the brain, and died in a few days. On examination, the brain exhibited marks of acute inflammation, with great effusion of fluid. This case shows in a striking manner, the extraordinary efforts of nature to relieve herself; and although no doubt existed that the original attack was inflammatory, and that more benefit was to be expected from bleeding than any other remedy, still I should not have ventured to abstract so large a quantity (several pounds) as he lost naturally.

ON THE ADMINISTRATION OF DIURETICS, IN SOME CASES OF DROPSICAL EFFUSION.

It is admitted by the most experienced practitioners, that all

those medicines which are known under the denomination of diuretics, are generally uncertain in their operation, nor has it been explained why the same class of medicine succeeds in one case, and fails in another, in which no appreciable difference in the condition of the patient can be ascertained; for although the late researches have led to a more accurate discrimination into the different states of the urine, and consequently to a more scientific method of treating these diseases, we often have the mortification of finding, that, however skilful our treatment may be, or however appropriate our remedies to each individual case, our practice is unsuccessful. It is not my intention to discuss the various forms of dropsy which are met with in practice, or the effects of remedies generally; but it may be useful to relate two or three cases which resisted the ordinary treatment, but subsequently yielded to various remedies, although no different cause of disease, or indeed unsoundness of any of the viscera, could be detected, by the most accurate examination.

William Jennings, aged 46, contracted an ague in October, which continued during the winter, and in the following spring I found him still with a tertian ague, and generally anasarcaous. The effusion was so great, that it was impossible, by the most careful examination, to ascertain accurately the condition of the different viscera, but it was very evident that there was a considerable accumulation of fluid in the cavity of the abdomen. My first object was to cure his ague, which was effected by bark, the arsenical solution of Fowler having failed; after which various purgatives and diuretics were directed, and steadily persevered in, without affording the least relief. He daily became worse, and the whole cellular tissue was so enormously loaded, that he was unable to wear his usual clothes. As every variety of diuretic had been repeatedly and ineffectually tried, I despaired of his recovery, when it occurred to me that the late Dr. Parry, of Bath, had recommended the fresh squill in a variety of cases, which he stated to have been successful in his hands. Six grains of fresh squill, in infusion of gentian, three times a day, considerably increased the flow of urine in four days, and

by gradually augmenting the dose, he was emptied, and recovered perfectly.

This case occurred as far back as the year 1811, and as the patient lived in my own neighbourhood, I did not lose sight of him. He continued free from any return, and died many years afterwards of another disease.

I may add that this medicine was given by Dr. Parry, in some cases, to the extent of thirty and forty grains a day, and that he often prescribed it in asthma, combined with almond emulsion, occasionally adding to each dose a few grains of powdered myrrh, with the best effect.

Mr. Harris, aged 28, became rather suddenly affected with anasarca, without any known cause. It began in the lower limbs, but soon became general, and increased to such an extent that the whole trunk, arms, head, and face, were involved in the swelling. I observed in this, as in the former case, that the impression of his hand and fingers remained for a considerable time wherever he supported his head. All kinds of purgatives and diuretics, and every variety of treatment which was suggested, failed. The only medicine which produced any effect on the kidneys was the tincture of squills, of which he took sixty drops three times a day. This afforded a partial relief only, and never increased the water beyond a given point. An unprofessional person recommended the following plan, the effect of which I carefully watched :—

A teaspoonful of finely powdered broom-seed was given every other morning in a wine-glassful of sherry, and one ounce and a half of Florence oil, an hour afterwards. After the fourth dose, the urine was much increased in quantity, and by continuing it for another week, he was completely evacuated. He remained well for six months, after which time he left my neighbourhood, but I believe he did not eventually recover.

I have, however repeatedly tried this plan since, but have been disappointed. The last case which I shall relate, will, I think, prove an interesting one :—

Miss O——, aged fifty, had enjoyed good health, with the

exception of an habitual cough, which was considered too trifling to require treatment at any time. She was attacked in the spring of 1847, with a bilious complaint, for which she was subjected to active treatment, and took, as I understood, repeated doses of calomel, after which she caught cold. On my first visit I found her complaining of great debility, with loss of appetite, but all the secretions were natural. Shortly after this her feet became anasarcaous, and notwithstanding the regular exhibition of diuretic medicines, this state increased until it spread to the abdomen, arms, and face. The secretion of urine became very scanty. No relief was obtained from the diligent use of various diuretics, especially squills, and digitalis, which was pushed to the full extent of safety, and given in infusion, that form which appears to be the most efficacious in inflammatory dropsy, and assisted by the warm bath, but her state became worse daily. The urine coagulated much more and more firmly than is common in dropsical cases, and the specific gravity was greater than on these occasions, being 1018. This excess of coagulum and specific gravity indicated a lurking inflammation, and as no organic derangement could be discovered, granular disease of the kidneys was suspected. In this stage of the disease, a consultation with Dr. Blackall, a great authority in such cases, was held; who recommended that the capsules of copaiba should be taken two or three times a day, that the cream-of-tartar liquor should be drunk very freely, and that she should use the vapour bath, beginning at 100, and increasing it to 110 and upwards, if it could be borne. A moderate diet was prescribed, with two or three glasses of hock daily. She rapidly improved under this judicious plan of treatment, and has continued free from any return of disease up to the present time. The urine was frequently tested during the progress of her recovery, and the coagulation gradually ceased, and ultimately disappeared.

The publication of these cases will, perhaps, class me with the "Eclectic Practitioners," described in the *Edinburgh Monthly Journal*, "as men who have no doctrine and no general principles, who gather together ready-made formulæ and isolated cases

without any kind of discernment ;” and who are thus spoken of by Professor Cruveilhier, in his address to the Anatomical Society, 1845 :—“The true eclectic works without conviction, without principle, without idea. He is continually enlarging his circle, in order to enclose within it facts of the most contradictory nature ; they sacrifice in every sort to every god, and create a kind of scientific pantheism, not less fatal to true science, than pantheism, properly so called, is to true religion.”

The great aim and object of medical science is to cure disease, and I, for one, am always glad to avail myself of the experience of practical men, in obscure and difficult cases, however lightly they may be esteemed by some ; I do not, therefore, subscribe to this sentiment.

The practice of my old master, the late Mr. Dawe, of Bridgewater, who acquired considerable reputation from his treatment of dropsy and diseases resulting from slow inflammatory action, was very different. During my pupilage I have often seen patients who consulted him, with bloated and livid countenances, oppressed breathing, œdematous extremities, and other symptoms of great obstructions, with greatly diminished secretion from the kidneys, so much relieved that they have continued well for many months together, and by the occasional repetition of the same treatment, have lived for years in comparative health. His plan was, to give a dose containing eight grains of calomel, with the same quantity of jalap, and one grain of emetic tartar in the morning. This acted violently on the stomach and bowels, and used, according to his own expression, “to ruffle his patient a good deal ;” during and after its operation he directed a little wine or other cordial ; afterwards the patient generally fell asleep, and awoke relieved. He then prescribed three grains of powdered squills, with two of digitalis, every night for six successive nights, and a mixture with bitter infusion, and small doses of tincture of squills and spirit of nitre, twice a day. The digitalis was then omitted, and the other medicines continued for six nights more ; and if the symptoms were not much relieved, the digitalis was resumed again. If the case was unusually ob-

stinate, the drastic dose was repeated, and sometimes the dose of the digitalis was increased from two to three grains. But this was rarely done ; very little attention was paid to the origin or cause of the disease ; the great object was to "unload" the patient.

Although the success of this practice has in many instances been extraordinary, I am no advocate for such dangerous remedies. Digitalis ought in my opinion never to be given unless the practitioner sees his patient once, or better if twice daily, during its exhibition. In the practice of my old friend, patients now and then died suddenly, but whether from organic changes, or the medicine, was never enquired.

I well remember the following fatal instance of the injudicious administration of this dangerous but useful remedy :—A gentleman who was attacked with inflammatory dropsy, for which he was successfully treated by bleeding and the infusion of digitalis, had a recurrence of the same disease many years after. Circumstances did not then justify the use of the lancet, but under the use of the infusion of digitalis, in doses of half an ounce every eight hours, he was making the most favourable progress towards recovery, when, unfortunately, by some mistake, he took three ounces of the infusion in twenty-four hours, and on the following morning, on coming down stairs, he suddenly expired.

In the early part of my practice, all cases of incipient or advanced disease of the lungs, were treated on the lowering system, which was carried to an extreme, and every case, I believe, terminated fatally. Digitalis was a general, and favourite remedy. During my residence at Torquay, I had great opportunities of observing these diseases in every stage, and in no instance was this practice carried to any extent; but I have repeatedly seen cases of reputed consumption, where great emaciation, with copious expectoration, and other alarming symptoms were present, improve in an extraordinary manner, if not recover, under the use of mutton chops, bitter ale, and cod liver oil, alternated with steel.

But of course the mildness of the locality, its equable temperature, together with the numerous other advantages that favoured

spot possesses, must be admitted to have a considerable share in bringing about so favourable a result.

ON THE ADMINISTRATION OF COD LIVER OIL.

Dr. Ranking directed the attention of the profession to this subject in 1849, through the Provincial Association, and requested replies on certain points, viz:—

Number of cases, successful and unsuccessful.

Stage of the disease in different cases in which it was exhibited, as marked by the physical signs.

Degree of amendment produced, and its duration.

Quality, dose, &c., of the oil.

General effects as regards diminution of night-sweats, expectoration, and increase of weight, &c., &c.

Any other information deemed valuable.

On which I addressed the following letter to him:—

“Torquay, May 18th, 1849.

“Dear Sir,—During a visit to Edinburgh in 1845, the late Dr. William Campbell pointed out to me the efficacy of cod-liver oil in scrofula, rachitis, and the debility which often follows dentition in children. I repeated my visit the following year, when the practice was confirmed by that accomplished physician, and accurate observer, Dr. John Hughes Bennett, who also kindly showed me numerous cases of bronchitis, and of reputed consumption, in which it had been employed successfully, as well as many specimens of disease of the lungs, in which cavities had become perfectly consolidated under its use, the patients having died of other diseases. Amongst many others, was a remarkable instance of a man who had been thus treated formerly in the Edinburgh Infirmary, and who had died four years after of compound fracture of the leg, in the same Institution. I had prescribed it many years ago in chronic rheumatism, but I was not previously aware of its having been employed in diseases of the lungs, and of defective nutrition.”

“On my return to this place, I found on enquiry that it had

been occasionally but rarely given, and shortly afterwards I published a paper in the *Journal*, directing the attention of the profession to its administration in certain cases. During the following winter numerous opportunities of testing its efficacy offered, and it was prescribed in a variety of cases with decided benefit; in one especially in which the existence of a tuberculous abscess, to such an extent as to render recovery almost hopeless, was satisfactorily ascertained by repeated careful examinations with the stethoscope. This patient was weighed, and the limbs were measured, before it was exhibited; the experiment was repeated the first day of every month. At the expiration of the first month a sensible improvement was manifest in the weight and size of the limbs. This amendment was progressive, but after some time an unfavourable change was observed; the weight and size diminished, and the cough and expectoration increased. On close investigation it was discovered that a different oil had been substituted for that originally given, and on returning to it a speedy restoration to the former favourable state followed, and the patient gradually increased from five stone to eight stone six pounds, all the other symptoms which had so justly alarmed the friends having disappeared. The recovery has been confirmed by a residence in this mild climate during the last three winters, and the patient is now in the enjoyment of robust health.

“Not having kept a register of cases, I cannot furnish all the details you require, but the oil will be found most efficacious in bronchitis, and in cases of cough, with copious expectoration, accompanied with emaciation and night-sweats, and where no derangement of the bowels exists. One table-spoonful three times a day will generally be found a sufficient dose for an adult, although, in some cases a larger quantity may be taken with advantage; and I well remember an instance in which four ounces were taken daily for a long time, with marked benefit. I have always used Scotch oil, which is manufactured at Leith, and supplied to the chemists in this town by Duncan and Flockhart, of Edinburgh. The duration of its employment must depend on the case, and the judgement of the physician; it may be

advantageously suspended sometimes, and preparations of steel substituted in its stead, and sometimes both remedies may be judiciously conjoined.

“To give some idea how generally it is prescribed, I enquired of the *nine* chemists in this place what quantity of the oil they had sold from the first of November last to the first of April, and I found that one had disposed of forty gallons, and had nearly exhausted ten on hand ; another twenty-two gallons ; and the third sixteen, besides other oil obtained from London, which some preferred. I conclude, therefore, that so large a quantity of a remedy, not of the most agreeable kind, would scarcely be consumed in a small locality, unless it had been found beneficial; and I observe that some of my medical brethren, who at first were prejudiced against it, and deemed it a species of quackery, averring that they could not prevail on their patients to swallow so nauseous a dose, have prescribed it freely, and find, to their astonishment, that patients rarely make any serious objection to it.”

The following case is an example of the beneficial exhibition of cod-liver oil :—

I was consulted by a gentleman nearly twenty years since, who had lost two brothers in consumption, and whose symptoms were so threatening as to excite very great apprehension for his own safety. He had gradually been emaciating for some months, with slight cough, hoarseness, and some ulceration of the throat, attended with much debility. Under general treatment and careful attention he slowly recovered, and continued in good health until a year ago, when he became alarmed at the return of some of his former symptoms. His appetite and spirits failed, and he suffered so much from irritation in the throat, as to oblige him to give up his duty in the church. As there was nothing in his case to forbid the use of the oil, I advised him to give it a full trial. He began to take it in June last, and in the following January he wrote to tell me that he soon experienced its good effects; that he had quite recovered his voice and strength, and that he had increased fourteen pounds in weight. He also added

that he had given it to many of his poor neighbours, in scrofula, and other diseases of weakness, with much benefit.

In conversation with Dr. Williams on the subject, he remarked to me, that a week scarcely passed in which the oil did not reveal miracles to him.

The best evidence of the efficacy of cod liver oil, in various diseases, is the unqualified testimony of some of the most distinguished practitioners of the day, who were as strenuously opposed to its use when first introduced.

ON THE TREATMENT OF PSORIASIS.

Diseases of the skin are generally difficult of treatment, and obstinate of cure. I have been in the habit of employing a remedy which is not in general use, for many years with much success, in one particular affection. It was first suggested to me by the late Dr. Willan, whom I met in consultation on the case of a gentleman who had been tormented for many years with a disease which had baffled every practitioner whom he had consulted (and they were not a few), and resisted all the known methods of treatment. The following case, which I give in the words of a surgeon with whom I saw the patient, will illustrate the particular affection and mode of cure:—

“E. H., a girl about 16 years of age, who had been liable to slight attacks of psoriasis about three years since, after having undergone great bodily fatigue and mental anxiety, became the subject of a much more aggravated form of this disease than I had ever before witnessed. The skin of the arms, legs, and face, was first affected, and it very rapidly spread over the whole body. The fissures in the bendings of the joints were so extensive that she could scarcely move, and on getting out of bed in the morning the scales fell from her in such quantities, that I could easily trace where she had been; and the eyelids were so retracted, that she could not close them when asleep. I tried Plummer's pill, hydrargyrum cum creta, with various tonics, in conjunction with liquor potassæ. I then had recourse to liquor

arsenicalis, and baths of sulphuret of potash, none of which had the slightest effect; and the poor girl's strength failed her so fast that I began to think the disease would destroy her, when fortunately I was induced to consult you, who advised my trying pitch, in the form of pills. I did so, giving her at the commencement ten moderate-sized pills three times a-day, and gradually increasing the dose until she took the enormous quantity of ninety pills every day; thirty at a dose. She had not taken the pills more than a week before there was a decided improvement apparent; and in six weeks or two months, she became quite free from every symptom of the disease, and has up to this time continued quite well; and what is most extraordinary, there is not the slightest mark left on the skin.

“ North Petherton, Aug. 6, 1840.

“ My dear Sir,—I regret very much that I did not make notes of the case which I send you, at the time you attended this patient with me, as I am sure the beneficial effects of so simple a remedy cannot be too widely circulated.

“ I remain, my dear Sir,

“ Yours truly,

“ R STRONG.

“ To JONATHAN TOOGOOD, Esq., Bridgwater.”

This is not a solitary case. I have witnessed the efficacy of this remedy frequently. I do not subscribe to the doctrine—that specifics alone cure diseases of the skin, having seen numerous cases of failure, in which constitutional treatment has subsequently succeeded. The best mode of administering the medicine is in the form of pills, composed of three parts of pitch, to one of powdered resin.*

In my correspondence with Dr. Willan, he says, in a letter dated July 27, 1810.

“ The effect of this treatment is slow, although generally suc-

* As a local application in cases of Tinea, and other scaly eruptions of the skin, I have prescribed for many years past an ointment, the basis of which is the white oxyd of mercury. It is a safe, elegant, and successful remedy, but requires much care in its preparation, and may be procured at Mr. Bucklee's, Chymist, New Bond Street, London. It will be found an excellent remedy in that troublesome itching, affecting the anus, particularly in old people.

cessful. The first change to be observed is that the middle of the scaly patches becomes thinner and leveller, though the edges of them might remain. By two or three small gradations, the tendency of the disease to a better state is made manifest. Warm bath, or sponging with warm water alone, or with salt, should be frequently used with internal medicines. I observe (whatever the cause be) that no patient ever does well by directions given from a distance. By my books, I see that thirty persons, under the same complaint have had the skin completely cleared by the pills since I saw your patient, who seemed to be less extensively affected than many of them."

As this patient did not progress as satisfactorily as I expected, I wrote again in the early part of September, and received the following reply.

" September 5th, 1810.

" I would recommend you to give Mr. H—, at the present season, the tincture of cobalt, introduced by the late Dr. De Valangin, and found to be much more safe and more efficacious than Fowler's Solution, which can be obtained from Apothecaries Hall, under the title 'Solvens Minerale Muriaticum.' The dose would be from eight to twenty drops three times a-day, in 1½oz. Decoct. Cinchon, vel Ulmi, between meals, using two or three drops less, if any dose mentioned occasion nausea."

This patient recovered perfectly.

FIVE CASES OF THE CROWING INSPIRATION OF CHILDREN, WHICH OCCURRED IN THE SAME FAMILY.

CASE I.—H. T., when about a year old, was suddenly seized, without any previous indisposition, with the following symptoms. A slight crowing noise was first observed, a feeble distressing cry was uttered, followed by a sudden suspension of breathing, and threatening of instant suffocation; the countenance became livid; the eyes starting from their sockets, frothy saliva was protruded from the mouth, the jaw fell, and he

remained so long in this state, that the bystanders thought he was dead. He was laid in an inclined position, and kept perfectly still, when, after a short time, a slight attempt at inspiration was made, which gradually improved until his recovery became complete. The contents of the bladder and rectum were evacuated during the attack, and his countenance was very pale for a long time afterwards. During the next six months he had several slight attacks, which almost invariably commenced during comfortable easy sleep, and were preceded by an expression of pain in the countenance, and although of short duration, were very distressing. After this time they ceased entirely, and he has grown to manhood in the enjoyment of good health. At five years old he had hooping cough very severely, and suffered from it for an unusual length of time, but no symptom of the former attack shewed itself. His eldest child was seized with the same disease when eight months old, was alarmingly ill for some weeks, and with difficulty recovered.

CASE II.—F. T., his brother, was attacked in the same manner when about six weeks old, and after repeated seizures, suddenly expired in one when fourteen weeks old.

CASE III.—O. T., another brother, had a similar attack when about a year and a half old, but less violent. These recurred occasionally until he was three years old, when they ceased. He has grown up to manhood in good health.

CASE IV.—A. T., another brother, began to have the same affection when about six months old, which continued until he completed his fourth year. During this period the attacks were sometimes so violent as to threaten instant death. They were occasioned by crying or passion, and once, in consequence of a fall, which brought on so violent a seizure, that there appeared no probability of his recovery. He was kept perfectly still, with his head a little raised, and in two or three minutes he began to breathe again. After this he had slight attacks, on crying or losing his breath, but never a serious one; the countenance always became livid, and respiration was suspended, but there

was no convulsion, which invariably happened when the attack was severe.

CASE V.—M. A. T., a sister, a delicate child, born at eight months, was very well until six months old, when she was seized exactly as her brothers had been, without any previous indisposition. These attacks recurred frequently until the end of May, after which time she had slight ones. Convulsions, lividity of the countenance, and evacuation of the contents of the rectum and bladder, always accompanied the attacks. On one occasion she lay apparently dead, when the lungs were inflated, and to this her recovery was attributed. In the month of June, when three quarters of a year old, the bones of the head, which had closed as firmly as usual at that period, except the anterior fontanelle, separated again, and the division of the sutures could be easily traced with the finger. After this she appeared to get much better, and the spine, which seemed inclined to bend before, became strong, and although she occasionally made a croupy noise, and had very slight attacks of lividity of the countenance, with temporary suspension of the breathing if she cried much, there was no severe symptom or convulsion. She continued pretty well until the 3rd of April following, was a remarkably active, sprightly child, had eight teeth, and was then cutting the eye teeth. Whilst asleep in the garden, she was suddenly attacked as formerly, but soon recovered. This was supposed to arise from teething, and the gums were freely divided immediately. She now began to show symptoms of hooping-cough, and was often unwell, making a slight croupy noise, which, however, did not appear to hurt her, as she often laughed before it was scarcely over. Her nurse thought it a trick. She appeared to be going through the disease favourably, but on Tuesday night did not sleep as well as usual, from more frequent fits of coughing, and was irritable the next day, scratching those about her on the slightest cause. On the following day (Wednesday) she had another slight attack. Her bowels having been carefully attended to, and the cough having been more troublesome during the night, some ipecacu-

anha wine was given at eleven o'clock on Thursday morning, which operated well. At one, whilst lying in the nurse's lap, she had a most violent attack, and was, for some time, believed to be dead; but after pouring an ounce and a half of brandy and water down her throat, she slowly and with great difficulty recovered. This was followed by convulsion and long continued spasm of the muscles, so that the body was quite rigid and could not be bent, although kept for a considerable time in a warm bath. She appeared to suffer great pain for two hours, after which she became easier, and remained so till seven o'clock, when the spasm returned with equal violence, and recurred every two minutes, affecting the right side chiefly, until five o'clock the next morning. No relief was obtained from the application of leeches, warm bath, the warm water injection, or lancing the gums. About eight o'clock she screamed violently; but was sensible, and took nourishment several times. At ten the spasms returned, but with less violence, and they continued, with little variation, during the whole of Friday, until Sunday morning, when she appeared to get somewhat easier; and although she was less drawn, and the dreadful grinding of the teeth had subsided, there was still a constant frowning and knitting of the brows, denoting great pain. She appeared sensible during the greater part of Sunday, took food occasionally, and slept a good deal, but it was doubtful whether she saw distinctly; there was no squinting. On Sunday night she became affected with spasmodic twitchings of the muscles, and was sometimes harrassed with cough. She had a repetition of her former attacks at four in the morning, and again at ten, from which, however, she soon recovered. Another fit recurred at twelve o'clock, whilst lying perfectly quiet, in which she expired.

The body was examined early on the following morning. It was not emaciated. Upon the removal of the pericranium, the skull-cap presented a natural appearance, the fontanelle not being perfectly closed by ossification. It required more than the usual degree of force to tear off the skull-cap from the dura mater; and when this was effected, it was found that a large por-

tion of the membrane adhered to the right parietal bone. The veins were turgid with blood. Between the arachnoid membrane and the pia mater, a substance of a gelatinous nature, rather hazy or milky in colour, was diffused nearly over the whole surface. Some fluid escaped from the surface of the brain, but the quantity could not be ascertained. Upon cutting into the lateral ventricles, they were found to be distended with fluid, as was the communication between these and the third ventricle, which, as well as the iter ad infundibulum, and the iter a tertio ad quartum ventriculum, was also distended with fluid. There was much fluid at the base of the brain, and in the fourth ventricle. The whole quantity amounted to about four ounces. The substance of the brain was softer than natural. The viscera of the chest and abdomen were healthy. No glandular affection could be detected in any of these cases.

Opinions are divided as to the cause and origin of this dangerous disease, as well as to the best mode of treatment. It occurs before dentition has commenced, and during its progress; if at the latter period, the obvious course is to remove all causes of irritation, by frequent lancing the gums, attention to the diet and bowels; but, notwithstanding, the disease frequently still continues. In every fatal case in which an opportunity of examination has been afforded, I have invariably found evident marks of disease of the brain and effusion. In an early stage, the administration of valerianate of zinc, in doses of half a grain two or three times a day, to a child of a year old, the local application of solution of argenti nitratum, and frequent change of air, have been the most successful remedies. Dr. Simpson recommends the inhalation of chloroform as a signal and satisfactory remedy in arresting infantile convulsions, and speaks most favourably of its antispasmodic power in diseases of that kind.

CASE OF EPILEPSY.

William T——, another brother of the same family, had not strong health until he was seven years old, but was never

subject to such attacks as the preceding, and appeared chiefly to suffer from defective nutrition. He was however quite well until he was past fourteen, although less robust than his brothers. One day, whilst at dinner, he suddenly fell from the table in an epileptic fit, without any apparent cause. No disease of this kind could be traced to the father, mother, or any branch of the family ; and the only cause which could be assigned for the attack was, that he had been accidentally exposed to an extraordinary state of excitement, which had prevailed the whole morning throughout the town in which he lived. These attacks recurred at uncertain intervals, with more or less violence, for more than two years. Every variety of plan which could be suggested by men of deserved reputation and considerable celebrity in the treatment of these diseases, was adopted, but without any positive or decided benefit. The prominent symptom was an obstinate state of the bowels, which required attention, and were difficult to manage. He was immediately removed from his studies, and allowed to amuse himself in any way he liked. He chose a carpenter's bench, and generally employed himself in the open air. At the expiration of three years he had so far recovered, that he had no longer any serious attacks, although he continued in a very nervous excited state, until one day there was an alarm in the street that a man had fallen down in a fit, when immediately he had an attack. He soon got over this, and gradually became so much better, that he was desirous of entering a profession, and was placed in the same office with a brother, where he remained the usual period. Since that time he has recovered strength and confidence, and has since led an active and energetic life.

There are some points in this case worthy of remark :

The original attack occurred whilst sitting at dinner partaking of roasted beef. From that time he never sat at table with his family for three years, and could not bear the sight of beef, which even now (sixteen years afterwards) he does not like. His meals were sometimes placed in the garden, on a chair, or on the floor, and he helped himself in a sudden spasmodic manner, and, if

possible, unobserved. He could not be left alone, and his mother, who devoted herself to him, remained in his room until between one and two o'clock in the morning, after which time he used to tell her that she might then go, for that he should not be ill; nor was he. But he always felt confident on horseback, and used occasionally to follow hounds, accompanied by a servant. He was often in a highly nervous state at night, and could get no sleep until a late hour, alleging, as a reason, that he was distressed because he could not remember where he had left his hat or some of his tools, or should not be able to recollect what shoes he was to put on in the morning.

The first decided improvement took place after a journey he voluntarily made to the Lakes, alone; and he continued rambling about the country, for some months, since which time he has travelled a great deal, and undertaken long continental excursions, without apprehension. I may add, in proof of the great tendency of these affections to return, that he lately experienced very uneasy sensations, on hearing an account of a person falling in a fit.

ON CYNANCHE LARYNGEA.

Cynanche laryngea sometimes is ushered in by an attack of common sore throat, and sometimes the two diseases are co-existent. Mrs. Burt, aged sixty-four, was seized with shivering, after exposure to cold, on Saturday morning, followed by fever and sore throat. The uvula and both tonsils were much inflamed and ulcerated; and in this state she continued to suffer much inconvenience until the following Wednesday morning, when she was so much relieved, as not to require further attention. Her son being under my care at the time, I saw her at ten o'clock the same evening, when she declared herself free from all complaint, and told me that she had been sitting up at work the greater part of the day, and at that moment was preparing to assist in taking her son out of bed, and making it for the night. On visiting him the following morning, I was alarmed by hearing

his mother, who slept in an adjoining room, breathing in a slow, laborious manner, with a shrill or stridulous sound. I found that she had been attacked with cynanche laryngea early in the morning, and was suffering from pain, cough, fever, and a sense of suffocation. General and local bleeding, with large and repeated doses of emetic tartar, and afterwards of calomel, together with counter irritation, were immediately resorted to ; indeed all the usual remedies were actively and most energetically employed for ten hours, when she died quite suddenly. The remedies produced languor and faintness, but no effectual relief, although a partial abatement of the most violent symptoms lulled me into a false security, and prevented me from adopting that course which I believe, would have saved her life. Never did I more sincerely regret that the operation of bronchotomy was not performed; but the duration of the disease was so short, that I did not feel myself justified in proposing it until other means had been tried. It terminated in a more sudden and unexpected manner than I was prepared for. The dissection proved that the disease was confined to the upper part of the tube, which was blocked up by flakes of coagulable lymph; and as the surrounding parts were all in a healthy state, there is every reason to believe that the operation would have been attended with complete success.

Although the operation did not succeed in the case which I am about to relate, it will be found an interesting one—the patient, after a partial restoration, having died of secondary asphyxia.

Mr. Honiball, aged fifty, had been suffering for some days from what was considered a bad cold, attended with hoarseness and sore throat, for which some domestic remedies were used. He became much worse about ten o'clock at night, when he sent for a surgeon, who bled him largely, both generally and locally, and treated him very actively during the night, without any relief of the symptoms. I saw him at five on the following morning, and advised the immediate performance of tracheotomy, which he refused to submit to, but rapidly getting worse, and gasping for life, he consented when in articulo mortis. But before the opera-

tion was completed he had ceased to breathe ; it was persevered in, and artificial respiration performed, when, after a few minutes, to the great surprise of all around him, as well as to myself, reanimation took place, he began to breathe freely, opened his eyes, sat up in the bed, and drank some tea. He continued in this state but a short time, was seized with convulsions, and expired.

In Dr. Marshall Hall's Gulstonian Lectures for 1843, under "Secondary Asphyxia" he says :—"There is another interesting view of this important subject. The danger is not altogether over when the patient appears to be restored from the state of asphyxia. The respiration and the other functions may proceed nearly naturally for some time—for some hours even—and suddenly convulsions may seize the patient, and death may ensue.

"The blood apparently remains poisoned. Time, as in so many other cases, is an important element in the perfect restoration to health.

"A soldier was taken out of the Thames in a state of asphyxia ; animation was restored, but many hours afterwards he was seized with convulsions, and expired," &c., &c.

At page 74, a case is related of a girl who had thrown herself into a pond, and was recovered from the immediate effect of suffocation, but who died on the following morning of secondary asphyxia.

If, in this dangerous disease, large bleedings and active remedies do not succeed within a few hours after its invasion, I believe the best course is to resort immediately to the operation, and not to wait until the powers of life are so far exhausted as to leave but little hope of success.

ON AN UNUSUAL COMATOSE AFFECTION IN CHILDREN.

Dr. Marshall Hall, in his "Practical Observations and Suggestions in Medicine," has directed the attention of the profession to a sudden and formidable affection of the head, which occurs

independently of any previous scarlatina, of which he had seen two cases in one family, both of which proved fatal ; one in six, the other in twelve hours. The examination exhibited general congestion of the veins within the skull, with a small patch of lymph on the top of the left hemisphere, but no appearance of disease of the heart, lungs, or within the abdomen. I have also met with two cases in the same family, both children having been attacked within a few hours of each other, without any obvious cause. Both cases fortunately recovered, and, as such do not appear to be common, it may not be uninteresting to relate them. These cases were drawn up by the mother, a very intelligent lady, who watched them with the greatest care and most intense anxiety.

“ Robert is four years and three-quarters old. He had a cold all the week, but his appetite not falling off, and his appearing quite well, I did not give him any medicine, but, as the weather was fine, sent him out twice the very day before he was taken ill. He did not awake during the night, but in the morning of Sunday, the 7th of March, 1846, complained to the nurse of feeling tired. His bowels acted as usual, and the nurse gave him a little sal volatile. As this did not appear to revive him, we immediately gave him four grains of grey powder ; but, thinking him looking extremely ill, I requested Mr. Toogood to see him, who ordered him some castor oil, at eleven o'clock. He continued much the same,—his head hot, his feet with difficulty kept warm,—and so much inclined to sleep, that I had a crib brought down, and laid him on it. He answered when spoken to, until a little past two, p.m., when, after giving him some gruel, I perceived that he did not speak, and was becoming insensible. Leeches were instantly applied to the temples, four grains of calomel given, and his hair, which was long and thick, was cut off. He continued getting worse, and towards evening some ice was obtained, and applied to his head : his pulse was very rapid. His head was now shaved, and a large blister applied, right across, from one ear to the other. A few spoonful of broth, or gruel, were given from time to time ; he never had any

difficulty in swallowing, although we often forced the spoon between his teeth. His bowels now acted several times, and we were desired to throw up some broth with a spoonful of brandy in it. This came away immediately, but the second time it remained. It was now twelve at night. Mustard poultices were applied to the soles of his feet, which appeared to rouse him very much, so that my maid and myself were obliged each to hold a foot; and, when he could bear them no longer, we put them on his knees, which he also resisted very much. A short time before this there had been a good deal of twitching; soon after the poultices were applied, he broke out into a proper perspiration, and began to come to, yawning, licking his lips, and putting out his tongue when desired. Soon after this, he threw his arms around the nurse's neck, and began to answer us, and from that time gradually recovered. I omitted to state, that at eight on Sunday evening he had four grains of calomel, which was repeated two hours after, and produced slimy, green, and very offensive evacuations, which continued for some days afterwards, and the water also was extremely high-coloured during the following week. He had some refreshing sleep on Monday, but could retain nothing on his stomach until Tuesday morning."

I met my son in consultation at three in the afternoon, and found the little patient in an extremely critical state. There was great heat, especially in the head, with fever, very rapid pulse, at times intermitting, coma, and threatening of convulsion, and dilated pupils, accompanied with so much sinking as to render the case very difficult to treat. For whilst, on the one hand, it was necessary to relieve the congestion of the brain by local bleeding, and other lowering remedies, the increasing insensibility and sinking, on the other hand, required stimulants. Nourishment, with occasional doses of ammonia and brandy were freely given. I scarcely ever remember a case which excited more lively interest,—and when I left the patient, at twelve o'clock, there appeared but little hope of amendment.

The brother, who was five years and three-quarters old, was

attacked a few hours after in a similar manner, and the only apparent cause in his case was unusually severe suffering from cutting teeth, in so much, that a medical man at Brighton had recommended, in addition to frequent scarification of the gums, small blisters to be kept open behind the ears alternately. The same treatment was employed in this as in the former case; but there was much greater difficulty in moving the bowels; and no effectual evacuations were procured until an injection of turpentine had been administered.

In such cases, success depends on the activity, energy, and promptitude of the treatment.

CEREBRAL AFFECTION SUPERVENING ON SCARLATINA.

I regret very much that the state of the urine was not carefully noted at the time, which would have rendered the following case much more interesting:—

A boy, aged eleven, had scarlatina mildly, on the decline of which he took several doses of purgative medicine. Three weeks after, he was affected with slight anasarca of the face, swelling about the throat and left ear, for which he was ordered fomentations and a dose of calomel, which operated freely; but during the whole of that day he was sick, vomited several times, and complained of headache. On the following morning the pain in the head was much increased, his vision became very indistinct, and he was comatose. His pulse was slow, soft, and languid, and he was observed to be occasionally affected with spasmodic twitches. Local bleeding and cold applications were directed. Four hours afterwards the coma had much increased; he became quite flexed, and had a violent convulsion. At this time the pulse was small, slow, and languid. He was bled from the arm to ten ounces, the head shaved, and a dozen leeches applied. He had no other convulsion; but the pain in the head still continuing, and the blood being much buffed and cupped, six ounces more were taken at the expiration of five hours. During both bleed-

ings, the pulse rose both in strength and frequency. Cold applications were constantly applied to the head, and two grains of calomel directed every three hours. On the following morning he was quite sensible, the sight was restored, but he still complained of some pain in the head; this was completely removed by local bleeding and purgatives, and he recovered entirely in a few days.

NOTE OF A CASE OF CEREBRAL DISEASE IN A CHILD.

The child of a clergyman, two years old, had a violent attack of inflammation of the lungs, in March, 1839, from which he recovered with difficulty, but completely. He was, to all appearance, quite well at eight o'clock in the evening of the 18th of May; at twelve, the nurse found him hot and feverish, and being very restless, she put him into a warm bath at three in the morning, and gave him some castor oil. I saw him at seven a.m., when he was hot, feverish, and much oppressed. A dose of basilic powder was directed, and at nine I found the lower part of the abdomen livid, and observed numerous petechiæ about his person. This was rapidly followed by convulsions, screaming, and total insensibility, and at two p.m. he died.

The *post-mortem* examination brought to light marks of inflammation and slight deposition of lymph on the surface of the brain, and a large collection of fluid in the ventricles. The lungs were perfectly free from tubercular deposit or any vestige of disease. I have never met with an instance in which this affection passed through its different stages with such extraordinary rapidity.

RECOVERY FROM TAKING A LARGE QUANTITY OF TINCTURE OF OPIUM.

The wife of a seafaring man obtained possession of a medicine chest, which had just been fitted up for him to take to sea, and

drank from a bottle ten drachms of laudanum for the purpose of self-destruction, at five o'clock in the afternoon. It was not discovered until past eleven at night, when she was found in a state of complete stupor, with slow stertorous breathing, hands and feet quite cold, and a feeble irregular pulse. All the muscles were in a state of extreme relaxation. She was removed immediately from her bed, and the stomach-pump used, by which means a large quantity of fluid, smelling strongly of laudanum, was brought from the stomach, which was repeatedly and thoroughly washed out. The bowels were then completely evacuated by large injections of warm water, and vomiting kept up by sulphate of copper. Notwithstanding these means were promptly and energetically applied, the insensibility increased, the limbs became more lifeless, the pupils were widely dilated, the eyes were closed, the countenance assumed a livid appearance, and she was dragged about the room more like a corpse than a living person. She could, however, be roused for a moment by a sudden loud call in her ear, by dashing a wet towel in the face, and by a smart slap on the back, but instantly closed her eyes again, and relapsed into the same torpid state. The usual means of recovery were most assiduously employed during the whole night, and until the next afternoon, before she spoke. She was dragged about the room by two strong men for seventeen hours before she sufficiently roused to make her recovery certain, and even when she was allowed to rest, she slept soundly for many hours. She did not entirely get the better of its effects for a week.

This case shows that no lapse of time or quantity of the poison should deter one from the diligent and unremitting use and repetition of remedies. Cases have occurred in which much larger quantities of opium have been swallowed, but I have never seen or read of one in which the effects were more alarming, or continued for so long a time, with so doubtful a prospect of recovery. A case is recorded where six ounces were taken, and the patient recovered, notwithstanding a delay of some hours took place before any remedies were employed.

But a very small dose will sometimes produce fatal consequences. I remember an instance in which twelve drops of Battley's sedative were given at bed-time, and the patient never awoke afterwards. She was a feeble woman, about fifty-five, and had been suffering from a cold and cough for some days. She took the draught at nine o'clock, and an hour or two afterwards a glass of almond emulsion, with a small quantity of compound tincture of camphor. At noon the next day she was found in a profound sleep, from which she could not be roused, perspiring profusely, and with a ghastly countenance. She died at two o'clock p.m. It was ascertained most clearly that no mistake had happened in preparing the medicine. The stomach was cautiously removed, and its contents analysed with the greatest care and accuracy by a celebrated chemist, in the habit of conducting such examinations, perfectly unacquainted with the history of the case, but nothing of a deleterious nature could be detected. The suspected cause of death was then explained, when a second examination was made, but no trace of opium could be discovered. Two berries were found in the stomach, the nature of which was not known.

Another case occurred in my practice in a lady of eighty, who had been suffering from cough, for the relief of which she had for some time been taking at night small doses of poppy syrup, and occasionally a little compound tincture of camphor, but not having either of these medicines by her, her servant gave her a draught containing seven drops of the solution of acetate of morphia, which a relation in the same house, who was in a consumption, was in the habit of taking. I was summoned to her the next morning, and found her in a deep sleep, from which she could not be roused, and covered with a profuse clammy perspiration, and she died in a few hours.

It is probable that these fatal consequences may have resulted from some peculiar idiosyncrasy in the constitution, but I am not aware of any mode of discovering it beforehand.

CASE OF RECOVERY FROM TAKING TWO DRACHMS OF ARSENIC.

W. R. aged 17, swallowed two drachms of arsenic, which he coarsely bruised with the end of a bottle, at nine, p.m., on the 2nd of June, 1817, with a view to self-destruction. He repented, and made it known a quarter of an hour afterwards. Six grains of emetic tartar were immediately given, and quickly repeated. Vomiting was soon excited, and briskly kept up, by copious draughts of warm water for two hours. Nothing was retained on the stomach during the night, and he complained of constant and severe pain in the stomach and bowels. He passed the night without rest, and on the following morning he complained still of great pain in his stomach and bowels, was very hot, with a frequent pulse and flushed countenance. He was copiously bled, and his bowels were relieved by injections, but nothing could be retained on the stomach until the evening after the application of a blister. Effervescing medicines, with opium, were then kept with difficulty, but he was not so much relieved, until the fourth, to make his recovery certain.

BITE OF A COMMON VIPER.

John Kibly, a strong, healthy man, aged 47 years, was bitten by a viper in the hand, on Saturday, April 18th. Two small drops of blood issued from the two punctures, and the specks afterwards became white. In ten minutes he was seized with pain in his bowels and a desire to go to stool, and had two purging evacuations; he then felt something in his throat, as if he should be suffocated, and drank some cider to remove the sensation; this was succeeded by hoarseness, sickness, and copious vomiting of bilious matter. With great difficulty and the assistance of two persons, he walked a very short distance to a house. The following symptoms rapidly succeeded each other:—Spasmodic affection of the throat, coming on by fits, with a choking sensation; great faintness, sickness, and vomiting; shivering; cold

sweats ; excruciating pain in the bowels, and diarrhœa. In this state I found him one hour and a half after the accident.

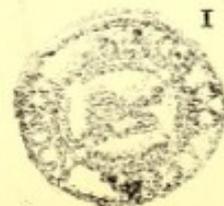
The countenance was now extremely anxious, sunk and cold, as well as the whole surface of the body, and particularly the hands and feet ; he complained of giddiness in the head, and the circulation was so languid that the pulse was scarcely perceptible at the wrist. The back of the hand was much swollen, red, and very painful, and soon assumed a livid hue ; there was no streak up the arm in the course of the absorbents. Some brandy and water had been given before my arrival ; it was repeated, with fifty drops of tincture of opium. This was rejected immediately, as was a second dose, but after a short time the stomach became more tranquil, and cordials, with opium, were retained ; the skin became warmer, and the pulse more full and distinct. The symptoms, however, did not wholly subside for many hours, particularly the spasmodic affection of the throat and organs of respiration, which were of the longest duration and most distressing. Six grains of calomel and two of opium were directed to be taken at night, and an active purgative in the morning, with cold applications to the hand and arm. The night was passed without sleep, and he was affected with troublesome strangury. The violent symptoms were much abated, but the swelling had spread to the elbow, and the limb was very painful, On the following day the swelling of the fore-arm had subsided, but it extended to the shoulder, breast, neck, and back, down to the loins, the whole of which was painful, œdematous, and of a mulberry colour. The patient gradually recovered, but several weeks elapsed before the natural appearance of the skin was restored.

CASE OF HYDROPHOBIA.

On Saturday evening, August 31st, 1816, an apprentice of Mr. William Holloway, Bridgwater, aged about 12, first expressed himself as feeling indisposed, refusing to take his usual supper. He was persuaded, however, to drink some warm cider. On

entering into his bed, his bedfellow observed him to shudder considerably. On the morning of Sunday, Sept. 1st, the boy refused to take his tea, although he complained of thirst, alleging and wondering that he could not swallow. He took, however, some solid food—a little bread and butter. About noon, on this day, he was found to be affected with slight headache, slight sickness at the stomach, and a spasmodic convulsive affection of the muscles of the throat. The countenance was expressive of anxiety, the tongue white, the pulse frequent, and the skin hot. On offering him a glass of water, he was seized with a violent convulsion of the face, head, throat, and trunk of the body, whilst attempting to bring the glass to his lips; after repeated attempts to swallow, each of which was attended with a degree of shuddering and horror, he succeeded at length in taking a spoonful into his mouth, but was immediately seized with a spasmodic affection of the throat, threatening suffocation. He took three grains of tartar emetic, which induced vomiting and purging. In the afternoon all the symptoms were increased. The spasms were induced by slight causes, such as an agitation of the bed-clothes; the pulse beat 110 in a minute, and there was much thirst. On Monday morning, Sept. 2d, 10 o'clock a.m., the boy was found sitting up in bed, the countenance flushed, and the skin hot; the sight of water, of the spoon by means of which it was intended to inspect the fauces, a draught of air, the rapid motion of any object near the face, the opening of the window,—all induced immediate spasmodic catching motions of the face, neck, and arms, and a sort of swinging movement of the trunk of the body; occasionally these convulsive motions took place spontaneously, without any apparent external cause. Articulation was sometimes easy and distinct, but sometimes difficult, agitated, hurried, with hesitation and a spasmodic effort. The countenance denoted great anxiety. The patient always sat up in bed. The tongue was protruded easily, and was whitish. The pulse was 120. Hæmorrhage had taken place from the nose. Thirty ounces of blood were taken from the arm. About 5 p.m., every symptom appeared in an aggravated form; the

countenance was suffused, except about the nose and upper lip, which were preternaturally white; the eyes started, and were glossy. There was an expression of anxiety amounting to agony. A quantity of mucus and saliva now collected constantly in the fauces and on the tongue, which he protruded from the mouth in a hurried manner, and seemed anxious and impatient to have removed. The sight of this frothy fluid seemed indeed to aggravate all his sufferings, and he requested repeatedly, in an eager and impatient manner, to have it removed by means of a handkerchief; this he sometimes did himself too, with the same impatience, until at length the lips presented an abraded surface. The body, arms, &c., were now almost constantly affected with strong spasmodic affection; sometimes he requested to be held still. The respiration became frequent; the hands and feet were cold and clammy; the pulse 160, and small; there was no erection of the penis. At this time he attempted to get out of bed to go to stool, in doing which the motions of the body and limbs were rapid, hurried, convulsive, and apparently little under his control. The sight of water, &c., still induced the same painful effects as before. There were occasionally moments of delirium, but in general he was rational and sensible to external objects, and recognised the bystanders. He had been occasionally much exasperated at his mother, whom he had hurt on the hand, by the finger nail; in general he manifested no disposition to hurt or bite any one. About eight p.m., the countenance appeared fallen, the surface was become cold, the pulse imperceptible. There was still constant but feeble spasms, and still the protrusion of frothy mucus from the mouth. There was at this time a constant muttering delirium, and the voice had become inarticulate. Soon afterwards he assumed the supine, recumbent posture, the spasms became still feebler and smaller, and confined to the mouth, throat, and neck; the eyes were opened and unfixed, and the pupils throughout the disease were unusually dilated. In this state of debility and feeble spasmodic agitation he remained a short time, and expired just forty-eight hours after the accession of the first symptoms of hydrophobia. This



little boy had been bitten under the left eye, slightly, about six weeks before, by a large spaniel dog, which afterwards died. The skin had been slightly broken and abraded, and a drop or two of blood flowed from the part. But the wound was regarded as altogether trifling ; about this part the boy complained of pain during the continuance of his disease.

ON MILD MERCURIAL FRICTION IN CERTAIN STATES OF VENEREAL DISEASE.

It is a common practice with persons in a certain class of life to apply to quacks and irregular practitioners for the cure of venereal disease, which often subjects them to a complicated set of symptoms, extremely difficult to eradicate. If the patient has been quickly salivated, and is of a scrofulous habit, the difficulty is much increased. In these cases I have found the slow and cautious introduction of mercury by friction a more effectual mode of removing the train of distressing symptoms which follow a mistreated case, than any other plan of treatment. The following cases will be found worth attention :—

CASE I.—Peter F. contracted a chancre, for which he was very quickly salivated, the sore healed, but after a short time secondary symptoms appeared. He still pursued an irregular course of life, and after the lapse of a year and a half, he consulted me. At that time he had nodes in various parts of the body, and was extremely weak and emaciated. A medical friend of great experience, who had for many years been attached to a large hospital, being on a visit at that time, saw him with me, and agreed that a regular mercurial course would afford him the best chance of relief. He did not, however, regularly pursue the plan, and afterwards he took the muriate of lime with some good effect. I then lost sight of him for several years, when I was again desired to visit him. His state had become deplorable ; exfoliations of bone had taken place in various parts of the skull, arms, and legs. He was lying in bed with his knees permanently bent to an acute angle; the abdomen was greatly

distended, partly with fluid, and partly tympanitic. All hopes of cure had long since been abandoned, and he sought some mitigation of his sufferings from large doses of opium. Ten grains of mercurial ointment were carefully and slowly rubbed into the thighs every night, and five drops of Fowler's arsenical solution given three times a day. The good effects of this treatment were soon apparent; in ten days the abdomen was reduced in size five inches by measurement, and by a steady perseverance in this plan for six weeks, with a milk diet, all the wounds healed, the swelling of the abdomen completely subsided, the legs became straight, and he so perfectly recovered that he shortly afterwards married, and never had any return of his former symptoms.

CASE II.—A medical man was attacked with sore throat, which had resisted all the ordinary methods of cure, and affected his constitution considerably. It had continued many weeks when I was consulted, and he was suffering very much, with loss of appetite and sleep. He fancied he had swallowed a pin, which was still sticking in his throat, and keeping up the irritation. A careful inspection of the parts convinced me that the sore had all the characteristics of a venereal ulcer; but he was equally positive that it could not have arisen from such a cause, not having had the slightest symptom of the disease for fifteen years, since which time he had been married, and had several healthy children. He was, however, prevailed on to take small doses of oxymuriate of mercury in sarsaparilla, which at first appeared to do good, but after a short time the disease became worse. He consulted many friends, whose opinions were as various as the treatment recommended. As he got worse and worse every week, he undertook a journey to London, which he accomplished with difficulty by easy stages, his strength had become so much impaired. He consulted several surgeons of great eminence and experience, all of whom agreed in opinion as to the nature of the disease, although they differed in their mode of treatment. One ordered a regular course of mercury in the

usual way; another, the daily application of lunar caustic to the sore and surrounding parts, with the use of tonics; a third, the fumigation of the throat with cinnabar; and a fourth, who stood deservedly at the head of the profession, assured him that his cure would be effected by Velno's Vegetable Syrup. All these remedies successively failed, and at length he abandoned himself to despair, and resolved to return home and die. I earnestly entreated him to try the plan of rubbing in very small quantities of mercurial ointment, which at length he reluctantly consented to, and in one week he derived such sensible benefit from its use, that he was encouraged to persevere. The pains gradually abated, and he got sleep; the sore healed, his appetite and strength returned, and in less than six weeks he was able to resume his practice. His recovery was delayed by the exfoliation of the bones of the nose, but ultimately the cure was so perfect that he has been enabled to follow his profession as a country surgeon, and in the enjoyment of good health.

CASE OF EXHAUSTION, WITHOUT AN APPARENT SUFFICIENT CAUSE.

A lady who had been confined about four months, and partially suckled her child in one breast only, was apparently in good health, Her menstruation had returned in the usual way a fortnight before this event, since which she had occasionally been subject to slight discharge, and lost all appetite. A day or two after she was seized with coldness, trembling, and slight faintness, which were soon removed by a cordial. Ten days after this she was attacked with pain in the bowels after an evacuation, and faintness, which continued long enough to excite some apprehension in the minds of her friends. She remained in a faintish state from two o'clock in the morning until seven in the evening, when I saw her, in consultation with her usual medical attendant. I found her lying on her back, with a blanched countenance, and a surface of death-like coldness, without any pulse at the wrist.

There was sickness, with occasional attempts to vomit, and pain in the forehead, which was kept constantly wetted at her request. I learned that, notwithstanding cordials had been administered, very little effect was produced by them, and that she constantly relapsed into the same state; I got down a good quantity of hot brandy and water, after which a feeble pulsation was felt at the wrist for a few moments, and although brandy, opium, ammonia, and every other restorative which could be given, were freely and unremittingly administered, her state became more alarming. If the pulse was perceptible after a large dose of brandy and opium, it sunk again immediately, the faintness increased, she constantly called for the smelling-bottle and fan, and became so restless that it was scarcely possible to keep her still; the surface was bedewed with a clammy sweat, the respiration was short and cold, and she either refused to swallow anything, or instantly made an effort to reject it. Notwithstanding the extreme coldness of the surface, she objected to all external heat, which seemed to increase her faintness. She remained in this alarming state until two o'clock the following morning, after which time she became more tranquil, took nourishment, and retained it. During the next twelve hours she gradually but very slowly recovered some heat and steadiness of pulse, but was not able to be moved or undressed until thirty-four hours after the attack.

There does not appear to have been sufficient cause for the extreme and protracted state of exhaustion which occurred in this case. There was no undue lactation, for that had been imperfectly carried on, and but for a short period, nor was there any other drain to weaken her powers. It seemed like one of those sudden attacks of faintness which sometimes occurs without any warning, after a small bleeding, which, as far as my experience goes, is protracted and alarming. It brought to my recollection the aphorism of Hippocrates, which, however, is more applicable to diseases of the heart, which there was no reason to suspect in this instance. "*Qui crebro et fortiter absque causa manifesta liquentur animo, derepente morientur.*"

CASE OF DEATH FROM FRIGHT, AFTER THE
OPERATION FOR SOLUTION OF CAPSULAR
CATARACT.

J. G., aged 23, of a scrofulous and hysterical temperament, was admitted into the Bridgwater Eye Dispensary, February 16, 1839. She stated that she had always enjoyed good health to the age of sixteen, and had taken the charge of a dairy; that after this period, the catamenia not appearing, she became subject to headache, had frequent attacks of hysteria, lost flesh, and was affected with a severe form of porrigo, which no medical treatment relieved. For the last five years the proper functions of the uterus had entirely ceased. About midsummer last, she was suddenly seized with an acute pain in the left eye, accompanied with dimness, which in a few hours became so much worse, that she was barely able to distinguish light. A fortnight since, the right eye became similarly affected, attended with the same sensations, and as speedily followed by complete loss of vision. On the eighteenth, the operation for solution was performed posterior to the iris in both eyes, and the cataract broken up. Nothing unusual occurred, but on the next morning she complained of pain in the right eye, extending over the temple and brow, and the iris appeared somewhat hazy. Leeches were ordered, a plaister of opium and belladonna to be applied on the brow, and five grains of hydrag: cum creta, with three of Dover's powder to be taken every four hours. The proposal to apply leeches excited the most extraordinary alarm in her mind; she exclaimed immediately—"Oh, I can never have leeches; I shall die if I have leeches." Her breathing became very much hurried and laboured, her apprehension for her ultimate recovery so great, that every means of quieting her alarm failed; palpitation of the heart succeeded, with delirium, great prostration of strength, and violent perspiration, and in spite of all treatment, she died at one a.m., the next day, breathing to the last in the same laborious manner.

I remember in a trial for abduction in this county, some years

since, in which the counsel for the prosecution took uncommon pains to impress the jury with the belief of a most improbable story, which eventually was proved to be a fabrication, that the judge, in summing up, told the jury that there was nothing improbable in the girl's story, for that it was impossible to estimate the effect of fear on the human mind, and a verdict was given in accordance with that opinion. I can call to mind several instances in which fear has produced the most distressing and alarming effects, but I was sceptical as to its extent until I witnessed this case.

CASE OF EMPYEMA SUCCESSFULLY TREATED.

Mr. H—, aged 55, had a severe attack of Pneumonia, for which he was largely bled and actively treated. The more urgent symptoms were speedily relieved, but the disease was not subdued; the pulse and respiration continued quick, with harassing cough; and it was evident that some latent mischief was going on in the chest; but as the use of the stethoscope was not known at this time, no positive conclusion could be formed as to its actual state. He had occasional shiverings, followed by fever, and increased difficulty of breathing, and some obscure pain. These symptoms were partially relieved by local bleedings and blisters; and in this way he passed some weeks, gradually losing strength and sleep, with profuse night-sweats, rendering it necessary to change everything, sometimes even the bed, two or three times during the night, which reduced him to such a state of weakness, that his friends, as well as himself, abandoned all hope of recovery. On making a careful examination, a puffiness was discovered at the lower edge of the right scapula, which gradually increased for some days; and although the skin was not discoloured, and there was nothing like pointing, there could be but little doubt, that as the swelling became daily more diffused, it contained fluid. Having had some experience of the successful treatment of chronic abscesses, after the plan recommended by the late Baron Larrey, it was

adopted in this case. A puncture was made with a common lancet, and a large cupping-glass placed over the opening ; the glass was quickly filled with pus, when a second was applied ; and in this way considerably more than a pint was withdrawn. The opening was closed with adhesive plaister, and a moderate degree of pressure made, by a bandage applied round the body. He expressed himself greatly relieved by this operation, and passed so much better a night than he had done for a long time, that on the following morning I found him cheerful, and with some revival of hope. For many days he had refused all kinds of food, and could scarcely be prevailed on to take a little liquid. It was suggested that he should try a small quantity of well-seasoned beef-steak, and a wine-glassful of ale, which he relished, and repeated in the course of the day. On the third day from the operation, it was evident that a considerable accumulation of pus had again taken place, when the same operation was repeated, and about half the former quantity was evacuated. This was repeated six days afterwards, when it was no longer required. In the mean time the same diet was continued ; but now my patient could eat three-quarters of a pound of beef-steak, and drink a pint and half of good ale, at ten o'clock, and the same quantity at three in the afternoon, daily. All the alarming symptoms disappeared, and in the course of a month he was much improved in strength and flesh. He recovered, and followed his usual occupation for many years.

I have found this mode of treating chronic abscesses, and especially large ones, more successful than opening them, and allowing the contents to drain off in poultices, which is so often followed by irritative fever and great exhaustion. I believe it was first practised by Mr. Abernethy, in lumbar abscess ; and although I do not remember any case of permanent recovery from this formidable disease, so treated, yet I have known some patients who have escaped the fearful symptoms arising from an open communication with the cyst, improve so much in health, as to consider themselves secure from a return, and who probably would have obtained a cure if they had strictly attended to

all the precautionary measures for a sufficient length of time. This plan was followed by the happiest effects in a patient who had an enormous abscess around the hip, in which there was reason to apprehend the joint was involved. The amendment was immediate and rapid, and the patient recovered, with slight lameness only.

In the above case I had the valuable assistance of Dr. Blackall, who expressed his conviction that the successful termination was probably to be ascribed chiefly to the generous diet, and remarked that the boasted cures said to be performed by "Godbold's Vegetable Balsam," and other popular quackeries of the day, were to be attributed to the postscript appended to the printed directions, viz., "the patient may use whatever diet he pleases whilst taking this medicine." I may be excused here, from acknowledging the pleasure and profit which a long intercourse with that distinguished physician has afforded me; and even now, I often refer to his letters with advantage. His treatment of disease was often simple, but always judicious. He excelled especially in congestive and inflammatory affections, and rarely resorted to bloodletting or active measures, except in urgent cases. He relied principally on antiphlogistic remedies and diet. A very favourite plan was the combination of the nitrate of potash with antimonial powder, in doses of ten to twenty grains of the former, and four to ten grains of the latter, in a solid form, three times a day, followed intermediately with an effervescing draught, from which I have often witnessed the happiest results. He says in one of his letters—"As an alterant and resolvent in slow inflammations of the breast, and serous membranes, I hold it to be quite unrivalled, and I know not how in some habits it can be with advantage superseded by any other medicine. In another he states that "Dr. Bree's remarks in the *Medico-Chirurgical Transactions* in a paper on splenitis, 'that antimonial purgatives, and not mercurial were the proper remedy' he had verified repeatedly, and that he found in his experience that in congestions of the left side of the stomach, spleen, &c., antimony had so frequently proved the best remedy

that he generally prescribed with confidence one drachm of compound extract of colocynth, with two grains of tartarized antimony, in pills, of which he directed one or two to be taken every night."

CASES OF INJURY OF THE HEAD.

CASE I.—Mr. M. J., a very strong man, aged 32, was thrown from his horse on Thursday night, May 16, and received a violent blow on the left side of his head and shoulder. He was stunned by the fall, and lay on the road insensible for some time. He was removed to a house about two miles distant, where, after some time, he recovered his senses, and walked up-stairs with a little assistance. No injury could be discovered on examining the head. He was bled to thirty ounces, took some active purgative, and was directed to be kept quiet. On the following evening I visited him in consultation with Mr. Board, who saw him soon after the accident. He was in a state of abstraction, but not insensible, was easily roused, and answered questions rationally; his head was fixed to the pillow; the pupils were natural, and contracted readily; there was great intolerance of light; the pulse was frequent, but natural—neither full nor hard; the respiration and skin natural; he was very irritable and restless, and complained of much pain in the head; the tongue was furred and loaded, and there was frequent sickness; he was deaf in the left ear, but heard perfectly in the right; there had been no discharge of blood from either. The head was carefully examined again, but no injury could be detected. He was bled freely, and the cathartic medicine repeated.

On the Sunday evening, I received the following report from his surgeon:—"The cathartic medicine acted powerfully, by which he was much relieved, and passed a quiet night. On Saturday, the pain in the head and morbid sensibility had much abated, and he got out of bed every time the medicine acted, without assistance; but when in the erect posture, required

to have his head supported ; and, it is worthy of remark, that every time he got up, a few drops of blood fell from his nose; he took neutral salts, and other febrifuges, which acted properly, and strict antiphlogistic regimen was observed. The pulse was 90, and small ; the intellect unimpaired, and he gave signs that his memory was strong as ever ; conversed rationally, and with his accustomed cheerfulness. On Sunday, his friends were all convinced of his amendment ; his head was still more relieved, and the bowels open. In the evening, however, his face became flushed, and the pulse fuller and harder. Thirty ounces of blood were taken from the arm, which sunk the pulse, and greatly relieved him. In compliance with his urgent solicitation, a blister was applied to the nape of the neck."

On Monday I visited him again, at 9 a.m. He had passed a quiet night ; got out of bed twice without assistance ; was very tranquil, but had not been sensible at times. He complained a little of his head ; the pupils were natural, and contracted very readily ; pulse regular, but frequent ; respiration and skin natural. He felt weak, and mentioned a tingling sensation and numbness of the left arm, which came on at three in the morning. He was perfectly sensible, and not only related all the circumstances of the accident, but referred to a former one which occurred some years before. On minutely examining the head, he shrunk on pressure being made on the temporal muscle of the right side, and on increasing the pressure, he immediately had a violent epileptic fit, from which he soon recovered, and became as sensible as before, continuing to relate the history of his former accident. taking it up at the point he had left it on the occurrence of the fit. Another trial was made, by pressing very firmly on the same spot, which did not, however, produce a similar effect, although he shrunk from it, as if it gave pain. At 11 o'clock he had another fit. At 12, he expressed himself as feeling much better, raised his head from the pillow and shook it, saying that he felt no pain, but only a weight on his forehead ; he complained still of the numbness and tingling of the left arm and hand. At one, he had another severe fit, and as

soon as he recovered from it, he was bled. Soon after this he had another, after which he lay motionless on his back, the fits succeeding each other at intervals of a quarter of an hour, until three o'clock, when he expired. The pupils contracted on exposure to light, and he gave tokens of sensibility ten minutes before his death.

On denuding the cranium, not the slightest injury could be discovered. The right temporal muscle was removed, but no fracture could be detected at the part on which pressure seemed to have produced the epileptic fit. The left temporal muscle was black, with extravasated blood, from the blow which seemed to have been received on this part. The vessels of the dura mater were loaded with blood, and on removing it, the right hemisphere was found enveloped in coagulated blood. On removing the scalp, two fractures were immediately visible—one on the right side, extending about two inches upwards and downwards, in a right line through the squamous suture, the other running through the centre of the mastoid process and petrous portion of the temporal bone, to the centre of the base of the skull. A piece of the petrous portion, about the size of a pea, was entirely detached, but not displaced so as to cause pressure.

CASE II.—William Govier, aged 44, was thrown from his horse on the night of November 16, 1826, and sustained a severe fracture of the skull. He walked with assistance to a cottage at some distance. Although insensible at first, he soon recovered his senses, and retained them. On a careful examination of the nature of the injury, it was found to be very extensive, the fracture running through the anterior superior angles of the parietal bones, and upper portion of the frontal bone, immediately over the longitudinal sinus. Several loose pieces of bone were driven into the brain to a considerable depth, so that it was a good deal lacerated. It was determined at once to proceed to an operation. Accordingly, an angular portion of bone was first removed with Hey's saw, with the intention of raising the depressed pieces, but this was found to be impracticable, until a

larger portion was removed by a circular saw, which gave plenty of space for detaching the numerous broken pieces. One very large portion was driven down under the frontal bone, immediately over the longitudinal sinus, the removal of which was effected with much difficulty, and followed by profuse bleeding from the sinus. This, however, was completely checked by the introduction of a plug of lint. He was bled freely, and the usual antiphlogistic practice pursued. His recovery was perfect, although delayed by the supervention of an acute attack of rheumatism.

CASE III.—Isaac Bevan, aged 15, was knocked down by the vane of a windmill, which was rapidly revolving on a very windy day. The blow was so violent that it broke the wood-work of the frame, and drove the boy forwards to a considerable distance. Being in the neighbourhood at the time of the accident, I saw him immediately. There was an extensive laceration of the scalp, and fracture of the temporal and occipital bones. He was stunned, but not wholly insensible, and had vomited. He was removed to the Bridgwater Infirmary in a cart, a distance of ten miles, six or seven hours after the accident. On enlarging the wound, the injury was found to be so great, that I considered the case almost hopeless. The bones were broken into many pieces, some of which were completely detached and driven into the brain, portions of which were discharging from the wound. I removed sixteen pieces, the largest of which was driven down to the base of the skull, and got up with great difficulty. He remained insensible after the operation, but on the following morning he was free from fever. Although he did not regain his speech or senses until the tenth day, he completely recovered in a short time, without any active treatment.

CASE IV.—John Greenfield, aged 18, a strong healthy farm-servant, was brought to my house at six in the evening of Monday the 9th of September, having about two hours before received a kick in the head from a cart horse, which knocked him down, but did not stun him, for he raised himself on his knees, before a man who saw the accident from a short distance could come to his

assistance, and was able to describe the manner in which the blow was given, and tell his name and place of residence. There was a wound over the right eye, which led to a very considerable fracture of the frontal bone. He was quite sensible, complained only of slight pain in the head, and walked some distance to an inn, and was put to bed. He had some stupor, but not in any considerable degree; sickness, which was increased by pressure on the fracture; dilatation of the pupils, which contracted on the approach of a candle; the respiration was natural. As the symptoms were not urgent, a small quantity of blood was taken, and a purgative administered, which was thrown up four hours after, whilst examining the wound and removing some coagulated blood. The pulse was 60, and intermitted once in 15 or 20 beats. He was again bled, and directed to be kept quiet.

Tuesday.—He passed a tolerable night, but was frequently sick; stupor rather increased; pulse 60, but more oppressed; respiration rather laborious; on the whole, the symptoms are increased, but he got out of bed without assistance during the night to make water. At 12 o'clock, I divided the scalp right and left, in a semicircular direction, which enabled me to ascertain the nature and extent of the injury. The fracture began about the middle of the frontal bone, and ran across the frontal sinus towards the temporal bone, to the extent of nearly two inches. The principal depression was at the sinus; the edges of the bone, particularly towards the orbit, were very jagged, and irregularly broken. I found Mr. Hey's saw extremely useful in removing the rough edges of the bone, which enabled me to raise several large detached pieces. Eighteen fragments were removed, including the whole frontal sinus. Having carefully removed a considerable quantity of coagulated blood from the dura mater, the scalp was laid down and covered with light dressing. The pulse rose immediately to 86, and became perfectly regular; and he felt so much relieved that he got out of bed, stood upright, and put on a clean shirt without any assistance. He was directed to take ten grains of calomel, with an equal quantity of jalap, and afterwards a purgative mixture. At five o'clock his pulse was

65, and there was some stupor, which was relieved by the loss of 20 ounces of blood, when his pulse again rose to 86.

Wednesday morning, 9 o'clock.—Was very restless until three o'clock, after which he slept tolerably. Is perfectly sensible; pulse 82; breathing natural; complains of some pain in the head; has not been sick since the operation; no evacuation from the bowels. He was bled, and the calomel and jalap repeated. Eight o'clock p.m.—Has been freely purged, is hot, restless, and complains of slight pain in the head, but is quite sensible. Pulse 84, hard and full. He was bled to the extent of 12 ounces, and directed to take saline medicine, with tartarized antimony, and nitrate of potash.

Thursday, 8 a.m.—Has passed a good night, and is quite sensible; pulse 72. He was directed to keep quiet, and continue the same medicine; but his pulse being full and jarring at eight o'clock, he was bled to eight ounces. At ten, he became hot and very restless, vomited, and was delirious, constantly endeavouring to get out of bed. Ten ounces of blood were drawn, and some purgative medicine given, which quieted him, until two o'clock a.m., when all the bad symptoms returned, and were again relieved by a repetition of the bleeding and purgative.

Friday morning, 9 o'clock.—He is worse in every respect; appears to be sensible, and puts out his tongue when desired, but does not speak. Having always been relieved by the loss of blood, thirteen ounces were taken away. The pulse, which was 94 before the bleeding, rose to 120. A stimulating injection was given, which procured two copious stools, but appeared to make him worse—indeed, he seemed as if dying after the second. He continued very restless until eight o'clock, when he took forty drops of tincture of opium; and on visiting him at ten, and again at two in the morning, he was found more quiet, less hot, sensible, and able to answer questions.

Saturday morning, 6 o'clock.—Continues much in the same state as at the last visit, except that his water has passed twice involuntarily. At twelve o'clock, he complained of so much pain in the head, and was so hot, thirsty, and restless, that he was bled

to eight ounces, which produced faintness, from which, however, he soon recovered. His pulse quickened very much after the bleeding, and at six o'clock he was in every respect worse; he is sensible, but does not speak. Forty drops of tincture of opium were given, and five grains of Dover's powder every three hours, which had the effect of procuring a good deal of sleep. From this time he regularly improved; and by pursuing the same plan, with careful attention to his bowels, he perfectly recovered.

This case occurred many years ago, before the attention of surgeons was directed to the effects of loss of blood on the system. It is very evident that the symptoms which alarmed me so much for the safety of my patient, were aggravated by my treatment; and that if I had not carried bleeding to such an extent, but had given opium and nourishment more freely at an earlier period, I should have spared my patient much suffering, and myself great anxiety. I consider this a case rescued at the eleventh hour, and attribute my patient's recovery entirely to a hint which I received from an old practitioner, who kindly visited him with me in the most critical stage of his illness, and remarked, that in his day, Bloomfield always directed Dover's powder in all cases of violent injury of the head, and concussion of the brain. In this case, I mistook exhaustion and irritation for inflammation—a common error with young and inexperienced practitioners. This is an important point in practice, requiring the nicest discrimination, on which a hasty or injudicious decision often leads to a fatal result.

ON FRACTURES AND CONCUSSION OF THE SPINAL COLUMN.

In the "Transactions of the Provincial Medical and Surgical Association," there is an interesting paper on fractures of the spine—an accident generally considered so hopeless, that no effectual attempt is made to relieve the sufferer, who is left to linger out a miserable existence. It has always appeared to me wrong to abandon a patient under such circumstances; but

public opinion, in which the profession acquiesced, seemed to forbid any other treatment than palliative. I have never ceased to regret that no effort was made in the following case, which, since I have read Mr. Crowfoot's paper, I am more inclined than ever to believe offered a fair chance of success :—

Fracture of the two last Dorsal Vertebrae.

Thomas Ash, a remarkably strong man, aged forty-six, was run over by a heavy waggon, which fractured the two last dorsal vertebrae. The division was so evident that two fingers could be laid between the broken ends of the bones. The parts below the injury were immediately paralysed; he had constant vomiting, and his case appeared altogether so hopeless, that his friends refused having anything more done than dressing a most extensive laceration of the scalp; and as there did not appear to be a chance of his surviving many hours, I was requested not to visit him again unless they applied to me. As, however, he appeared rather better on the following morning, I was desired to repeat my visit, when I found the abdomen greatly distended, the bladder very full, and a complete deprivation of the power of voluntary motion and sensation in the lower extremities. The bladder was emptied by the catheter, and the bowels by glyster, after which the faeces, but not the urine, passed involuntarily. In this state he lived six weeks, during which period he had occasionally considerable fever and frequent vomitings, whilst at times he made such efforts to recover that I proposed giving him the chance of a more determined mode of treatment, but in this I was overruled by his friends, and the opinions of other surgeons.

Fracture of the Spinous Process of the Third Cervical Vertebrae.

William Cooling, aged eighteen, a very fine young man, fractured the spinousprocess of the third cervical vertebra, in the following singular manner :—He was carrying a heavy gate on his back, between the bars of which his head became so tightly jammed that he fell backwards on it with great violence, in the attempt to throw the gate off his shoulders. He lay in this state

for some hours before he was discovered, and, when removed, it was ascertained that he had the power of moving his head only, all the parts below being paralytic, and totally insensible. His pulse beat only thirty-seven strokes in a minute, and his breathing was very laborious. He had priapism. On the following day he had violent fever and great thirst ; the pulse had risen to 100, but the priapism had ceased. He was bled, and took some opening medicine, which afforded some relief, and after a few days these symptoms gradually ceased, and he sunk into a state of quiet. He lived a month after the accident, during which time his appetite was good, and he slept tolerably well. For some time the water was drawn off by the catheter, but occasionally it was discharged involuntarily, as were the fæces. About a week before his death he began to have some feeling in his feet, but previously to that time his friends convinced themselves that he had none, by running pins into his legs and thighs.

Concussion of the Spine.

James Harris, aged thirty, fell from the top of a waggon very highly loaded with beans, and alighted with great force on his back. As he remained motionless, and without any feeling of his lower extremities, the surgeon who saw him believed the spine to be fractured, and, considering the case hopeless, nothing was attempted for him. When I visited him on the following day, he had recovered slight motion and feeling in his legs. The abdomen was greatly distended, and he was suffering acute pain, with inability to empty the bladder. He had priapism. Having drawn off the water, I satisfied myself that there was no fracture of the vertebræ, and directed local bleeding, absolute rest, and afterwards counter-irritation, under which treatment he perfectly recovered.

My opinion of the propriety of making extension in cases of fractures of the spinal column, is more strongly confirmed than ever by the successful result of Mr. Crowfoot's case, who deserves the thanks of the profession for making it public. It affords another strong illustration of the great advantage of recording

and publishing the experience of practical men. Society, as well as the profession, derive more substantial advantage from the faithful relation of cases, accurately noted at the bed-side of the patient, than from half the books and systems which are written.

My conviction, that the case of Thomas Ash offered a reasonable chance of a happy termination, is strengthened by the knowledge of the extraordinary tenacity of life which other members of his family exhibited.

His father recovered from a disease of the bladder and prostate gland after the age of eighty-four, notwithstanding a false passage had been made in the urethra by the catheter, sufficiently to enable him to take active exercise on horseback, and he lived until nearly ninety.

His mother, at seventy, was attacked with chronic hepatitis, for which the usual remedies were employed. The integuments covering the liver were observed after some weeks to be covered with erysipelatous inflammation, which terminated in sloughing, so that it became exposed. In this state she laid seven weeks, large sloughy portions frequently coming away, and, during the last, whatever she swallowed passed out quickly at the opening in the side. In addition to this enormous wound, which discharged profusely daily, the whole of the nates and lower part of the back were for a long time in a state of mortification.

One sister struggled an unusual length of time against dropsy, with diseased liver, after repeated tappings; and another resisted the most extensive and formidable scrofulous disease I ever witnessed, for more than a year.

ON DISLOCATION OF THE SHOULDER.

When I entered the profession, in the year 1798, a dislocation of the shoulder was considered so formidable an accident, as to require the aid of several surgeons and a host of assistants, and the preparations for its reduction might well appal a stout heart. In the house in which I was a pupil, a pillar was erected for the purpose of securing patients who were so unfortunate as

to meet with this accident. The patient was seated in a chair, which was firmly lashed to the pillar; a stirrup leather was placed over each shoulder, and buckled under the seat of the chair, and the body was secured to the pillar by a girth, the legs being placed horizontally in another chair, to prevent resistance; a long towel, or sometimes a rope, was now fastened around the arm, above the elbow, which was given to four or five men, who were directed to pull. They generally made strong traction by jerks, whilst the operating surgeon was manipulating, with the help of a handkerchief placed under the axilla, and over his neck, tied in a knot. This process was continued for two or three hours, until the patient became exhausted, and faint from pain; sometimes it succeeded, and at others the trial was abandoned for that day, to be resumed on the following, if the patient would submit. During the whole time no attention was paid to the scapula, which was drawn forwards with the arm at every successive pull. Many curious incidents occurred with such accidents. I will mention one which came within my own knowledge, and another which was related to me by a neighbouring surgeon.

CASE I.—A man was thrown from his horse, and dislocated the humerus, the head of the bone lying under the pectoral muscle. He was carried into a cottage by the road-side, and the surgeon, on his arrival, not being prepared with the means of reducing the arm, left me in care of the patient, and sent a post-chaise to bring him into the town. We had not proceeded far before he became so faint that I called to the post-boy to stop, which he did so suddenly, that the elbow of the dislocated arm, which the patient was carefully supporting with the other hand, was forced against the front panel of the chaise, and the bone immediately reduced.

CASE II.—That of an athletic farmer, who lived in a mountainous country, whose dislocation two hospital surgeons had vainly attempted to reduce. In a consultation with an eccentric practitioner, after the usual means had failed, it was proposed to make the patient very drunk; whilst in this powerless state,

the bone was reduced. In the present day, chloroform is a more scientific mode of effecting the same result.

In the year 1832 I published the following paper in the Provincial Medical and Surgical Journal:—

“ On Fixing the Scapula, in Dislocations of the Humerus.

“ In almost all surgical works, in which dislocations of the shoulder joint are treated of, various methods of reduction are proposed, according to the situation of the head of the bone. Dislocations of the bone are, generally, easily reduced; but there is scarcely a surgeon of any standing who has not, in the course of his practice, met with cases which have occasioned him a great deal of trouble; and I believe it has sometimes happened, that reduction has never been effected. In the course of thirty years' extensive practice, it has fallen to my lot to see a considerable number of these accidents; and I have been, and have seen other surgeons of great experience, foiled in their attempts, from the difficulty of fixing the scapula.

“ Attention to this point renders the operation easy, as I have often witnessed, where violent and long-continued efforts have entirely failed. Sir Astley Cooper, in his excellent work on dislocations, observes that this is the principal object to be attended to, without which all efforts will be ineffectual. The bandages commonly used for this purpose do not appear to me calculated to effect the object intended, but, on the contrary, add greatly and unnecessarily to the patient's sufferings, and do not prevent the scapula from being drawn forwards when the extension is made. For many years past, I have practised a very simple method, which has never failed even in cases where the head of the bone has been thrown into the most unfavourable position. The method I adopt is as follows:—

“ Having seated the patient in a low chair or stool, and firmly secured the body and fixed the pulley, I stand over him, placing the heel of my right hand on the acromion, leaning my weight on my hand. By this means the scapula is fixed, and rendered

immoveable, the extension is then made, and the reduction quickly completed.

“ I lately had a case in one of the most muscular men I ever saw, who, having met with a similar accident on a former occasion, dreaded, and with good reason, any attempt at reduction, and declared that he would allow one trial only to be made, and if it did not succeed, he would be content to let the limb remain unreduced ; for that, on the occasion alluded to, he had submitted to the efforts of four surgeons and a physician, with sixteen assistants, for three days ; and that at length, after bleeding and other remedies, he became perfectly exhausted, when the bone was replaced. Notwithstanding the head of the bone being under the pectoral muscle, the whole operation, performed in the manner described, did not occupy two minutes. So satisfied, indeed, do I feel of the great importance of this point, that I do not hesitate to say, that all dislocations of the shoulder may be speedily and easily reduced by fixing the scapula in this manner, without any bandage whatever.”

ON DISLOCATION OF THE KNEE-JOINT.

Complete dislocation of the knee-joint is so very rare an accident, that I believe few surgeons have ever seen it. I furnished Sir Astley Cooper with the following case, which he published in his work on Dislocations. He had never met with a similar one, nor has any surgeon of my acquaintance connected with the London or provincial hospitals, although I have related it to a considerable number ; neither do I remember to have read of such a case. I learnt also, in conversation with Dupuytren and Roux, that it had not occurred in their practice.

Dec. 5, 1806.—Francis Newton, a strong, athletic man, thirty years old, fell from the fore part of a waggon heavily laden with coals, and, entangling his foot in the frame-work of the shaft, was dragged a very great distance before he was released. I saw him two hours after the accident ; the left knee was very much swollen ; the tibia, fibula, and patella, were driven up in

front of the thigh, and the os femoris occupied the upper part of the calf of the leg, the internal condyle being nearly through the skin. It was a complete dislocation, and the appearance of the limb was so dreadful, that I despaired of being able to reduce it; but to my surprise it was more readily effected than I imagined. By placing two men at the thigh, whilst I extended the leg, the reduction was immediately effected. The whole limb was placed in splints, and the strictest antiphlogistic treatment observed, with the most perfect quiet. The symptoms were very mild, and, by carefully watching him, he suffered very little inflammation or pain. At the expiration of a month, I allowed him to get up, and on the 29th of January he came a distance of four miles, in a cart, and walked from an inn to my house, with his leg but little swollen, and having some motion of the joint. He eventually recovered very good use of his limb, and walks with so little inconvenience, that he has followed his business as a waggoner ever since, and I have seen him walking by the side of his team with very little lameness.

The successful issue of this case clearly proves “that in dislocations of the tibia forwards, or of the femur backwards, the injury to the ligaments and other soft parts about the knee-joint, is not necessarily such as to render the recovery of the limb in a perfectly useful state a forlorn hope, as has been represented by writers of high authority, some of whom have almost regarded amputation as *prima facie* necessary to save the life of a patient.”

I may mention here, although not in connexion with the subject, that during a visit at Glasgow in 1845, Dr. Laurie showed me a remarkable case of a patient with a large collection of air in the knee-joint, and on enquiring the result some time afterwards, he kindly favoured me with the following account:—

“Glasgow, Nov. 8, 1845.

“My dear Sir,—The poor lad with air in his knee-joint became so much worse, that amputation gave him the only chance of recovery; but to that he would not submit. He returned into the country, and died a week or two ago. I have no doubt

that it was a large abscess in the thigh, communicating with the knee-joint; the air partly generated from decomposed blood, and partly gaining entrance by the opening in the thigh. We had another case, presenting the same symptoms. The man submitted to amputation, and did well. It was an open abscess in the leg, communicating with a diseased knee-joint.

“ I am, my dear Sir,

“ Very truly yours,

“ To J. Toogood, Esq.”

“ J. A. LAURIE.”

ON SPONTANEOUS FRACTURE OF THE THIGH-BONE.

In the course of my practice, two cases have occurred in which the thigh has been fractured without any external violence. The first was that of a man who had for many years been in a weak, nervous, and half paralytic state. In attempting to turn in bed, the bone broke. The case was considered an extraordinary one; it was treated in the usual way, and united after a considerable time, and he lived many years after. The next case was that of James Pople's wife, of Bawdrip, aged fifty-five, who had long been in an infirm state of health, which terminated ultimately in paralysis of the lower extremities. She had suffered very severe pain in her right thigh for some months, which was considered by those about her to be rheumatic; and being a poor woman without friends, little was done for her relief. One evening, on being lifted up in the bed, the bone suddenly snapped; she was aware of it immediately, and cried out that her thigh was broken, but no one believed her, and she lay all that night in dreadful agony, but when, on the following morning, her neighbours saw the limb almost doubled by the violent spasmodic action of the muscles, which drew the ends of the bones forcibly against each other, I was requested to see her. Her condition was indeed truly deplorable, and the grating of the bones against each other was distinctly heard. The limb was placed in splints, and united after a longer period than

usual. I mentioned this case to Sir Astley Cooper, who considered it to be cancer of the bone, and directed my attention to the state of the breasts, in both of which I discovered, on examination, several hard, knotty tumors, of a carcinomatous character.

The following interesting account of a similar accident, will be found in the life of Archbishop Secker :—

“About a year and half before he died, after a fit of the gout, he was attacked with a pain in the arm, near the shoulder, which having continued about a twelvemonth, a similar pain seized the upper and outerpart of the opposite thigh, and the arm soon became easier. This was much more grievous than the former, as it quickly disabled him from walking, and kept him in almost continual torment, except when he was in a reclined position. During this time he had two or three fits of the gout, but neither the gout nor medicines alleviated these pains, which, with the want of exercise, brought him into a general bad habit of body.

“On Saturday, the 30th of July, 1768, he was seized, as he sat at dinner, with a sickness at his stomach. He recovered himself before night, but the next evening, whilst his physicians were attending, and his servants raising him on his couch, he suddenly cried out that his thigh bone was broken. The shock was so violent that his servants perceived the couch to shake under him, and the pain so acute and unexpected, that it overcame the firmness he so remarkably possessed. He lay for some time in great agonies, but when the surgeons arrived, and discovered with certainty that the bone was broken, he was perfectly resigned, and never afterwards asked a question about the event. A fever soon ensued ; on Tuesday he became lethargic, and continued so till about five o'clock on Wednesday afternoon, when he expired with great calmness, in the 75th year of his age.

“On examination, the thigh-bone was found to be carious about four inches in length, and at nearly the same distance from its head. The disease took its rise from the internal part of the bone, and had so entirely destroyed its substance, that nothing remained at the part where it was broken but a portion of its

outward integument ; and even this had many perforations, one of which was large enough to admit two fingers, and was filled up with a fungous substance, arising from within the bone. There was no appearance of matter about the caries, and the surrounding parts were in a sound state. It was apparent that the torture which his Grace underwent during the gradual corrosion of this bone, must have been inexpressibly great. Out of tenderness to his family he seldom made any complaint to them, but to his physicians he frequently declared his pains were so excruciating, that unless some relief could be procured, he thought it would be impossible for human nature to support them long ; yet he bore them for upwards of six months with astonishing patience and fortitude, sat up generally the greater part of the day, admitted his particular friends to see him, mixed with his family at the usual hours, sometimes with his usual cheerfulness, and except some very slight defects of memory, retained all his faculties and senses in their full vigour, till within a few days of his death."

In the second part of the 15th vol. of the Medico-Chirurgical Transactions, two cases of fracture of the thigh-bone taking place without any violence, in connection with cancer, are related by Mr. Salter, of Poole, in one of which an examination was afforded after death, and his description of the condition of the bone corresponds very much with that of the preceding case. I regret that no examination could be obtained in the case of James Pople's wife.

DISLOCATION OF THE HIP, WITH FRACTURE OF THE ACETABULUM.

Thomas Rich, a sawyer, aged thirty, fell into a sawpit from a piece of timber, and received a violent blow on the hip from the heavy body which followed him. The head of the thigh-bone was thrown on the dorsum of the ilium, and the dislocation was reduced in the usual way without much difficulty. On the following evening it was evident that the head of the bone

was not in its proper situation; the limb was shortened, and somewhat inverted, presenting just the appearance of a dislocation into the ischiatic notch. Moderate extension however, easily brought the leg of equal length with the other, and the whole limb to a natural state. He had retention of urine. The next day the limb was found again shortened, and although there was great swelling from the violent contusion which so heavy a body had occasioned, an accurate examination satisfied me that the head of the bone was still lying on the dorsum of the ilium. I was not present when the dislocation was reduced, but the surgeons who attended the patient were positive that they heard the bone return to its socket, and their opinion was confirmed by the patient and the bystanders. A careful examination was again made, when a fracture of the acetabulum was detected, which allowed the head of the bone to escape, and explained at once the cause of the limb presenting such different appearances. There was not the slightest difficulty in returning the bone to its natural position, but it was no easy matter to keep it there. This, however, was effected by fixing the pelvis, and keeping up permanent extension by means of a pulley. By persevering in this plan for several weeks, the patient perfectly recovered the use of the limb.

I have frequently employed permanent extension by the pulley, in cases of very oblique or complicated fractures of the thigh, with the best effects; and particularly in one I attended about a year since, in which the shaft of the bone was broken in three different places, so that it was impossible to keep the limb right in any other way. The patient has an excellent limb, without any deformity.

CASE OF NECROSIS OF THE FEMUR.

William Cull, a farm labourer, aged forty, was admitted into the Bridgwater Infirmary for disease of the thigh-bone. The limb was more than double its natural size, the integuments were

brawny, and slightly discoloured. About sixteen months before, in turning rather suddenly, it broke. Very little union took place for nine months, and it never became strong. It did not appear that he had suffered much pain before the fracture, but since that time there has been a good deal, but not of a severe character. His health was much affected, but his countenance did not indicate malignant disease. The concentrated tincture of iodine was applied freely over the limb, which was followed by erysipelas. This was relieved by poultices. An issue was made on the outside of the limb, which discharged freely. Some time after a small circumscribed space in the front and upper part of the thigh indicated the presence of fluid, which, on being opened, discharged a sanious fluid. An abscess then formed in the groin, and a large quantity of sloughy cellular membrane escaped. The wounds gaped, and presented a malignant aspect. The bone became disunited, and he was gradually worn down by fever, colliquative sweats, and enormous discharge, yet suffered but very little pain. The whole shaft of the bone, from the condyles to the head, was necrosed throughout, and the disease had spread to the ilium, where there was a large abscess.

CASE OF DISLOCATION OF THE ASTRAGALUS.

In the eleventh volume of the Transactions of the Provincial Medical and Surgical Association, my friend Mr. Turner, of Manchester, has published an elaborate and excellent paper on dislocation of the astragalus, in which he states that it is an accident of unfrequent occurrence, but, in its characters and consequences, extremely serious. Every additional example, therefore, of the successful treatment of this important accident, cannot fail of being acceptable to the profession. The following case occurred lately in the practice of my son, Mr. J. B. Toogood, with whom I visited the patient, who thus describes it:—

“ I met with the accident (dislocation of the astragalus) five months since, and, after having set it, Mr. Wilkinson and his

assistant bound it up in thick pasteboard splints. On the third day he wished to look at it ; but, as soon as the bandages were loosened, my foot turned slightly round. On the following day, he thought it necessary to bind it up in wooden splints, and it remained thus for a fortnight ; but during the interval, spasms commenced, which gradually turned my foot round, until a dislocation again took place, followed, as before, by a resetting. It was then bound up in a starch bandage, which unfortunately proved too tight, and, owing to the great swelling and discoloration, the bandage was obliged to be cut open, and the foot left comparatively loose for two or three days. After the swelling had sufficiently subsided, it was tightly bound on a thick wooden splint, to which was attached a piece of wood the size and form of the foot, and it remained there until my arrival at Torquay, the 16th of September, 1847.

“It was now that the spasms came on with such intense violence as to break the splints and dislocate the bone ; and although every means were tried to keep it in its place, all were found ineffectual until it was determined to strap it down to a surgical bed, and keep up permanent extension. It was with the greatest possible trouble, and the exertion of great ingenuity, that it was now kept in its place, and the spasms then gradually became less frequent, and, after a time, entirely ceased. After keeping it strapped down for a month, it was loosened by degrees, and a starch bandage applied ; but this not proving sufficiently strong, a shoe was invented, made partly with iron, with steel supports up the leg, and a screw attached to a pad immediately over the astragalus, which may be worked down at pleasure. The leg was now unstrapped, and, after a few days, I found that I could stand with ease, and walk with very little support. I was advised to rest it entirely for another month, at the expiration of which time I found I could stand without the slightest pressure from the screw. At present, the bone feels perfectly in its place,—quite as much so as the other foot ; and I can walk with ease without any other support than an elastic sock, and such a boot as I have usually worn. I do not feel the

slightest pain, spasm, or inconvenience, and I can conscientiously affirm that the cure is complete."

This case is an interesting one, and the accident happened in a singular manner. The patient was a muscular lady, aged twenty-four. She had a severe attack, which made it necessary, in the opinion of her medical adviser, to take repeated doses of opium, which so completely narcotized her as to excite the greatest alarm for her life. In this state she was forcibly dragged about her room, and it was not until some time after all apprehension for her safety had subsided that the accident was discovered.

I did not see her on her first arrival here; but, as the case proved a very intractable one, my son called me to his assistance. My impression was, that although the dislocation might have been reduced at the time, the bone had never remained in its proper situation; and I imagine that this was also her conviction, for I observed on my first visit that the foot was turned round, and I learned that, however securely it was bound up, the splints and bandages were speedily torn to pieces by the violence of the spasms.

On removing the bandages it was evident that it was a dislocation forwards and outwards. The spasmodic action of the muscles was so violent as to render all attempts at reduction hopeless, and could only be compared to those which occur in tetanus or puerperal convulsions. She was put under the influence of ether, and the bone was replaced without difficulty; but it was not until she was placed on one of Earle's beds, with the leg firmly fixed below the knee, and permanent extension made from the foot, and kept up for a long time, that it could be returned in its normal position. But even then the tendency to displacement was so great, that if the foot had not been secured in the iron shoe, and the screw applied over the dislocated astragalus, it would not have been possible to have conducted the case to a favourable termination.

I have just been informed that this lady had lately been to a ball, and danced without the least inconvenience.—*March*, 1848.

TWO CASES OF COMPOUND FRACTURE OF THE
LEG.

CASE I.—Mr. A., aged fifty-five, was thrown from a gig, and suffered a compound fracture of the leg. I found him lying on the road, about a mile from his house, bleeding profusely. He was carefully carried home on a hurdle, when I discovered that the lower end of the tibia was dislocated and considerably displaced, the fibula fractured, and about four inches above, both bones were broken, the tibia protruding through a wound two inches in length. The tibia and fibula were again both broken a little below the knee. The reduction of the dislocation was very difficult, and it was impossible to keep the end of the tibia, which had passed through the skin, right, in consequence of the complete detachment of the bone by the upper fracture. The broken ends of the bones were placed in apposition, as well as the case would admit, the leg put up into splints, and cold applications directed. It became a point of serious consideration whether amputation would not be the safest course under such complicated injury. The patient was fifty-five years of age, and, with the exception of being subject to nervous and spasmodic affections, of a sound constitution and temperate habits; the soft parts, although much lacerated, were not contused, and he was in a situation possessing every convenience for cure. These circumstances induced me to hope that the first symptoms would not be such as to endanger his life, and that if the supuration was not excessive, the limb might be preserved; I therefore felt justified in the attempt to save it.

First Day.—Thursday night, ten o'clock. He is restless and uneasy, complaining of great pain, and starting of the limb; oppression and anxiety about the præcordia, with sickness and frequent tendency to evacuate the bowels. He took forty drops of laudanum, and afterwards an effervescing draught every four hours. The pulse 60, with but little heat of skin. He got a little sleep during the night, and was much the same on the Friday morning, but complained of pain in making a deep inspiration; he still

complained of tenesmus, and could not pass any water. The catheter was introduced with great relief. He continued in the same state during the day, the pulse varying from 60 to 68 ; but in the evening the oppression and langour was much increased, and the tongue became very dry. The wound looked pale and weak, and there was much discoloration of the foot, particularly of that part where the pressure necessary for the reduction of the dislocation had been made. The limb was well fomented ; fifty drops of laudanum were given in some Madeira and water, and an injection administered, which was repeated at three in the morning, having been extremely restless, and without sleep. Immediate relief followed ; he became comfortable, and slept.

He passed the whole of the following day (Saturday) better ; the same treatment was pursued, with the opium and wine ; and he took chicken broth and beef tea.

Sunday. He complained of being very low, but all the other symptoms proceeded favourably.

On Monday the limb looked well, and there was a slight appearance of suppuration ; his countenance and general state were improved, and he took some nutritive food with relish. The heat of this day was oppressive, the thermometer standing at 90 in the shade, and in the evening he was excessively low, and his voice so weak that he could scarcely be heard. A full dose of opium, in Madeira, procured a good night, and he passed the next day (Tuesday) well. Cordials and tonics were prescribed, and in the evening there was a sufficient discharge of healthy matter from the wound. The bladder recovered its power on the eighth day, and everything went on favourably until the twelfth, excepting that no evacuations could be procured but by glysters, and on that day the wound became dry. On the following evening, after passing the best day since the accident, violent spasms and shooting pains came on, affecting the leg, and particularly the muscles on the inside of the thigh. These spasmodic twitchings recurred frequently for many days, affecting the muscles of both legs, body, arms, and face. They generally came on as he was going to sleep, and sometimes awoke him from

sound sleep. The granulations looked flabby; the wound was exquisitely tender, and presented a marbled puffy appearance. These symptoms excited some apprehension that tetanus may supervene, but after many days of anxious suspense they subsided. He did not, however, regain his strength for several months, but at length got quite well, and had the perfect use of his limb without any lameness.

Some difficulty arose in passing the catheter, from the position of the patient, and still greater in preventing the urine from running about the bed, which inconvenience was remedied by inserting the point of one elastic catheter into the mouth of the other. By thus lengthening the tube, and bending it over the thigh, the contents of the bladder were received in a basin, and future discomfort avoided.

CASE II.—A robust young woman was thrown from a horse, and suffered a compound fracture of both bones of the leg, about three inches above the ankle. Nine months after the accident, she was placed under my care. The fibula only had united, and a piece of detached bone was wedged firmly between the broken ends of the tibia, which prevented any union. Her health had suffered much from long confinement, and amputation had been proposed, which she refused, but was willing to submit to any treatment which offered a chance of restoring her limb. I divided the integuments over the tibia to the extent of four or five inches, and sawed off the ends of the bone with Mr. Hey's saw, which enabled me to remove the intervening portion. The operation was more tedious than painful. In the evening she was attacked with erysipelas, which spread rapidly over the thigh and leg, and was accompanied with constant sickness and vomiting. Half a grain of opium, with an effervescing draught every two or three hours, allayed the irritation of the stomach and the application of a spirituous lotion lessened the inflammation of the limb so much, that in two or three days the immediate effects of the operation had subsided. The wound soon healed, but there was a very considerable space between the ends of the tibia; and the limb was still useless. A case made

to fit the leg, of the same kind of leather as is used for the flaps of saddles, strengthened by some narrow plates of iron, and fastened under the knee and around the ankle, was supplied, which supported the limb so effectually that she was soon able to walk about, with the assistance of a stick only. The ends of the bones gradually approximated each other, forming a firm union, and giving her a useful limb.

RUPTURE OF THE TENDON AND BODY OF THE RECTUS FEMORIS.

Six years ago, in descending a polished oak staircase, my feet slipped, and I fell from the top to the bottom. I fainted, and on recovering, was satisfied that some serious injury had been sustained; but finding the patella safe, and believing that no bone was broken, I attempted to stand, but immediately fell again. I was taken home in a carriage, a distance of two miles, by which time the swelling was so great as to render it impossible to ascertain the precise nature of the accident. On its subsiding, it appeared that the tendon of the rectus was completely ruptured; but it was not until a year afterwards that the fibres of the belly of the muscle were discovered to be torn through also. The swelling and extravasation from the upper part of the thigh to the ankle, was very great, and as, from peculiar circumstances, I was unable to give myself more than one day's absolute rest, it was a long time before it entirely subsided, and I suffered severe pain, and was lame, for many months. Some union, notwithstanding, took place, but unfortunately I fell on the same knee a few weeks afterwards, in a frost, and distinctly felt whatever attachment had formed, separate. The ruptured tendon is now united to the bone; so that, with the assistance of the lateral connections, I am able to walk several miles a day, with but little lameness. This case affords a good illustration of the restorative powers of nature, in spite of neglect and bad surgery; whilst the example of Dr. Christison, who met with a similar accident, and was confined to a horizontal posture for nine

weeks, proves how complete a recovery, without any lameness, may be obtained by proper management.

CASE OF RUPTURE OF THE LIGAMENT OF THE PATELLA.

The rupture of this ligament is an accident of such rare occurrence, that the following case, drawn up by the patient, may not be uninteresting. I have lately had an opportunity of examining the limb, which presents the following appearance. The ligament has been torn from its attachment to the tibia; the patella is drawn up, and become fixed in the front of the thigh; the knee-joint is, therefore, quite uncovered; no bandage can be borne, as it is found materially to impede the motion of the limb:—

“Sir,—The accident to my knee, which happened four years ago the 27th of last May, occurred, as nearly as I can remember, in the following manner:—

“I was running very fast, and, fearing the object of my pursuit (a rat) would escape me, was in the act of endeavouring to propel myself faster by springing further at a time, when, the moment I made the effort, which was with my right leg, I felt a strong shock all over me, very similar to that of a tolerably good sized Leyden jar, highly charged, accompanied by a deep, dull sound, much resembling that produced by the breaking in of the covering stone of a shallow drain gutter. I got a tremendous fall, and, as soon as possible, I endeavoured to get on my feet, but found my right leg almost useless, and immediately discovered that I had injured my knee, and being alone, I proceeded to walk home (about three-quarters of a mile), which I was only enabled to do by having a strong support in my hand, and keeping my left leg constantly in advance of my right, and bringing that up at every step, even with my left, without being able to move it one inch further forward at that time. As soon as I came home I sent for Mr. Rendle who attended on me, examined my knee, and bandaged it up immediately. I then

went to bed, when a considerable enlargement of the joint took place, accompanied by much pain, both of which continued to increase until about two o'clock the next morning, when the swelling ceased to enlarge, and the pain began to abate. I remained in bed about eight or nine days, during which time I kept my leg and thigh extended in a right line, as near as I possibly could, and, for a length of time afterwards, when I got out of bed (which was only to sit in a chair), I had always some one to assist me, and keep my leg and thigh in a straight position. I went on, I thought, doing tolerably well, until about the 24th of August (nearly three months), when I unfortunately got another fall, by my left foot slipping two or three inches into a wheel rut; my right knee immediately bent forward, and I came down on my back, and, while I was in the act of falling, I heard something in my knee snap, very much like the sudden breaking of a small dry stick; I then felt such very severe pain that it made my teeth chatter in my head, and a considerable enlargement of my knee again took place, which obliged me to lie in bed some days, as near in my former position as I possibly could. I had walked and rode on horseback frequently before I met with my second fall, and in the early part of that day I had walked nearly three miles, and I have also flattered myself that I could walk much better, faster, and stronger, than ever I have been able to do since that time. After leaving my bed again, I continued to sit in a chair for a fortnight or three weeks, with my leg and thigh in the position I have just before described, the swelling gradually diminishing, and the pain abating, until my knee was reduced to its original size, which it took two or three months to do, and up to the present time I have never felt any pain whatever in my knee, except it may be a little fatigued at times in over-walking; I am never without a strong stick in my hand, for fear of an accident, for I am as liable to fall now, by the sudden giving way of my knee, as I was when the accident first happened. If I bring my thigh into a horizontal position, with my leg unsupported, it will immediately fall down to a right angle with my thigh, and I am not able, by any power in my

knee, to move my foot forward out of that position; I can move it backwards or sideways as well, I believe, as I can the other.

“The above is the chief part of the particulars relating to the accident in my knee that I can at present recollect; but if there are any more questions respecting it that you would wish me to answer, I will at any time give you the best information in my power, and if you should feel desirous of any further examination of my knee, you shall be very welcome to do so at any time, when it may be convenient to you.

“I remain, Sir,

“Your obedient servant,

“JAMES WHITEFIELD.

“Water-farm, Stocourcey, August 29.”

CASES OF AMPUTATION.

Amputation at the Shoulder-Joint.

During my connexion with the Bridgwater Infirmary, I was called on to perform this operation three times; and, as one of the cases presented unusual interest, I relate it:—

CASE I.—James Ellis, aged 22, fell into a large fire on the hearth during an epileptic fit, on Monday, May 20th, 1819, where he lay sometime before he was discovered. The right arm was burnt almost to a cinder, from the fingers to the shoulder; and the left, to the wrist. The abdomen, breast, back, and penis, were extensively burnt. On the Wednesday following he was removed to the Bridgwater Infirmary, and seven days afterwards the right arm was amputated at the shoulder-joint. The integuments and muscles having been burnt close up to the joint, there was scarcely room to perform the operation, and no chance of being able to cover the stump. The artery was compressed above the clavicle by the thumb, and he lost little blood. He went on tolerably well, but on opening the stump on the fourth day, the whole surface looked tawny and sloughy. It was dressed twice daily with red precipitate ointment; and bark,

opium, and wine, liberally given. On the following morning his state was so much improved, that the left hand was removed above the wrist. All the wounds were healed at the expiration of seven weeks, during which time he had no fit, but afterwards they recurred as frequently as ever.

When this patient was admitted, his condition was so deplorable, that it was not thought probable he would survive twenty-four hours. As soon as he was sufficiently rallied, amputation of the right arm was proposed, but, as his case was considered hopeless by his friends, it was refused.

Extraordinary instances of recovery are recorded, in which the arm has been torn from the body by violence. The following is copied from Caulfield's remarkable characters :—"Samuel Wood, a native of Worcestershire, was employed by a miller on the Isle of Dogs. On the 15th of August, 1737, being engaged as usual in the duty of the mill, unfortunately at the time it was in full action, he became entangled in the cogs of the wheel, which, carrying him completely round, placed him in the most imminent peril of his life, and lacerated his arm from his body. He was providentially thrown on a quantity of meal, but lay for a considerable time in a helpless condition, before he was discovered. On the day following the accident, he was conveyed to St. Thomas's Hospital, where he remained until a perfect cure was effected by Surgeon Fane."

A somewhat similar case is recorded of a soldier under the Duke of York, at the Helder, whose arm was blown out of the socket by a cannon-ball. He was not discovered for two days, when the wound was found filled with sand. No hæmorrhage had taken place, and he ultimately recovered.

Amputation below the Knee—Secondary Hemorrhage.

CASE II.—John Mosse, of Woolavington, was admitted into the Bridgwater Infirmary for disease of the foot, for which the leg was amputated at the usual place below the knee, on Tuesday. The stump was opened on the Friday following, when the whole surface was found in a state of sphacelus. The sloughs,

which were superficial, began to separate the next day, in the afternoon of which some hemorrhage took place. No vessel could be detected, and it soon ceased, but returned again on the following morning, when a most minute examination of the stump was made, but no vessel could be discovered; the whole surface was in a soft, pulpy state. Quiet, and cold applications, were directed, and no further bleeding occurred that day, but at twelve at night an alarming discharge of blood took place. As the patient was much sunk, it was determined to tie the femoral artery in front of the thigh; after this he lost no more blood, the stump soon assumed a healthy appearance, and healed in the usual way.

Amputation above the Knee—Secondary Hemorrhage.

CASE III.—A young woman was admitted on account of a disease of the knee-joint, of many years standing, which had greatly reduced her strength. The thigh was amputated in the usual way, and she went on favourably for ten days, when considerable hemorrhage took place, which was arrested by cold; it recurred two days afterwards, when a vessel was tied, but the bleeding returning several times, although to no great extent, weakened her so much that it was considered advisable to tie the femoral artery as high up as possible. This was effected without difficulty, after which there was no interruption to her recovery.

CASE OF DRY GANGRENE OF THE ARM.

John Silver, aged 51, a stout, muscular man, whose constitution had become much impaired by free living, and constantly driving a night-coach to and from Exeter to Bridgwater, felt considerable pain in his left arm whilst performing the journey on a cold, rough night, in the month of February, 1813. On the following morning the hand was found to be dark coloured, cold, and shrivelled, which appearance, on further examination, extended to the elbow. He consulted an old practitioner, who

recommended fomentations with mustard, and horse-radish, bark, wine, and brandy. These remedies produced no good effect, and the disease proceeded until it had nearly reached the shoulder joint. At this time I saw him, and proposed amputation as the only thing to be done. It was refused, but ultimately the limb was removed immediately below the joint. The pulsation of the brachial artery was so feeble that it could scarcely be felt before the operation; and when the vessel was divided, it bled very languidly, the discharge being so trifling that it seemed scarcely necessary to apply a ligature. The wound slowly, but never completely healed, and he recovered sufficiently to enable him to go about for some months, when he died.

The progress of this disease resembled gangrena senilis, many examples of which I have seen affecting the lower extremity in old people; but this is the only case in which I have observed the upper extremity affected. As no *post mortem* examination could be obtained, it was impossible to ascertain the condition of the blood-vessels, which would have been very desirable.

TWO CASES OF SUCCESSFUL AMPUTATION IN SPREADING GANGRENE.

Until M. Larrey proposed amputation in cases of traumatic gangrene, I believe the unfortunate subjects of that disease were abandoned to their fate. Such has been my experience in public and private practice. The idea of an operation under such circumstances was universally reprobated, and the surgeon who ventured to propose it, subjected himself to the imputation of rashness and inexperience, and was considered to have acquired but a very imperfect knowledge of his profession. I confess that it has always appeared to me better to offer the patient the chance, which a doubtful operation would afford, than leave him to certain death and I have never ceased to regret having yielded an opinion to others in two cases in which subsequent experience justifies me in believing that the operation would have been successful. It was, therefore, with great satisfaction that I found the opinion of

so high an authority as M. Larrey co-inciding with my own, which at once determined me to carry the plan into effect, whenever an opportunity offered. The following case occurred in the practice of Mr. John G. Toogood, about two years since.

CASE I.—Charles Tuck, a farm servant, aged 24, received the contents of a common fowling piece in the hand on Friday, the 4th of February, which passed up the flexor muscles and through the integuments of the forearm, about three inches above the wrist. A neighbouring surgeon saw him soon after the accident, and directed cold applications and rest. On the following Monday he was admitted into the Bridgwater Infirmary. There was a ragged wound at each opening; the limb was but little swollen, and the only unfavourable appearance was, that the nails looked rather dark coloured. There was very little constitutional disturbance. He was put to bed, a poultice applied over the limb, and the usual treatment directed. On the next day the aspect of the limb was the same, but as there was more swelling in the evening, and some heat, leeches and fomentations were ordered. He slept perfectly well until five o'clock the following morning (Wednesday), when he was awoke by pain, which rapidly increased and became very severe. At seven o'clock the limb was found to be gangrenous to the elbow, and before his consent to its removal could be obtained, and the necessary preparation made, it had extended so high up, as barely to leave room to amputate close to the shoulder joint. There was no line of demarcation. I cannot, at this distance of time, recollect the precise point to which the crepitus extended, but I am inclined to believe it was quite up to the joint, and it was debated whether it would not be the safest plan to remove the bone from the socket. Very little blood was lost during the operation; the constitutional irritation subsided in a few hours; the patient became tranquil, and soon recovered.

The result of this case proves, that it would have been better to have removed the arm below the elbow on his admission; but the appearance of the limb, and the state of the patient, warranted the attempt to save it, although the discolouration of the

nails excited some suspicion in my mind, and occasioned me to watch its progress with great anxiety. The rapidity with which the gangrene spread was very remarkable. There was no such appearance at five in the morning; the operation was decided on and performed soon after eight.

CASE II.—Thomas Baddis, a stout youth of eighteen, was admitted into the Bridgwater Infirmary at an early hour on Sunday morning, who had suffered severe injuries of both legs, from their having become entangled in the coils of a rope attached to a steam-tug, which was towing a vessel up the river. There was a considerable lacerated wound of the right leg, which had completely divided the tendo achilles; the calf of the left leg was entirely torn up, the muscles being separated from the bones, the fibula broken into several pieces, the posterior tibial artery and nerves divided. The hemorrhage, which had been very profuse, still continued, and the poor boy was in a state of great exhaustion. As there appeared no chance of saving the left leg, amputation was proposed; but as the friends refused the operation, the vessels were secured, and the parts brought as well together as circumstances would permit. There was no further bleeding, and he gradually recovered from the state of collapse. In the evening he had great fever, restlessness and pain; the foot was cold, and becoming livid.

On the following day he continued much in the same state, but the coldness and lividity of the foot gradually increased.

On Tuesday morning the foot was found quite black, and the gangrene had spread to the calf, and was rapidly extending. His friends now agreed to the removal of the limb, to which the patient had always been willing to consent. It was amputated as close to the knee-joint as possible, and it was remarked that he lost less blood than was ever before observed at any operation which had been performed at the Infirmary. He soon became tranquil, and all the violent symptoms which a few hours before threatened speedy dissolution, rapidly subsided. On opening the stump at the usual time, the surface appeared sloughy, and this state extended to the integuments, particularly on the outside of the

limb, to nearly an inch above the incision ; but the sloughs were not deep. They separated on the eighth day, leaving a clean surface, and the patient obtained a complete recovery.

A crepitus could be readily distinguished about the foot and ankle, but it did not extend to the wound.

On the arrival of the father of this patient, two days after the accident, he insisted that no operation should be performed, and that his son should die with his leg on. I resolved, however, that the boy, who was a fine intelligent youth, should have a voice in his own case, and that the father should not be the sole arbiter of his fate. In the presence of the father, the case was put fairly before him, and on his being told that it would inevitably be fatal in a few hours, unless the operation was performed, although it was by no means certain that he would recover if he submitted, but that it afforded him the only chance, he immediately exclaimed, "I am determined to have it cut off." The father, seeing his son's resolution, and the firm conduct of the surgeons, reluctantly gave his consent.

CASE OF PUNCTURE OF THE BLADDER ABOVE THE PUBES.

Mr. C. had retention of urine from an enlarged prostate gland, which made the use of the catheter frequently necessary; on one occasion no water followed the introduction of the instrument, which was passed without difficulty; repeated trials were made without success; a consultation was held, and although many efforts were made to relieve the patient by various instruments, warm baths, and the usual means, a very inconsiderable quantity of urine only could be brought away.

Matters remained in this state for three days, when a gentleman of hospital celebrity was added to the consultation. Having formerly had the care of the patient, he apprehended no difficulty, and passed the instrument with so much ease, that he rather triumphantly desired a vessel to be brought to receive the urine, but on withdrawing the stilette, to his great surprise and

mortification, no water flowed. He then determined that there was no water in the bladder, and considered the case to be one of suppression, and not retention, of urine, and left the patient with the full conviction that he would shortly die. But those who had watched the case from the beginning were of a different opinion, and on careful percussion of the abdomen, the bladder could be traced enormously distended. It was now determined to puncture the bladder, the retention having existed from Thursday night until the following Monday. This was done above the pubes, and a large quantity of highly offensive urine was evacuated, with immediate and great relief. Very little hope, however, was entertained of the patient's recovery, for, in addition to his being upwards of seventy years old, he was very corpulent, with a pendulous belly, so that there was every reason to believe that although he might be temporarily relieved, he would sink from infiltration of urine into the surrounding parts, and mortification. Shortly after the operation, an elastic catheter was introduced into the bladder through the urethra, and we had the satisfaction of seeing every drop of water pass through it. Our hopes now revived. We became sanguine of our patient's recovery, and redoubled our efforts to save him. He was most carefully and anxiously watched. The wound was cleansed, and brought together with plaster. Nothing could proceed more favourably; all the dangerous symptoms gradually subsided, the wound healed, and he again passed his water naturally, but occasionally it was drawn off. On one of these occasions a stone was distinctly felt, but although many attempts were made at different times to discover it, it could not always be detected. The wound healed firmly, and he recovered his health and spirits so as to enable him to take his usual exercise. He continued in this state for more than a year, when one afternoon he was suddenly attacked with symptoms of peritoneal inflammation, which increased rapidly, and he died in twelve hours.

On opening the cavity of the abdomen, urine was found effused in considerable quantity, from ulceration of the bladder, which

appeared to have been occasioned by an angle of a calculus, nine of various sizes being found in the bladder.

The cause of failure in evacuating the contents of the bladder, in this case, arose from the shortness of the instruments employed. Baron Hurteloup, to whom I related it, at once pointed it out, and said that if a catheter two feet long had been used, the operation would not have been required.

WOUND OF THE THROAT.

Many of the cases in which the operation of Staphyloraphy has been performed, as detailed in the Provincial Medical and Surgical Journal, have been successful, and the failure of some appears to have arisen either from the want of food, or the difficulty of administering it. Probably the plan adopted in the following case, with such complete success, may be applicable in cases of staphyloraphy, and obviate one of the difficulties of this important operation.

Richard Watson, aged forty, cut his throat on the 10th of June, 1817, with a common case knife. I saw him ten minutes afterwards; the bleeding, which had been very profuse, had ceased; he was breathing with great difficulty; he had no pulse at the wrist, and appeared to be dying. On raising him from the ground into a chair, he began to revive, and after a short time the pulse returned, and the sweating ceased. On examining the wound, it was found so extensive, that it appeared extraordinary how the carotid artery should have escaped; the trachea was completely cut across below the os hyoides, and the anterior part of the œsophagus divided. The knife being blunt, the parts were a good deal lacerated, and as the wound was so high, all the parts connecting the jaw were completely divided, together with the thyroid and lingual arteries. The injury was so great, that it appeared useless to attempt anything; but finding no return of bleeding, I connected by suture some of the divided parts, leaving the trachea exposed, through which air and bloody mucus escaped. During that day he remained in a very precarious state,

and towards night was much harassed by a distressing cough. At five o'clock on the following morning, I found him in a state of the greatest exhaustion. An elastic catheter was passed through the nostril into the lower part of the œsophagus, and some warm milk and water injected into the stomach, by means of an India-rubber bottle. According to Baron Larrey's phrase, he immediately "testified his gratitude by the liveliest sensations," and made signs for a slate which hung in the room, on which he wrote as follows:—"I repent of what I have done; I am entitled to a small estate in Yorkshire after my mother, which I will make over to you if you will try to save my life." I fed him regularly three times a-day, with milk and broth, for several weeks, and he ultimately completely recovered. He breathed entirely through the wound of the trachea for six weeks, during the greater part of which time he was much annoyed by the constant discharge of frothy mucus. He died fifteen years after this at Ecclesfield, in Yorkshire.*

WOUND OF THE ABDOMEN, WITH PROTRUSION OF THE INTESTINE.

William Webber, aged eleven, received a small wound from a penknife, on the right side of the abdomen, just below the hypochondrium. I found him lying on his back, with a considerable portion of the ileum protruding from the wound, into which the point of the finger could barely be inserted. The accident had happened two hours previously, and ineffectual attempts had been made to return the intestine. He was much exhausted, sick, with cold extremities, and a sinking pulse. The wound was dilated upwards, but the protruded part could not then be

* After he had been recruited with food, I ascertained from his wife that they had no children, but that the patient had brothers and sisters; and to satisfy his mind on this point, I took a legal friend with me on my next visit, who prepared a will, giving whatever property he had, or might possess, to his wife for her life, and afterwards equally between his brothers and sisters. At his death, fifteen years afterwards, I received a letter from the clergyman of Ecclesfield, stating that his property was disputed, and asking if I knew anything on the subject, to which I replied that a will was in the possession of the gentleman who had made it, who would forward it on being properly applied to.

reduced ; and at every attempt he cried so violently, that more intestine was forced out. The opening was then enlarged transversely towards the umbilicus ; considerable hemorrhage instantly followed the incision, which I thought arose from the division of the epigastric artery. It ceased on pressure, when I replaced the intestine, and would have united the integuments, but found that the intestine protruded between the peritoneum, which obliged me to connect the latter to the aponeurosis of the external oblique muscle by four ligatures, leaving the ends out of the external wound, which was also brought together by suture. A compress was laid over the wound, and the whole supported by slips of adhesive plaster and bandage. There was no return of hemorrhage.

He was put to bed, but his extremities remained cold, with sickness, vomiting, and a very small, weak pulse. An opiate was given, and immediately rejected. The case was considered hopeless by the surgeon who had called me to his assistance, and by the friends of the patient ; therefore I was requested not to repeat my visit ; but on the next day he was reported to have passed a good night. Some difficulty occurred in procuring evacuations, after which he went on favourably ; all the ligatures came away by the twelfth day, and in three weeks the wound was firmly healed.

ON DEEP-SEATED ABSCESS OF THE BREAST.

There is a disease of the breast, differing from the common milk abscess, which must, I apprehend, be of rare occurrence, having seen only four or five examples in the course of my practice. All the cases which have fallen under my observation have taken place during suckling, and generally soon after delivery. It does not exactly correspond to the description of the deep-seated abscess mentioned in Mr. Hey's book, the cavities of which were filled with a soft purple fungus, although in other respects it nearly resembles it, and both are cured by the same plan of treatment.

This abscess forms in and behind the mammary gland, more slowly and with less pain than the common milk abscess; it does not come to the surface so soon, neither is the skin so much inflamed, or the fluctuation so distinct; consequently it is not opened early, but burrows behind and around the gland, breaking in several places, and forming sinuses in a variety of directions, none of which show a disposition to heal. The usual treatment is unavailing in these cases; a great discharge is constantly kept up, which soon affects the general health, and reduces the patient to a state of great debility, which I believe would destroy her, unless proper means were resorted to to arrest the disease. The first case of the kind which fell under my care, was that of a lady who had been confined three months, and was much exhausted by pain and constant discharge. The breast, which was naturally full and fleshy, was not much increased in size, but had an unhealthy appearance, with several openings, leading to deep sinuses, communicating with each other in various directions. At this time I was not aware of the obstinate nature of the disease, and endeavoured to heal these by injections of sulphate of zinc, stimulating frictions, and pressure evenly applied with plaster and bandage; but all my efforts were ineffectual, and I was under the necessity of dividing all the sinuses, which ran through the whole substance of the breast; so that it was literally cut into strips. The operation was a serious one, and attended with considerable hemorrhage, but the good effects were presently apparent; for as soon as my patient had recovered from the immediate shock of the operation, the wounds assumed a healthy aspect; she rapidly got better, and recovered perfectly in six weeks. At her next confinement, she came from a considerable distance to place herself under my care, and as there was no hope of her ever being able to furnish milk again from that breast, I covered it carefully with a diachylon plaster as soon as she was delivered, which completely suspended the secretion of milk in that breast, although she was able to nurse as well as usual in the other; and she passed through her confinement without the least inconvenience. Since that time she has had several other children, and

uniformly adopted the same course, with the like success. I have met with three other cases, which were treated in the same manner, with the same result. I was consulted on another case, in which the patient refused to submit to the plan proposed, and tried various remedies under different practitioners, but was at last obliged to have the same operation performed. If I saw one of these cases in an early stage, I should not hesitate to make a free opening the instant the formation of matter could be ascertained, in the hope of preventing so painful and severe an operation.

FUNGOID TUMOR OF THE BREAST.

I regret that the operation was not performed in the following case, as I think it would have had a fair chance of success:—

Mrs. Davis, aged 50, perceived a small tumor in the breast, in March, 1817. It gradually increased until October, but as she suffered no pain, little notice was taken of it. In that month she consulted me. She had the appearance of being consumptive, and was much debilitated. The tumor was about the size of a small orange, with an irregular surface, but not very unlike a chronic abscess. It was situated on the upper part of the breast towards the sternum, and was soft and discoloured in one part. It was poulticed, and in four weeks had attained a very considerable size, the whole breast being involved in the same disease. The soft part now pointed, and appeared to contain fluid. It was punctured, but blood only escaped; a probe passed freely to a great extent through a spongy substance, which was easily broken down, and some small portions, resembling fat, were evacuated. For many days, small pieces of fatty substance were discharged; it bled occasionally; but the surface was generally dry, the dressings sticking, and bringing away portions of the same substance. A week after the puncture, a fungus protruded, and increased to a very considerable size, covering the edges of the wound over a large part of the breast, and measuring several inches in circumference. Nothing did good, and her health gra-

dually declined. She often complained of a disagreeable taste in the mouth. After a time, the fungus did not increase, and the surface died, and I frequently cut off large pieces, when she suffered no pain. The preparations of iron were tried internally, and the surface covered with carbonate, which destroyed the fungus without causing pain. By the beginning of March, the size of the breast was reduced one half, and the fungus was gradually shrinking, but her health got worse. Before her death, there was a discharge of matter from the breast, and all around it, as if Nature was making an effort to detach it. In this case, probably, the removal would have been advisable.*

CARCINOMA OF THE BREAST—OPERATION.

Numerous cases of disease of the breast have been presented to my notice, and amongst them many of a truly carcinomatous character. I have been frequently called on to remove them with the knife, and have often assisted others; but I never remember a case which terminated successfully, although in some instances the operation has been undertaken under the most favourable circumstances. The event of the following case determined me never to advise the operation, although I would not refuse to perform it at the desire of the patient, after explaining fully the doubtful results.

A strong healthy woman, aged 50, had a large carcinomatous tumor in the breast, for which she had consulted several practitioners of eminence, all of whom agreed, as there was no appearance of the glands in the axilla or above the clavicle being diseased, in the propriety of the operation. I removed the whole breast from the pectoral muscle, and as no ligature was required, the parts were evenly brought together, and healed in ten days completely. No constitutional disturbance followed, and never did a case promise a more successful termination. She continued perfectly well to the end of six weeks, when I was

* January, 1853.—An unmarried daughter of this lady has just fallen a victim to ulcerated cancer of the breast. It is most probable, therefore, that an operation on the mother would only have hastened the fatal event.

requested to see her on account of some uneasiness in the course of the cicatrix, which was attributed to the friction of her stays. On examination I observed a small pimple on the base of the cicatrix, which soon increased, became a troublesome sore, and rapidly spread, destroying all the parts around, and attacking the other breast. Her state soon became deplorable, and in less than six months she died.

In a conversation with the late Sir Astley Cooper, on this subject, he stated that he believed one case in eleven, succeeded after the operation for carcinoma of the breast. The Professor of Surgery, (Mr. Paget,) in his first lecture upon "malignant tumors," at the Royal College of Surgeons, made the startling announcement, that persons operated upon for cancer, died, on the average, thirteen months sooner of their disease than those who were not operated upon. The average was taken from upwards of sixty cases, at the same time omitting all those who died from the immediate effects of the operation.

TWO CASES OF BONY TUMORS.

CASE I.—A servant of Mr. George Baker, of Cannington, a remarkably strong woman, aged twenty-one, consulted me on account of a tumor occupying the whole space behind the left ear, which had assumed its shape, and extended to the angle of the jaw. It was so firmly attached to the skull that it was only by fixing her head very firmly, and grasping the tumor with both hands, I could perceive the slightest lateral motion; so slight, indeed, that another surgeon, who saw the patient with me, thought it quite immovable. We both thought it bone. I made an incision through the scalp, which proved that our opinion was correct; but it was so closely bound down by the pericranium, that it became very difficult to detach any part of it. At length, however, I succeeded in doing so all around the base, and found that it was connected with the mastoid process by a bony attachment. With considerable difficulty I got a strong spatula between the skull and the tumor, and holding the

tumor firmly with one hand, whilst I was endeavouring to raise it with the spatula in the other, the patient, who had been very ungovernable during the operation, made a desperate effort to get away from me, by which the tumor was torn from its attachment. It proved to be a solid piece of bone, weighing three ounces. The operation was a difficult one, and attended with a good deal of hemorrhage. The skull was smooth under the tumor, except at the mastoid process, which was rough, and appeared diseased. There was no exfoliation, and she recovered in a fortnight.

CASE II.—In this case the tumor was situated on the metacarpal bone of the ring finger of a boy of sixteen, and had grown to such a size as not only to render the finger useless, but to impede very considerably the motions of the hand. As all treatment had been unavailing, the removal was recommended, which was effected in the following manner:—An incision was begun at the carpus, by which the middle and little fingers were separated from the diseased ring finger, whose metacarpal bone was turned out at its articulation at the carpus. Notwithstanding the numerous vessels which were divided in the operation, none required ligatures; the parts were brought together and retained by plaister and bandage, and speedily healed. He had a useful hand with very little deformity.

CURE OF GANGLION BY IODINE.

The powerful effects of iodine in promoting absorption are well known to the profession generally, and its application is daily becoming more varied and extensive. Mr. Ray relates two cases of hydrocephalus, which he states to have been clearly marked, in which he applied it with success. If on further trial it should be found efficacious in so formidable and fatal a disease, it will indeed be a most valuable remedy, and judging from analogous cases, I should be induced to give it a fair trial, with greater confidence than the operation of evacuating the fluid. I have employed it a good deal in effusions into joints and sheaths of

tendons, and lately in the following case, with decided benefit:— A delicate little boy was brought to me from a considerable distance with a large ganglion on the flexor tendons of the wrist, extending into the palm of the hand. I have generally got rid of these effusions by a smart blow, which has burst the sheath, or where that could not be effected by blisters; but this is a tedious and painful process. As I could not adopt either of these plans in this case, I determined to paint the whole over with a saturated solution of iodine, which completely removed both in about seven or eight days.

THE TAXIS.

In corroboration of the opinion of Mr. Hunt, that the Taxis, carefully and patiently applied, will generally succeed in reducing strangulated hernia, I can bear testimony to its truth, having had occasion to perform that operation once only, in a case of congenital hernia, during an extensive practice of forty years, thirty-three of which I filled the office of senior surgeon to the Bridgwater Infirmary. I believe I have met with the average number of cases, and have frequently been called into consultation with others when the operation was considered necessary. The taxis has been so successful, that I have rarely had recourse to bleeding, and never to the tobacco glyster. I have often employed the warm bath advantageously, and particularly in one case which I despaired of reducing, and went home (a distance of three miles) for my instruments, leaving my patient in a warm bath, under the care of my assistant. I was detained by an accident which occurred immediately on my return, before my own house; and when I reached my patient, I found him still in the bath, (full two hours having elapsed since he was placed in it,) nearly parboiled, but not very faint, and on removing him, the hernia was returned with very little trouble.

Mr. Browne, of Preston, has informed me that he had frequently succeeded in reducing hernia, by giving two grains of opium *

*Mr. Stanley has, on the same principle, successfully employed chloroform in the reduction of strangulated hernia, and is of opinion that it will probably supersede the use of tobacco or other means.

every two, three, or four hours, notwithstanding which he has operated more than two hundred times; and on one occasion, where the intestine was greatly distended with flatus, he plunged in a lancet with the best possible effect, and that the case ended favourably, without any attempt to close the lancet wound. I have learned from Mr. Hey, of Leeds, that he also has successfully adopted the same practice.

WOUND OF THE PALMAR ARCH.

Wounds of the palmar arch are serious, and often so perplexing, that surgeons differ in opinion as to the best mode of treating such accidents. A friend of mine, who is a hospital surgeon, of great experience and acknowledged skill, assures me that he has succeeded in tying the divided vessels; whilst another, filling a similar situation, and of equal talent, tells me that it is extremely difficult, if not impossible, to secure the vessels at the wound. In a case which occurred to me many years since, a ligature of the radial artery succeeded; but the same practice failed in the following case.

A butler, in drawing a cork, received a wound from the neck of a bottle, which completely cut across all the vessels. The accident happened at night, and the surgeon, being alone, stopped the hemorrhage by pressure. I saw the patient on the following morning, when there had been no recurrence of bleeding, the hand and fingers were much swollen, but there was very little pain. Every thing remained quiet for five days, when so considerable a hemorrhage took place, that it was evident something more was requisite to ensure the patient's safety. It was determined to tie the radial artery, but four days afterwards the bleeding returned as violently as ever. The ulnar artery was now tied, and more strict attention paid to compress on the wound, to position, the application of cold, and absolute rest; but, at the expiration of three days, there was another alarm of hemorrhage, but not to such an extent as to require more than a continuance of the same careful treatment. I regret that I was not aware at this

time of the plan proposed by M. Darwell (vide L'Union Medicale and Medical Gazette,) of employing forced flexion for arresting hemorrhage, in wounds of the palmar arch. The principle he lays down is, "that in most arterial lesions of the fore-arm, forcible flexion supersedes the ligature of the vessels."

I have seen this practice successful in a wound of the fore-arm, accompanied with profuse hemorrhage, the source of which was rendered uncertain, from the swollen and altered state of the limb, and the same practice may probably be adopted in some wounds of the lower extremities.

CASE OF POPLITEAL ANEURISM UNSUCCESSFULLY TREATED BY COMPRESSION.

Sloughing of the Tumor, and Ligature of the femoral Artery—Mortification of the Limb and Amputation—Recovery.

William Lawrence, a tailor, aged thirty-six, had an aneurism of the popliteal artery, which he attributed to jumping suddenly off the board on which he worked. He was much attenuated, with loss of appetite, and very rapid pulse, and got but little sleep, from his dread of an operation, which he had been told was necessary. The tumor occupied the whole of the popliteal space, and the limb was much reduced in size.

On the 16th of February, firm compression was made on the tumor, which was gradually increased to the 20th, when the pulsation in the tumor was less perceptible, but he complained that the pressure disturbed his rest, and the leg was very œdematous. It was discontinued on the following day, in consequence of a dark spot having been observed on the tumor, and his general state being worse. On the 26th, the tumor burst, when he lost about a pint of blood, and became very faint. It was stopped by pressure made with a pledget of lint.

27th. Was much sunk from loss of blood. On removing the bandage and examining the part, a large clot of dark coloured blood fell on the ground; this was followed by the loss of about

six ounces of fluid blood, and on making pressure it again ceased.

28th. He passed a bad night, and was evidently worse, but had no return of bleeding.

March 1st. A ligature was applied to the femoral artery, without loss of blood. The aneurismal tumor was poulticed, and on the 3rd, there was a free discharge of pus.

2nd. Had not passed a good night; the œdema of the leg and thigh was much less, and the temperature the same as in the other limb. He continued much in the same state until the 7th, when the temperature of the limb was lower, the foot and toes appeared of a dark hue, and the skin was shrivelled.

8th. The aspect of the limb is still more unfavourable; the foot and lower part of the leg are becoming gangrenous. At two o'clock, p.m., the thigh was amputated, the ligature on the artery remaining firm; there was very considerable hemorrhage during the operation, and it was only by the free and constant application of stimulants, that he survived. From this time the case progressed favourably; the ligature, which was applied on the 1st of March, came away on the 11th, and the remaining ones on the 21st. On the 7th of April the stump was quite healed.

On examining the leg, it was found to be twice its natural size; the integuments were of a brownish hue; more than half the foot, and the lower part of the leg livid, and the ends of the toes black. Under the patella there was a large quantity of pus; the muscles and cellular tissue were also infiltrated with purulent matter.

I saw the patient with Mr. Jolley, of Torquay, on the first of March. He was lying in bed with a tourniquet on the femoral artery, and the leg bandaged to the knee with a flannel roller. The whole limb was greatly enlarged, and œdematous. He was extremely weak, emaciated, and pale, with a very rapid and irritable pulse. His state was so critical, that I apprehended any return of hemorrhage would render any attempt to relieve him hopeless. It was doubtful even whether he could bear the

removal from the miserable room in which he lay, to be placed on a table in a large and light one. The question now was, whether under the circumstances, it would not be safer to amputate the thigh at once, than to attempt to tie the artery; but the patient's objection was such, that it was determined to adopt the latter course, even should it be necessary afterwards to remove the limb, which was more than probable. I regard this case as one of those extraordinary escapes which we sometimes witness in practice; and if I had entertained any doubt as to the safest and best course to be pursued in such diseases, the result of this case would have confirmed my opinion.

I have tied the artery, and assisted others many times in popliteal aneurism, without a single instance of failure, and I greatly prefer this simple and safe operation, which is attended with infinitely less pain, trouble, and anxiety, to the clumsy, tedious, and uncertain treatment by compression.

OBSERVATIONS ON DISEASES OF THE RECTUM.

Amongst the various diseases of the rectum, procidentia is perhaps one of the most common and troublesome. My attention was directed to this disease many years ago, by the late Mr. Hey, with whom I had a good deal of correspondence on the subject. I select two cases, as illustrative of the practice recommended by that eminent surgeon:—

CASE I.—A medical man in extensive practice had suffered from piles and procidentia, for several years, attended with much discharge of blood. Notwithstanding general and local treatment, it increased to such a degree as to induce him to contemplate retiring from practice. By the advice of Mr. Hey, the following operation was performed. A permanent frill surrounded the verge of the anus, which incommoded him greatly; it could be returned, but with great pain. Two or three small tubercles appeared on the internal part. I dissected off all the flap around, and close to the verge of the anus, and drew down a small portion of the rectum, to enable me to remove

the tubercles. The operation was painful, but he did not suffer much afterwards, and there was no hemorrhage. A compress of lint, dipped in brandy and water, was applied ; he passed a good night, and complained next day only of wind oppressing the stomach. In the evening, he had much bearing down, and passed two or three ounces of coagulated blood with relief. On the third day, a dose of castor oil procured a proper evacuation, without procidentia or hemorrhage, and he got well without an untoward symptom.

CASE II.—I performed a similar operation on a lady for a disease of seven years standing. The gut descended after every evacuation, which was followed by a copious discharge of blood. A pendulous flap constantly remained down, which could never be returned; and whenever she had an evacuation, a larger portion protruded, with part of the internal lining of the intestine. I had some doubt whether the removal of the prolapsed part only would be sufficient to establish a cure, but it succeeded perfectly, without the recurrence of bleeding or protrusion.

But all cases do not require such severe treatment. Many are much relieved, and some cured, by local applications and attention to the state of the bowels.

CASE III.—A gentleman who had long suffered from frequent copious bleedings from the bowels, was completely cured by the daily injection of half a pint of cold water into the rectum, night and morning, with cold sponging around the nates, and the constant use of a lotion composed of oak bark, infused in boiling lime water. His bowels were regulated by Ward's paste, which is often found very useful in cases of this kind.

CASE IV.—I was called to a young lady who was suffering from hysteria to an unusual extent; she was a good deal emaciated, and the distress and anxiety of her countenance plainly indicated that some other cause existed for her complaints. I had a good deal of difficulty in arriving at the real state of the case, as she was living with an elder sister, and both were exceedingly shy in giving me information. At length I found she had been afflicted with piles for a long time, attended with great pain, and diffi-

culty in evacuating the bowels. Having at length succeeded in obtaining an examination, I discovered a large pile protruding from the anus, and on removing this, and passing my finger into the rectum, I found a hard tumor, about the size of a large walnut, growing from a slender stalk. I got hold of this, and drawing it down with a hook, cut it off. All the miserable symptoms from which she had been suffering for two years, rapidly disappeared, and she soon regained her strength and flesh.

CASE V.—I was consulted some years since by a lady, who was supposed to have a stricture of the rectum. I found her in a most distressing state, much emaciated, with total loss of appetite, and such constant pain and tenesmus, as to deprive her almost entirely of sleep. The bowels were habitually costive, and she was harassed by constant efforts to evacuate them, but small quantities of liquid fæces only were passed. On examination it was discovered, that an enormous accumulation had taken place, which had become so firmly impacted as to require mechanical means to remove it ; and after a persevering attempt for four hours, her delivery, to use her own words, was effected as completely as ever she had experienced for either of her children. Under the use of a mild tonic aperient, she gradually recovered her strength and flesh, and has for many years past enjoyed good health.

This patient was a victim to the dishonest practice of homœopathy, and as she was never permitted to take any aperient for nearly a year, her sufferings may be fairly attributed to that imposition. I believe large collections of fæces accumulate in the bowels more frequently than is suspected, having met with several cases in practice, which have required mechanical means for the removal of the obstruction.

A very general prejudice exists against the use of aloes, as an aperient, from the apprehension of its producing piles. It was observed by the late Dr. Moncrieff, of Bristol, that although the socotrine did occasion the disease, he had not in his practice found any such effect from Barbadoes aloes. My own experi-

ence confirms that opinion. For many years past I have been in the habit of prescribing the diluted aloetic pill, known for some time as Dr. Marshall Hall's pill, as one of the most certain, and, at the same time, mildest aperients, especially if taken during a meal. Four grains at tea-time will generally be found to ensure the effectual action of the bowels on the following morning. I believe the success of this medicine depends a good deal on the careful preparation of the aloes. So far from producing the disease so much dreaded, I have frequently employed it for the cure of that troublesome complaint, with much success. In all such cases, it is necessary to change the name, and substitute for it, *Pil. Alterat. Aperient.*, to remove the apprehension of the patient.

The combination of a tonic, and sometimes a mild opiate, with an aperient, is well known to render the operation more easy and effectual. In a case in which it appeared that the difficult regulation of the bowels arose from debility, the Barbadoes aloes and quinine, in doses of three grains of the former to two of the latter, had an admirable effect; and the patient has regulated the bowels for more than fifteen years by varying the dose from five grains of the mixture to two.

ON THE PHYSICAL DEVELOPEMENT OF YOUNG FEMALES.

The constitutional change which takes place in females at the period of puberty, is of too important a nature not to have great influence upon the general health, and the general health excites great influence over the due establishment of this change. Too much attention cannot be paid to the health of those in whom this change is expected. Derangement of the uterine functions are most frequently the effect of some disorder of the general health, and demands especial care. It cannot have escaped the observation of those who have given this subject the consideration it deserves, that the neglect of superintendence and careful management at this critical epoch of female life, leads to complicated disorders, which enfeeble the health, and entail much future suffering and distress.

The first and most serious evil, because the least within the power of remedy, will be an imperfect developement of form, perhaps accompanied by distortion of the spine, the chest, and the pelvis. But if the sufferer escape these more severe diseases, she will be liable to one of so insidious a nature, that it often steals unconsciously on her before the parent is aware of its existence, until it forces itself on the attention by assuming a threatening aspect. Chlorosis often commences by a very slight derangement of the uterine functions, not sufficient perhaps to attract notice, until some of the following symptoms appear:—Listlessness and indisposition to exertion; increasing sedentary habits; paleness of the countenance, general

surface, tongue, and gums ; occasional recurrent pain in the head and side ; fluttering and palpitation of the heart, with nervous and hysterical paroxysms ; breathlessness, and sometimes sudden and distressing difficulty of breathing, resembling asthma ; faintness on exertion, particularly on ascending a hill or stairs, with trembling of the knees and legs, which are sometimes swollen, with a varicose state of the veins ; puffiness of the countenance, chiefly observable in the eyelids, especially the upper lid ; splitting and exfoliation of the nails ; with a depraved or capricious appetite. These symptoms do not follow in the order enumerated ; but if the disease be allowed to go on unchecked, locked-jaw, clenched-hand, and other spasmodic affections, more difficult to relieve, not unfrequently succeed. Irritability and unevenness of temper sometimes accompany this state. On closer examination, the discharge will be found to be irregular in return, defective in quantity, and pale in colour. Enlargement of the breasts, and occasionally tumors of such a size and character as to excite serious apprehension, are discovered in this disease, during the progress of which the bowels are generally loaded and confined.

At length some of these symptoms alarm the patient or her friends, but not perhaps to such a degree as to induce them to seek medical advice. Domestic treatment now commences, in which the mother is assisted by the opinions of her neighbours. The altered countenance—sometimes exhibiting a yellowish, at others a greenish tint, and sometimes partaking of both—favours the idea that the indisposition is attributable to some error in the secretion of bile ; the liver is accused of being the cause of all the suffering, and for the relief of this imaginary bilious disease, calomel and drastic purgatives are incautiously administered, and freely repeated. But the expected amendment does not follow ; and after this plan has been carried to a dangerous extent, the patient is left in a debilitated and exhausted state, worse, in fact, than when this erroneous mode of treatment was undertaken. That such a condition should be mistaken

by non-professional persons is very natural ; and it is a well-known fact that chlorotic diseases are very apt to simulate other affections, as diseases of the brain, the heart and respiratory organs, as well as of the liver.

Painful menstruation, than which there is scarcely a more intractable disease, is frequently a distressing consequence of the neglect of establishing healthy functions in the young female. The remedy which relieves in one case, totally fails in another, although no difference in constitution may be perceptible. I have found local bleeding, either by leeches or cupping, generally afford the most effectual relief, but such means cannot always be resorted to.* This disease is not confined to the delicate and luxurious, but is common in every situation of life, no class being exempt.

I proceed to notice some of the affections which accompany the chlorotic state, and to elucidate them by cases which have fallen under my own observation. These affections, require the nicest discrimination, as error in the treatment may lead to a fatal termination. And, first, of those which affect the head :—

“J. B., a lady aged twenty, several years since suddenly became low, desponding, and hysterical, having previously enjoyed good health, and been of a remarkably cheerful disposition. She gradually recovered from this state, with very little treatment. It was observed, however, that she became pale, and never recovered her colour. About two years since she became ill whilst on a visit in London, was low and hysterical, frequently shedding tears profusely, and saying she should never recover. She got better on her return home, under the use of tonics, chalybeates, and mild purgatives. On Tuesday, December 5th, she complained of violent headache, for which she took some domestic medicine, and the next day applied for advice. She was

* It has been said that the dilatation, and in some cases the division of the neck of the uterus effectually, cures this disease, but this is a severe and doubtful remedy.

The late Dr. Prichard, found great benefit from the application of leeches to each groin, and he successfully employed, in profuse catamenia and leucorrhœa, the tinctura lyttæ in the dose of one drachm in infusion of roses, alone or with a little sulphate of magnesia, three times a day.

then observed to be very pale, low, and constantly shedding tears, but still complaining of her head. She was considered chlorotic; a purgative was directed, and leeches were applied to the head, with so much relief, that she wished to accompany her sisters to a party in the evening. On the following morning she still complained of her head, and suddenly had a violent convulsive attack; her features were drawn on one side, she lost the power of her right arm and leg, the pupils were largely dilated, and she was unable to articulate. She was bled from the arm and head freely, with relief, and recovered partially, but was not able to speak distinctly, or to grasp with her right hand. She still felt pain in the head, but expressed herself as being much better. In the evening she had a second attack, resembling apoplexy, and became quite insensible, with stertorous breathing. The usual treatment was actively employed, without the least relief, and she died at four in the morning, eight hours after the second attack. A *post-mortem* examination was made at eleven o'clock. The features were so changed, that her friends could not recognize her. The whole surface was extremely pallid. The only morbid appearance which could be discovered, on a careful dissection of the brain, was some serious effusion under the arachnoid membrane, but in every other respect it was healthy and firm. There was a slight effusion into the right side of the chest, and adhesions to the pleura, the heart was large, but the lungs and all the other viscera were in a healthy state; and there were no other marks of local or general derangement which were not strictly applicable to a defective performance of the functions which it is the object of these remarks to explain.

On Monday, August 12th, 1839, I was consulted on the case of a lady who was stated to be about two months advanced in her first pregnancy, and suffering from sickness and vomiting more severely than usual under such circumstances, attended with pain in the head, and sensation of great weakness. From the description, I apprehended that the symptoms could not be referred entirely to that cause, and hinted the probability of some affection of the head existing at the same time. In consequence of this,

I was desired to visit her on the following day, when I found her suffering from almost constant sickness and vomiting, with considerable pain in the head. She was bled, and directed to take aperient and saline medicine. The next day (Wednesday) she was but little relieved; leeches and cold lotions were applied to the head, and aperient medicine was repeated, in spite of which the sickness and pain in the head continued much the same. On Thursday morning I found she had passed a very restless and sleepless night; and her husband imagined that she muttered or spoke indistinctly, or was unable to express what she wished, but of this he was not certain. The pulse, which had never exceeded ninety, was observed on this visit to be irregular, and the beat very unusual, sometimes being full and strong, and at others small and intermitting; there was, however, no heat of the head, or suffusion of the eyes; nothing particular could be remarked as to the state of the pupils; there was no intolerance of light or sound, and the skin was quite natural. At this time she frequently yawned, and could not support the erect posture for any length of time. She was bled to the amount of twelve ounces, which lowered the pulse; she became faint, and remained so for upwards of an hour, after which the pain was relieved, but the sickness continued. Friday: she slept very little during the night; complained but slightly of her head, the sickness and sensation of weakness and exhaustion being most felt; she frequently yawned and coughed, which terminated in sickness. Small doses of carbonate of ammonia, and a little wine, were given with arrowroot, at intervals during the day, and she retained more on her stomach than at any time since the attack, and by the evening all pain had entirely disappeared. At night she took three grains of carbonate of ammonia, with one of opium, which procured three hours' sleep; but the sickness and vomiting returned at intervals. On the whole, she had more sleep during that night and the next day than at any time since her illness; retained more food on her stomach, and no longer complained of pain, but still of great exhaustion and weakness. At nine she got out of bed, and walked alone into an adjoining room, whilst her bed was making.

On taking some arrowroot she again vomited. After this she slept tranquilly for four hours, when she got out of bed, attempted to walk, but was unable to stand, talked incoherently for a short time, and on being replaced in bed she lay perfectly still, with her eyes open; she complained again of pain in the head, but was not sick. I found her, between seven and eight o'clock, lying still; she was sensible, but roused with difficulty, could speak, and drank a cup of tea, soon after which she became quite insensible, had convulsions at one, grew hourly worse, and died early the following morning.

A *post-mortem* examination was obtained a few hours after. The membranes and surface of the brain were generally healthy, the vessels rather more gorged with blood than usual, and a little more fluid escaped during the examination than natural. On cutting into the substance of the brain, on the upper and posterior part of the left side, a portion of the structure was found much softened, and of a dark colour in some places, from purulent infiltration. The network of veins in the plexus choroides was much distended, and contained minute cysts. The left corpus striatum was very much softer, and more vascular than usual, apparently undergoing the same changes as described above. As this lady was an entire stranger to me, I had no means of ascertaining what her previous state of health had been; but I subsequently learnt that she had long been the subject of chlorosis, for which disease she had consulted two eminent physicians in London, from whose advice she had derived some benefit. It also appeared that a younger sister had shown symptoms of the same disease, which produced a more ready acquiescence in the proposal to examine the cause of death. The information thus obtained, led to a more determined course in her case, which was followed by the happiest results.

E. T., aged twenty-two, a nursery-maid in a respectable family, was admitted into the Bridgwater Infirmary on Sunday, October 6th, 1844. She had been an out-patient of that Institution about three years before, and after receiving some benefit, she left the Infirmary, believing herself well. For the last two

years she had been gradually getting out of health again ; her countenance had become very pale, she was extremely dull and inactive, was easily fatigued, and suffered from palpitation of the heart, and many other symptoms before described. In the early part of the month of September she went to bed as well as usual, and her mistress, on hearing a noise about an hour afterwards, went into her room, and found her stretched on the floor in a state of insensibility. Medical assistance was obtained, but nothing more was done than administering a stimulant. On the following morning, having recovered her senses, she stated that she remembered having felt a rushing in her head, and getting out of bed, but nothing more. She complained of pain and heaviness in the head; was bled, and took some medicine, and remained in bed about a week. Soon after this she again became worse, and on the 3rd of October she was observed to be more pallid than ever. On the evening of that day she went to the adjoining house on an errand, and fell down in the passage, where she remained for two hours, quite insensible, before she could be brought into her own house. She cut her head in the fall. On the following morning she recovered her senses, but had no recollection of the past. On her admission into the Infirmary on Sunday, she walked up the stairs without assistance, and described herself, for the next two days, as being better. She was up part of Tuesday, walked about the ward, took her meals well, and was observed to be very cheerful. She went to bed at the usual hour, and on waking between six and seven in the morning, expressed herself to the other patients as being much better. About seven o'clock she was found dead by the nurse, the patient in the adjoining bed not being aware of her death. Nothing more could be ascertained, on minute inquiry, than that she had occasionally been heard to breathe hard and moan during the night. The head was carefully examined a few hours after, when between two and three ounces of coagulated blood were discovered in the ventricles of the brain. On reviewing all the symptoms, my opinion was, that the fall would not have been attended with such serious consequences, if her general health had not

been so weakened by her long-continued indisposition; and it is probable that, had she been duly impressed with the seriousness of her former illness, and had pursued a proper plan as long as her medical adviser thought necessary, perfect recovery would have followed. This case strongly exemplifies the danger of giving up medical treatment when only partial benefit is obtained, and before the recovery is complete.

The following case will be found very interesting, and by no means so rare as may be imagined, although the affection is seldom so severe. A. B., dressmaker, had long been in weak health, until at length she fell into a state of confirmed chlorosis. Her irritability of temper at length rendered it necessary, in the opinion of those about her, to place her under restraint, and she was confined in an asylum for the reception of lunatics. As no benefit was derived from this step, and her general health became rather worse than better, she returned, after a time, to her friends. I advised a cautious and regular perseverance in a plan which will be detailed hereafter, from which, after a reasonable time, she derived benefit. The following extracts from the letters of the lady who interested herself in this case, will give the best description of her future progress:—
 “I really think that she has already benefitted by the plan; her appearance is not so corpse-like, the headache less frequent, and the palpitation of the heart less troublesome, her spirits have also been less oppressed, though still under delusion. It is difficult to make her take pills regularly, as she is under an impression that all we give her is to put an end to her, and at other times she will try to get at the box and swallow them all at once.” The report some time afterwards was in the following words:—“A. B. has perfectly recovered her health, and looks better than I ever saw her do.”

The two following cases, which did not occur in my own practice, shew the fearful results of neglecting the derangements of health in young females, and fully corroborate my experience.

Mary Brixey, aged 18, was tried at the Central Criminal

Court, before Lord Denman, on Friday, May 16th, 1845, for the murder of Robert Barry Finch, an infant, by cutting its throat.

It was proved by Mr. John Mould Burton that she had been under medical treatment for constitutional irregularities, of some months standing. On his cross-examination by Mr. Clarkson, he stated "that he had frequently had occasion to attend young women, who have been subject to temporary suspension of nature, and his belief was, that any suspension of that action was calculated very much to derange the general constitution; and, in proportion as the suspension is long or short, in the same proportion the general health of the patient is jeopardized. Sometimes the effect assumes the appearance as though the patient was labouring under dropsy, and occasionally, instead of affecting the body, it attacks the head. Under the latter circumstances the patient is subject to dull, chronic pains in the head, and the region of the brain. This is attended with restlessness of manner, moroseness, and dullness of appearance. The patient is subject to fits of irritability and great excitement, and passion. These symptoms will present themselves very suddenly; I have known instances when the functions of the mind of a woman, so situated, have been seriously affected.

"I prescribed for her up to the time of the melancholy catastrophe; I believe, up to the very day, she had symptoms which I should expect to find in a person labouring under the disease with which the prisoner was affected. I have no reason, from anything I have heard or known, to suspect the soundness of the prisoner's mind, or to suppose that she was labouring under any affection of the head." The jury returned the following verdict—"That from the derangement of the system, which led to great excitement in the prisoner at the time she committed the act, we are of opinion that she was not responsible for her actions." A verdict of "not guilty" was entered.

The medical opinion in this case, was that of a man of sound judgment, observation, and experience. It had its proper

weight with the jury, and saved the life of the unfortunate prisoner.

Amelia G. Snoswell was tried at the Maidstone Assizes the 20th of March, 1851, for the murder of a child thirteen months old, named Alice Hooper, by cutting its throat. It was shown that the prisoner was a kind-hearted, affectionate young woman, and had always evinced the greatest affection for the child. She testified no concern or emotion for the act, but struggled to get to the child, saying, "let me go to my child, let me go to my Alice." It was proved that she had been suffering from a constitutional irregularity likely to affect the brain. The medical man gave a positive opinion that at the time she committed the dreadful deed she was not a responsible being; and it was proved that shortly after the occurrence alluded to, she attempted to poison herself by taking oxalic acid.

The Jury stopped the case, and found the prisoner not guilty, on the ground of insanity.

The foregoing cases are sufficient to exemplify the affections in which the head is implicated. When the chest is the seat of the attack, the consequences are equally, but not so speedily, fatal. It has been stated that chlorosis is often mistaken for disease of the liver, and sometimes for incipient consumption, in which it not unfrequently terminates; for during its continuance there exists a remarkable susceptibility to cold, which ought to be most strictly guarded against. The following cases are examples of this tendency:—

E. L., aged eighteen, had been long observed to look pale and delicate; but as she made no complaint, and followed her usual occupations, little or no notice was taken of the alteration in her appearance. Being in attendance on another branch of the family, I drew her mother's attention to the subject; but as she insisted that nothing ailed her, I found much difficulty in persuading both mother and daughter that remedial measures were necessary. And here it may be remarked, that the natural disinclination of females to be explicit on these points makes it difficult to

arrive at the truth. An evasive answer is generally returned to every question, and the reluctant patient eludes inquiry by assurance and reassurance that it is altogether unnecessary; and when the assistance of the mother is invoked to clear up the doubt, she often at once betrays her inattention to, or ignorance of, the real state of her daughter's health. The truth is seldom elicited on the first visit; but, if the enquiry be conducted with caution, and, above all, with the strictest regard to delicacy, sufficient information is obtained to satisfy the physician, and lead to a successful mode of practice. This precisely happened in the present instance, for, on a second interview, mutual confidence was established, and such facts disclosed as verified my suspicions. The treatment adopted gradually benefitted her so much, that she considered herself quite recovered; and having a great aversion to be thought an invalid, and to medicine, she could not be prevailed on to persist long enough to establish her health completely and permanently, notwithstanding repeated warnings. I saw her on occasional visits to the family, and felt assured that she was relapsing into her former state. An invitation to a ball was too great a temptation to be resisted; she caught cold, and was confined for a short time by an acute inflammatory attack, which terminated in consumption in less than a year.

A very similar case fell under my care soon afterwards, in which curvature of the spine preceded the attack on the lungs, which was slowly and painfully fatal. Many cases justify a belief founded on experience, that, notwithstanding the constitution may be set right, and the health and natural functions apparently restored, yet, unless the means from which much good has already been obtained be continued until the recovery is confirmed, danger is still to be apprehended.

A young woman, aged nineteen, far advanced in consumption, fell under my care at the Bridgwater Infirmary some time since, from whom I learnt that she had lost a sister in the same disease, a year before. The catamenia had never appeared in either. She was accompanied by another sister, somewhat younger,

whose countenance betokened that she had passed the first stage of chlorosis. I pointed out the necessity of the immediate and complete separation of these two sisters (having seen so many proofs of the infectious nature of this English scourge), and directed such remedies as showed, after a short time, by her amended looks and improved form, that she was on the point of being restored to health. She menstruated for the first time in two months, and has been quite free from complaint ever since.

The action of the heart is sometimes so greatly disturbed in this disease, as to lead to the belief that it is the seat of organic mischief, and the cause of all the patient's sufferings. Medical practitioners who have not paid much attention to this class of diseases, often form erroneous opinions in such cases, and are consequently foiled in their treatment. Chlorosis often simulates other diseases beside the foregoing, of which the following cases are examples.

A young lady from Cornwall consulted me for an affection of the heart, which was considered by herself, as well as her friends, to be organic; and this opinion was strengthened by the failure of all the remedies employed for her relief, which only appeared to aggravate her complaint. Local and general bleeding, calomel, and other purgatives, had been repeatedly tried, with counter-irritation, digitalis, sedatives of various kinds, and low diet. I was much struck with the extreme pallor of the countenance and ex-sanguineous appearance of the tongue and gums. Very slight exertion was attended with breathlessness, faintness, and violent beating of the heart; the legs were swollen, and great debility was present. On entering into an examination of the case, I inquired the state of the catamenial discharge, but it was immediately checked by the assurance that it was unnecessary, as the point had been attended to, and that her condition was natural. After much trouble, the truth was arrived at; her case proved to be one of long-standing, and confirmed chlorosis, from which she entirely recovered, under very different treatment, and she has enjoyed excellent health ever since.

A lady consulted me by letter on her daughter's case, who was

represented to be suffering from a spasmodic affection of the trachea, resembling croup, which recurred frequently, and greatly distressed her. It was accompanied with so violent a pulsation of the carotid arteries, as to be evident to the bystanders. In the course of our correspondence, it appeared that many of those symptoms which attend the derangement of the health of young females, were also present. A suspicion was thus raised in my mind that these harassing symptoms might arise from a remote cause; and on my making a more minute investigation, there appeared good grounds for such an opinion. In order to determine this point more accurately, I requested to see this patient, when I found that although the returns were regular in their periods, the discharge was so scanty in quantity, and defective in colour, as to satisfy me that the best plan of treatment was such as would be calculated to restore healthy functions in this particular. Under this system, all her distressing maladies disappeared. In this instance, too, great difficulty existed in persuading both the mother and the patient that any connexion could exist between such dissimilar affections.

In the course of this disease there is sometimes such œdematous swelling of the lower extremities, as to excite apprehension of dropsy; and indeed the doughy state of the surface, and enlargement of the abdomen, seem to confirm that opinion, particularly as the secretion of urine will often, at the same time, be found to be very scanty. A well-marked case of this kind lately occurred in my practice. The patient, who was about twenty, had been gradually becoming weak, without any cause which was apparent to her friends. Being on a visit to a medical friend, she tried the effect of different preparations of iron and steel, without deriving any positive benefit, but her complaint remained stationary. At this time she received a very severe shock by the unexpected and sudden death of a relative in her presence, under awful circumstances. All her complaints became aggravated immediately; the œdema—particularly of the legs—increased amazingly, and she lost all appetite; the secretion of urine was greatly diminished, her countenance was death-like,

and her state appeared truly alarming. She was treated on the same principle which had succeeded in so many other cases. Her recovery was extremely slow ; and so great was the tendency to relapsing into the same state, that she required medical treatment for more than a year, before her convalescence was established.

It sometimes happens that the expected change in the constitution is delayed beyond the usual period, and that females arrive at the age of eighteen or twenty, and in some cases even later, without the slightest attempt at menstruation. Such persons invariably present a sickly, feeble aspect, and are unequal to the usual occupations of domestic life. Their growth is stunted, and the form very imperfectly developed. The following is a remarkable instance :—G. A. had passed her twenty-first year, without exhibiting any of the usual signs of puberty ; her countenance was pale and sickly, and her size diminutive. Her friends had tried many remedies of reputed efficacy, and particularly Widow Welch's pills, (which were much in use in the neighbourhood some years since,) without deriving any benefit. A course of mild aperient and tonic medicine was advised and persevered in for a considerable length of time, with little hope of benefit. At the expiration of three months there was so decided an improvement in her general appearance, as to encourage a continuance of the plan, with such further treatment as I had found successful in other cases. In two months more there appeared a reluctant effort at menstruation, which became perfect about a year afterwards. Her form had undergone a complete change ; she became womanly, was married, and had several children.

A pretty general idea prevails that irregular and painful menstruations are cured by marriage. That this is frequently true, cannot be denied, but it is by no means a constant effect ; for it is well known that chlorosis often occurs in married life ; and where the uterine functions have been deranged for years in early life, conception rarely takes place until they are restored to a healthy state.

An opinion, too, generally prevails, that the treatment of this disease is very simple and well understood, and that recovery seldom fails to succeed the exhibition of active doses of calomel and drastic purgatives, followed by repeated and often large doses of iron and steel. To this end, Griffith's steel mixture is constantly prescribed—an excellent medicine, if judiciously administered. But it must be evident to all who give the subject the consideration it deserves, that the same treatment cannot be equally applicable in every case. There can be no doubt that aperients and tonics—particularly some of the preparations of steel—are the remedies from which relief is chiefly to be obtained; but in a disease which presents itself under such various forms, and is attended with multiform complications, these must require such modifications in the administration as can only be safely determined on enlarged experience, under the guidance of which, if such medicines are conjoined with proper regimen and other auxiliaries, they will seldom fail to effect a cure. It is by no means an uncommon practice to increase the strength of the tonic, in proportion to the debility of the patient, than which there cannot be a greater or more dangerous error. It often occasions serious inconvenience, and sometimes acute inflammatory attacks, which endanger life.

The treatment which has been most successful in my hands, has been to prohibit irregularities of every kind, such as late hours, long confinement in crowded places, as well as everything calculated to disturb the mind and body; above all, to guard against cold—especially humid cold. The diet should be plain and simple, and the careful regulation of the bowels by the mildest medicine, if any be required. A safe course will be to keep the patient in bed for a day or two, when the change commences. As a general rule, I have found the sulphate of iron, in doses of one or two grains daily, in combination with a mild aperient, the most successful plan. The slightest deviation from a natural state, in young females, should not be allowed to pass unnoticed; for if it be true that prevention is better than remedy, it is undeniably so in such cases.

ON THE PRACTICE OF MIDWIFERY, WITH REMARKS.

Midwifery is considered by some members of our profession too unimportant a branch of medicine to engage the attention of scientific men, who contend that the practice is degrading, and ought to be left to old women and nurses. The successful practice of midwifery however, at the outset of life, as surely establishes a professional man's reputation, as the contrary retards his progress ; and it appears to me that the careful study of this branch of our art is absolutely necessary to avoid the mischief of "meddlesome midwifery," than which nothing can be worse. Impressed with this conviction, I attended closely to the subject during the early part of my life, and have practised it extensively nearly forty years. I propose to give the result of my practice during the first seven years, with such remarks as may be useful.

My register contains a list of eleven hundred and thirty-five cases attended during that period, of which number the greater part were, of course, natural labours.

Eight cases presented with the face to the pubis, five of which terminated naturally ; in one the forceps was used ; in one the child was turned ; and in one the funis descended with the head, and the uterus was ruptured in delivery. Presentations of the face generally terminate without artificial aid, but the forceps will sometimes be required. I have employed them in three successive labours in the same patient, to whom I was called in consultation with another practitioner, who on one occasion had patiently waited the efforts of nature for more than fifty hours. In a few cases, if called early, I have turned and delivered by the feet, and in one case, turned the face to the sacrum. I have often attempted this, but succeeded once only. This patient was delivered of her first child by the crotchet, and in a subsequent labour in which I attended her, with the forceps, in a presentation of the face. Having been engaged to attend her, I desired to be called very early, and on making an examination, my finger passed directly into the child's mouth ; the membranes

had not ruptured, and the uterus was well dilated; I made firm and steady pressure with my fingers on the parietal bone during a pain, the head revolved under my fingers, the membranes broke, and the child was born in a few minutes.

In six cases the perforator was used, two of which terminated fatally during the month, and one soon after delivery; the three other cases did well although in one the labour was protracted for five days before any attempt at delivery was made. The deformity was so extreme, that her delivery was considered impracticable, and she was abandoned. The projection of the sacrum was so great, that it was necessary to bend the perforator to a semi-circle before the head could be reached, and the child was brought away in small pieces with much difficulty.* This instrument is seldom required; and that it has been often employed unnecessarily is too true. When I first began to practise in Bridgwater, I found to my astonishment, that it was had recourse to in all cases of difficulty, and that the forceps or vectis had never been applied in any case. It is undoubtedly sometimes necessary in cases of sudden and immediate danger, and in great deformity, but I have been present at many labours which have terminated naturally in women who had been delivered in former ones, by the older practitioners, with the crotchet. Young practitioners are sometimes induced by the importunities of the patient and her friends to employ this fatal instrument, when, if left to their own judgment and discretion, they would patiently wait until other means of delivery were applicable. This is an error which I, in common with others, fell into, in the early part of my practice.

The forceps were applied in fifteen cases, and all the children were born alive. I have always used the short forceps recom-

* In nine subsequent pregnancies, premature labour was induced at various periods in this case. The Surgeon who attended her, assured me that on one occasion the operation was delayed until the fifth month was nearly completed; and that the fetus was not expelled until after forty-eight hours hard labour, so great was the deformity and narrowness of the pelvis. I was present at a case with Dr. Simpson, in Edinburgh, in which he brought on premature labour, by the introduction of graduated sponge tents, which so easily and completely dilated the uterus, that the first stage of labour was got over without rupture of the membranes. He prefers this mode to the introduction of the catheter.

mended by the late Dr. John Clarke, and by attending to the directions so clearly laid down in his lectures, never experienced any difficulty in applying them. He advised that no attempt should ever be made to employ them until the ear could be felt, and that when they were fixed, the traction should be made from blade to blade, in the axis of the pelvis; and here I cannot help relating the mode he adopted to impress this important point on the attention of his class. The forceps, he would say, can only be successfully used after they are fixed in the axis of the pelvis; it is of consequence therefore that the axis of the pelvis should be well understood. Now if a party of Hottentots should happen to catch an unfortunate European, and determine to roast him in the axis of the pelvis, they would push the spit in at the umbilicus, and bring it out at the anus; and as each individual pupil took the forceps in his hand, the Doctor always said "Remember the spit." I certainly never sat down to apply these instruments without recollecting and bearing in mind the illustration, during the operation. In proper hands the forceps are useful and necessary, safer, and better adapted for the preservation of the life of mother and child than the vectis. I have never employed them to save time. In one case the perineum was completely lacerated into the rectum, under their use, laying both cavities into one for a considerable space; and this arose from my neglecting to secure the patient properly during the operation. As the head was passing, she made a sudden spring, and getting beyond my reach the perineum was unsupported at the critical moment, and extensive laceration took place. It however completely healed with so little inconvenience, that the patient was never aware of the accident, and having attended her in several subsequent labours, I had an opportunity of knowing that the union remained entire. Since that time, I have taken the precaution of making a strong woman lie down in front of the patient in all painful operations, to prevent the possibility of accident.*

* I have lately seen two cases of extensive laceration of the perinæum, in which the rectum and vagina were laid into one, successfully operated on by Mr. L. B. Brown. (Vide his Pamphlet.)

In three cases the arm presented, in neither of which did any particular difficulty occur. It is rather remarkable that amongst so large a number of cases, four only of original presentations of the arm have occurred in my own practice up to the present time, although I have been called to many, in consultation with other practitioners. Some have proved extremely difficult, but in all delivery was effected by patient perseverance, without dismembering the children.

In eleven cases the breech presented, but nothing worthy of remark occurred in any of them. The practice of bringing down the feet, with a view of expediting delivery, is bad. It is often done by young practitioners who will learn by experience, that the safest course is to allow the breech to be expelled as it presents.

In three cases the feet presented, one of which was remarkable: both feet could be distinctly felt low in the vagina, through the membranes, which were entire on my arrival, and remained so until the uterus was almost fully dilated, when they burst, and to my astonishment the shoulder presented. I lost no time in turning, which was easily accomplished, the pelvis being unusually capacious.

There were twelve cases of twin births.

Twenty-one cases of severe hemorrhage occurred, two of which were fatal; one soon after the delivery, and the other six days after, from fever.

Uterine hemorrhage is more frequent, more embarrassing, and more dangerous than any other accident in the practice of midwifery. It often occurs, in spite of all precautions which can be taken to prevent it, sometimes to such an extent, that, although the woman escapes with life, her constitution receives such a shock that the recovery is difficult and protracted; and at other times, after repeated attempts to rally, she sinks into a state of irretrievable weakness, and dies. The danger does not, however, always depend on the quantity of blood lost, as the following case will prove:—

Mrs. P., a healthy young woman, aged 24, was delivered on

the 1st of March, 1826, after a natural labour ; the placenta was expelled half an hour afterwards, without any unusual discharge of blood, but a draining followed, which, although not enough to require any restraining remedies, kept up a faintness, and more particularly, as she described it, an internal feeling of great weakness, from which she did not entirely recover for five or six hours. She never completely got up her strength, although she made many efforts to rally, but within a year fell into a consumption, and died.

Such cases are not uncommon, and when contrasted with others, in which enormous discharges of blood occur, without either immediate or remote danger to the constitution, tend only to show the great uncertainty of the practice. Floodings have always alarmed me more than any of the various dangers attendant on parturition, from the conviction that a greater proportion of women die from that than any other cause. Dr. Rigby divides uterine hemorrhage, before delivery, into two kinds, accidental and unavoidable ; and the rules for the treatment of each are well defined, judicious, and safe. The plan of rupturing the membranes in accidental hemorrhage was so strongly condemned in the school in which I was educated, that I cautiously avoided it in my early practice, until the publication of that able work, since which I have in every case adopted it, and invariably with success. Subsequent experience inclines me to believe that a more fortunate result would have attended the following case, if that practice had been pursued, instead of proceeding to turn in the usual way :—

Mrs. C., at the full period of her pregnancy, was suddenly seized with hemorrhage, after making a considerable exertion ; it was so violent that she would have fallen to the ground if the nurse had not supported her. It had continued nearly three hours when I saw her. She was faint and very low, and although the violence of the discharge had abated, there was still much draining. My first care was to endeavour to recruit her, and she appeared to rally for a time, but the discharge still continuing to such an extent as to create great apprehension for her safety, I

introduced my hand, and cautiously delivered by the feet. Such a discharge of fluid and coagulated blood followed the rupture of the membranes as I never witnessed before, nor since ; and although the uterus contracted like a ball, and expelled the placenta into the vagina, she died in twenty minutes. Now, I believe, that if the membranes had been punctured, the hemorrhage would have been restrained, and that she would have recovered sufficiently to have supported her delivery, the shock of which appeared to hasten her death.

But these cases do not often occur, whilst nothing is more common than hemorrhage after the expulsion of the placenta. That many of these cases are occasioned by hasty and improper attempts to bring away the after-birth is too true, but it is equally certain that they frequently happen where no interference has taken place, and the whole process has been left to nature. In whatever manner flooding has been produced, no time must be lost in arresting it. It is not my intention to detail the various modes of effecting this object, nor to discuss the merits of the different plans laid down in systems of midwifery, and I shall only observe that I have rarely witnessed any good effects from the application of cold, which, in my opinion, can never be depended on. In two or three instances marked benefit has followed its sudden application ; but unless it produces an immediate good effect, it does harm, and therefore I scarcely ever employ it. The introduction of the hand into the uterus is the most powerful agent in suppressing sudden and violent discharges of blood ; and if done early, seldom fails ; but if delayed until great exhaustion has taken place, the uterus is very apt to relax again, and expose the patient to a recurrence of hemorrhage, and a repetition of the operation. As this is always a painful operation, though often a necessary one, it is desirable to avoid it ; and for many years past it has been my practice to grasp the uterus in both hands, and keep up steady and continual pressure externally, in all cases in which there is a disposition to hemorrhage. The ordinary modes of pressure which nurses employ, generally fail, and the assistance of bystanders cannot be depended on. My

plan is to kneel on the bed in front of the patient, get the uterus fairly within my hands, and lean the weight of my body on them. The pressure thus made is more uniform, and infinitely less painful, than the irregularly applied bandages of nurses or inexperienced assistants.

Experience warrants me in stating, that if this plan be effectually followed, it will generally render the more painful one unnecessary. But the most dangerous, because the most insidious flooding, is that which sometimes follows a perfectly natural labour. A woman has an easy labour, the placenta is expelled in the usual time by a natural effort, the patient and her friends rejoice at the happy termination, there is but little discharge, and the practitioner is about to take his leave when his attention is arrested by an exclamation from the patient—Dear me! I feel very warm. The curtain is withdrawn, she is fanned, has a smelling bottle, and a little gruel, expresses herself better, is told, and believes, that there is nothing the matter. If the practitioner leaves her, he will speedily be summoned again, to witness a scene of great danger, and perhaps of death. This, I apprehend, was the case of the late Princess Charlotte. But if he remains, he will perhaps enquire of the nurse if there is much discharge, and be assured that there is not; she will probably show him a napkin to prove her correctness, which satisfies him. Presently the patient exclaims again, Oh dear! how faint I feel. Some gruel is administered perhaps, with a stimulant, or a few drops of laudanum; she revives, and all are once more satisfied. But this deceptive state is only of short duration, for in a very short time the faintness returns in an alarming degree, the pulse rapidly sinks, the countenance becomes pale, and unless active measures are immediately taken, the woman dies.

On laying the hand on the abdomen the uterus is discovered to be as large as before delivery, and on introducing it into its cavity it is found to be filled with fluid and coagulated blood. The withdrawal of the hand is followed by an immense discharge; sometimes the uterus contracts immediately, and remains firm, and at others it wholly or partially relaxes, and blood continues

to be poured out, or such a draining remains, as to keep the practitioner, the patient, and her friends, in a state of anxiety for many hours. She sometimes recovers in a rapid and extraordinary manner, the constitution appearing to suffer nothing from such great loss; at others, if energetic means have been too long delayed, the recovery is slow and precarious, or she falls into a state of weakness, and dies. Hemorrhage, before the commencement of labour, always claims attention, and so does any unusual discharge during its progress and after delivery. Some discharge is always expected afterwards, and as but little appears externally in these cases, the hemorrhage slowly proceeds internally, until the symptoms above detailed announce its extent and danger. The safety, nay, the life of the patient, depends on the care, experience, and watchfulness, of the attending practitioner, who should never rely on the report of the nurse or friends, but satisfy himself, if any unusual symptoms appear, that they do not arise from loss of blood. It is too much the practice of nurses, as well as friends, however kind and attentive they may be to the woman during her labour, to leave her to her fate as soon as she is delivered, and devote all their attention to the child.

Women are sometimes lost after profuse hemorrhage, for want of attention in administering proper restoratives. In states of great exhaustion, patients frequently refuse nourishment, and the heart would cease to act if stimulants were not constantly and judiciously given, and under such circumstances a woman will make no effort herself, but would prefer, and indeed often entreats, to be left alone. That many cases are lost from want of diligent perseverance in recruiting the powers of life, is certain; and I feel convinced that I have been instrumental in saving many lives by gently but firmly insisting on this point, and compelling the woman (if I may be allowed the expression) to live in spite of herself. Bread and milk is always at hand, and is seldom objected to. It should be boiled, and made rather thick, then quickly cooled, and some compound spirit of ammonia added to it. It is astonishing how large a quantity may be taken in a short time, and how

grateful it generally is. All authorities agree in the propriety of giving opium freely. Brandy is frequently necessary ; I once gave nine wine glassfuls, as quickly as it could be swallowed, after an enormous loss of blood, with the happiest effect.

The ergot of rye is esteemed by some a useful remedy in hemorrhage from the uterus. It has not been successful in my hands. It is given much too indiscriminately during labour. Sometimes it produces good effects, whilst at others it seems to be perfectly inert.

The placenta presented in one case ; delivery was speedily effected, and the patient did well.

Twenty-four cases of adhesion or retention of placenta occurred, which required the introduction of the hand for its removal. These are some of the most distressing cases in the practice of midwifery. It often happens that after a painful and protracted labour, when the woman hopes and expects her sufferings are over, she is obliged to submit to an operation as painful to her as it is distressing to the practitioner ; and women generally describe the pain occasioned by the introduction of the hand, under such circumstances, as worse than that of labour. I know no method of preventing it. It may be occasioned by too hasty attempts to bring the child into the world ; but it often happens when the delivery is retarded, which is stated by some teachers to be an effectual remedy against such an occurrence. But that this plan often fails, my own experience enables me to testify ; indeed it does not appear to me by any means certain that the attempt to retard the birth of the child has not sometimes interrupted the regular action of the uterus, and produced the retention. Generally, if the bulk of the placenta and insertion of the funis can be felt, on running the finger along the chord, there is no fear of its being retained ; but this is not always the case, for it now and then happens that there is a sudden and great discharge of blood, or such a continued one as to excite some apprehension for the safety of the patient. Sometimes I have waited irresolute as to the proper course to pursue, and after the failure of external pressure on the uterus and other

means, have reluctantly been compelled to pass my hand, and occasionally regretted that it was not done earlier. It is certainly most desirable that the whole of the placenta should be removed ; but the adhesion is sometimes so close, that this can only be effected in detached portions, so that it is scarcely possible to bring the whole away ; but if, after cautious attempts, small portions remain, it is safer to leave them than incur the risk of frequent rude and ineffectual efforts to scrape the uterus with the fingers—a practice which was adopted in a case which came to my knowledge many days after delivery, which not only failed, but terminated in the death of the patient. Careful and uniform pressure by a well-adjusted bandage, or by the hands, appears to me the best mode of preventing this alarming accident.

Excessive flooding, in one case, was followed by phlegmasia dolens, which, after many weeks, proved fatal.

I have seen several instances of this disease, all of which, with this exception, have done well. Local bleeding and cooling applications have been most beneficial in the early stage ; and after the inflammatory symptoms have subsided, the cure has been completed by mercurial friction, and wrapping the limb in oiled silk.

Symptoms of puerperal mania appeared in one case immediately after delivery, as soon as the patient was placed in bed. The disease was perfectly established in twenty-four hours, continued with great violence for many weeks, and then gradually subsided. She passed through several subsequent labours without any recurrence of the attack, but died some years after of disease of the brain. Every other case which has fallen under my care recovered.

The vagina ruptured to a considerable extent in two cases, the details of which will be found in another place.

Puerperal peritonitis supervened in two patients, both of whom recovered under general and local bleeding, and calomel employed early and actively.

One woman died very suddenly an hour or two after delivery,

the cause of which could not be correctly ascertained, an examination being refused, but which was suspected to be internal flooding, or rupture of the uterus.

In one case the uterus was ruptured from turning, from violent and sudden action. The woman was delivered, and died a few hours afterwards.

Rupture of the uterus, in my opinion, happens much more frequently than is imagined or admitted; and many deaths which occur soon after delivery, and are not accounted for, may with truth be attributed to this cause. Ten cases have come within my knowledge, two of which were in my own practice. One is mentioned above; the other was so unusual, and, from peculiar circumstances, so interesting, that I will detail it:—

The patient was a strong, healthy woman, about thirty; it was her sixth labour, some of which had been very lingering, and on two or three occasions she had been exposed to considerable hemorrhage, from imperfect contraction of the uterus after delivery. The membranes ruptured early in the morning, but no pains came on until the middle of the third day, when they continued regularly for three hours, by which time the uterus was largely dilated; the head had made considerable advance, and there was every reason to believe that the child would soon be born. The pains, however, gradually ceased, and for one hour and a half were entirely suspended, when she suddenly complained of excruciating pains in her legs, and soon after of the belly, and violent forcing in the passage. From the toes to the knees the lower extremities were cold and somewhat livid; the pulse was very small, quick, and depressed; there was no vomiting, or collapse of the countenance, usually attendant on such cases. As the child remained in the same position, I did not suspect the dreadful mischief which had taken place, particularly as the circulation and warmth returned after administering a slight cordial. But she had no labour pains, and still complained bitterly of forcing and violent pains in the abdomen and chest, which she described as bursting. About two hours after, the breathing suddenly became oppressed, the pulse sank,

the countenance became pale, and was bedewed with a cold sweat, and she died in a few minutes. On examination, the head was found to have receded, although a few minutes before it was precisely in the same position as it had been during the last three hours. The *post-mortem* exhibited the uterus extremely thin, and rent across the whole posterior surface. It had contracted considerably, and the child, which was unusually large, had escaped into the cavity of the abdomen, which was full of blood. The ergot was given in this case at the request of the patient, who had been relieved by it in former labours. I regretted its having been employed, although it may not have occasioned the unhappy result, but it appeared for a time to increase the frequency of the pains, and as the child was very large, especially the head, it might, by acting chiefly on one point, have thinned the uterus and disposed it to give way, whereas, if the case had been left entirely to natural efforts, the delivery might have been delayed so long as to warrant the perforation of the head, which afterwards would have been unavailing, even if time had permitted.

I remember a case, occurring many years ago at the Westminster Hospital, in which the uterus ruptured during the first stage of labour, and the woman died immediately. The preparation was carefully preserved by my friend, the late Mr. Clement Cruttwell, of Bath. In every case, except the last detailed, vomiting of coffee-coloured fluid, collapse of the countenance, and immediate cessation of labour pains, have instantly followed this dreadful accident.

In the year 1769, Dr. Andrew Douglas published a pamphlet, entitled "Observations on the Rupture of the Gravid Uterus," on referring to which I find that his opinion was, that ruptures of the uterus were accidents of frequent occurrence. I quote his words :

"There can be no doubt entertained of the frequency of ruptures of the uterus, when it is known that more than twenty cases, in which the fact was demonstrated by dissection, have been observed in London within the last twenty years. In Paris,

Gregoire mentions his having seen sixteen in a practice of thirty years ; and by Bonetus, Hildanus, and others, we are supplied with a number of similar instances. But the greatest number of these histories, having been preserved as records of remarkable rather than instructive facts, many important circumstances have been omitted or overlooked, from a presumption that the case was without a remedy.

“ A considerable proportion of the deaths which have happened suddenly in the time of labour, or soon after delivery, may probably have been in consequence of a laceration of the womb, or its appendages ; of some, the cause has not been discovered till after death, and of many more, has never been explained, from the bodies having been interred without anatomical inspection. Even when previous symptoms have afforded the strongest reason to believe that the uterus was the part affected, the precise situation and extent of the injury has still been undetermined, because it has been impossible to obtain leave to make the necessary examination.”

In the same pamphlet he relates a case of extraordinary recovery from a wound of the uterus, the details of which are as follow :—

“ A negro woman, of the island of Jamaica, who was well formed, and had borne three children in the natural way, when in labour of the fourth, was so impatient under her pains, as to be considered by her neighbours delirious, though her sufferings did not appear to them more than commonly severe ; but so violently did they affect the woman herself, as to induce her to make a long incision on the left side of her belly with a knife, part of the blade of which had been broken off, and so deep as to divide the skin, muscles, and uterus, and even to wound the left hip of the child. The opening was nearly in the direction of the obliquus descendens muscle, and so considerable, that the fœtus was immediately forced out upon the mat on which she lay, where it was found by a midwife who was called to her assistance, together with a great portion of the intestines. She tied the navel string, returned the bowels into the abdomen, and without

extracting the placenta, sewed up the wound, in the way practised on dead bodies. Dr. Morton, an able practitioner, was sent for as soon as possible, and saw her about three hours after the operation. He considered the mode in which the wound had been sewed up, as improper; had the stitches divided, directed the parts to be washed with warm water, and the bowels to be cleansed from the straws and sand which had adhered from their lying on the mat. He easily extracted the placenta, replaced the intestines, and brought the lips of the wound together by the interrupted suture. She had lost a great quantity of blood, and was put to bed speechless, without any pulse at the wrist. Her speech she recovered on the following day, but had a degree of fever some days longer, with very little lochial discharge. From that time she went on well, and was able to sit up at the end of five weeks, had strength enough to walk in a fortnight more, and in three months was perfectly recovered.

“Her mistress parted with her soon after this, but Dr. Morton, to know the remainder of her history, applied for information to a surgeon on the plantation to which she was removed. He received for answer that she had been regular in her menstruation from the time she had been under his inspection; had again become pregnant, and if she had not been carefully watched, would have chosen to repeat the operation, having declared her sufferings from that to have been trifling when compared with the pangs of child-bearing. Her labour was natural, and her recovery perfect.”

It is somewhat remarkable, that out of so large a number of cases, one only of puerperal convulsions occurred, and as the symptoms were carefully noted at the bed-side, the detail may not be uninteresting. The patient, aged 21, was seized with labour pains at eight in the evening of the 18th January, in the seventh month of her first pregnancy. At one, a.m., the membranes ruptured, the os uteri was dilated to the size of a shilling, and the pains regular and strong. At two she became suddenly affected with convulsion. It began with the most horrible distortion of the countenance, succeeded by convulsive twitchings; the

limbs were violently convulsed, the breathing laborious. The fit continued about five minutes, then terminated, leaving the patient sensible, but unconscious of the previous affection, and complaining only of a pain in the head. The pupils were much dilated, but contracted on the approach of light; there was grinding of the teeth; the arms and legs were affected with rapid convulsive shaking motions, and sometimes with plunges so violent as to thrust the bed from the sacking. The respiration seemed at first suspended from suffocation, then foam was formed in the mouth, the breathing was stertorous during inspiration, long expirations followed, with blowing through the foam. The whole appeared suffocating and agonizing, the lips assuming at the same time a black, livid colour. The respiration became at length calmer, and the patient remained in a state of coma, from which she could not be roused; the pulse was frequent and regular. The fourth convulsion occurred at about three in the morning; soon after, delivery was effected by the crotchet. There was no fit again until seven o'clock, and another occurred at nine, a.m. After this period the patient lay in a state of easy coma; sometimes, however, she would get up and turn herself in bed. The pulse was 132, and regular, the countenance pale, the feet cold. At five, p.m., the pulse was 140, the coma deeper and constant, without any further symptoms. At ten, a.m., on the 19th, the pulse was 104, there was returning sensibility, she opened her eyes, put out her tongue, and gave rational answers when spoken to. There was no intolerance of light or sound, or deafness. On the 20th, sensibility was perfect.

I have witnessed many cases since, all of which have terminated favourably, under active treatment speedily and resolutely employed. In this, seventy ounces of blood were drawn from the arm during the first three hours, besides a considerable quantity lost in the delivery, the head was shaved and blistered, cataplasms were applied to the feet, injections of turpentine administered, and a scruple of calomel given and repeated every third hour, until the bowels were effectually relieved.

In one case, the violent convulsions rapidly succeeded each other before the slightest dilatations of the uterus had taken place, but the active means resorted to arrested the attacks, and delivery took place the following day, without any recurrence of this frightful disease. The only fatal case which I have seen was one to which I was called in consultation, after delivery had been effected, but all other means entirely neglected.

It is evident that the practice of midwifery involves duties of too responsible and dangerous a nature to be entrusted to ignorant women and nurses. All men do not possess the necessary qualifications, and are not equally adapted for it. He will be best fitted for the arduous task who possesses a good constitution, is capable of enduring great fatigue, and patiently submitting to many privations, and without rashness, with sound judgment and firm determination, which he will often be required to exercise when exhausted by long watching and anxiety ; in addition to which, if his manner be kind and his disposition cheerful, the practice will be more agreeable to himself as well as to his patients. There is scarcely a case in the practice of medicine or surgery so urgent as not to allow time for consultation, but the midwife is often called on to act instantly, on his own judgment, in cases where delay would be death. How important then is the study of midwifery ; an imperfect knowledge of its practical part may lead to the most deplorable consequences, where an error of the head or hand may suddenly bereave a fond husband of a beloved wife, children of a tender and affectionate mother, and plunge a whole family into grief, and probably, ruin.

CASE OF DROPSY OF THE AMNION.

In November, 1830, Dr. Robert Lee read a paper before the Medical and Chirurgical Society, on the pathology and treatment of dropsy of the amnion. I apprehend this must be a rare disease, having only seen one instance of it in the course of my experience, and as it was complicated with ascites and anasarca of the mother, the particulars may be found interesting.

On the 27th of May, 1830, I was requested to meet Mr. Davidson in consultation, to see Mary Came, of Pawlett. She was between the sixth and seventh month of her pregnancy, and suffering from abdominal dropsy, to such a degree that Mr. Davidson considered the only chance of affording relief was by tapping, which operation he was prepared to perform on my arrival. I satisfied myself of pregnancy, and although she was greatly swollen, and suffering much from dyspnœa, I could not sanction his proposal, but recommended diuretics and opiates. On the 30th, she was reported to be somewhat relieved, but the lower extremities had become more œdematous. On the 2nd of June, she was stated to be suffering so much from œdema, vomiting, diarrhœa, and most distressing dyspnœa, that her medical attendant represented it as not only improper, but dangerous, to delay the operation any longer. I found her in a deplorable situation, the swelling had increased very much, she could keep nothing on her stomach, nor could she lie down for an instant; the pulse was weak and fluttering, the abdomen was distended to the utmost; the fluctuation could not only be distinctly felt, but absolutely seen, the parietes of the abdomen had become so thin. It was evident that immediate steps must be taken for her relief; and so satisfied was her adviser of the rapid increase of all her symptoms, and immediate danger, that he again proposed, and strongly urged, that a trocar should immediately be plunged into the abdomen. I could not recollect to have seen any account of such a case; had I done so, it would have enabled me to determine my practice with greater confidence. (Dr. Lee's paper had not been published at that time). I proposed the induction of premature labour, and at 4 o'clock in the afternoon ruptured the membranes with a male catheter. Two hours after I felt the funis presenting, and left her in Mr. Davidson's care, from whom I learnt on the following morning, (Thursday,) that she had been delivered of a small fœtus at 12 p.m. and that the abdomen had subsided a good deal. On the following day, (Friday,) I received a note from him, which I copy in his own words:—"I beg to inform you that the poor woman, Came, has

been delivered of a second fœtus this morning, when I was called to her, and found her in hard labour, with the membranes very much distended, which I instantly punctured, when upwards of ten or twelve quarts of water were evacuated, succeeded, of course, by a complete subsidence of the abdomen. The issue shows the difficulty attending the diagnosis of such morbid appearances." The placenta were not brought away until late on Saturday night, and then partially only, and it was not until the Tuesday following that the whole was expelled; there was no hemorrhage. She had a good recovery, has been quite well, and borne children since. In speaking of ascites during pregnancy, Dr. Burns says:—"If, in spite of treatment, the swelling increase, paracentesis must be performed, and I am surprised that there ever should have been a moment's doubt as to its propriety, for there certainly can be none as to its safety." This appears to me a bold assertion. Cases have occurred in which a trocar has been incautiously plunged into the uterus in ascites during pregnancy, with fatal effect; and judging from this, in which the parietes of the uterus were rendered so thin by the great accumulation of water, as literally to make the fluctuation evident to the bystanders, on gently striking the abdomen, it appears to me sometimes difficult, if not altogether impossible, to determine whether the fluid be contained in the abdominal or uterine cavity, a mistake that would most probably be fatal.

In the tenth volume of the *Medico-Chirurgical Transactions*, a case is related of the presentation of a bag of water after delivery. This is the only case I have seen recorded, but I had met with a similar one in my own practice some years before. The labour had been a protracted one, and in the early stage a large quantity of liquor amnii was discharged by the sudden rupture of the membranes. In this, as in the case referred to, the placenta was retained, and after waiting a full time for the expulsion, I passed my hand, and found a large bag of water, which puzzled me much, feeling assured from the diminished size of the uterus, that there could not be a second child; but on pursuing my object, I found the placenta closely adhering to the side of the

uterus, from which it was detached with difficulty. Retention of the placenta occurred in three subsequent labours in this lady, but nothing unusual happened in either.

ON THE RESUSCITATION OF STILL-BORN CHILDREN.

Cases of apparently still-born children are very common. The attempts to restore life are frequently ill-directed, and not calculated to promote the object. It will be found that a very large proportion of children, apparently dead born, may be resuscitated, if proper means be resorted to and persevered in for a sufficient length of time; but the modes generally employed to restore life, such as immersing the infant in warm water, friction, and pouring stimulants down the throat, are not at all calculated to produce the effect intended; and if these means do not succeed after a short trial, all further attempts are generally abandoned. The plan which I always adopt, which has never failed where the child was living during birth, is very simple, and only requires perseverance. The following cases, under circumstances by no means favourable, which have been selected from a great many more, will prove the success of the practice recommended.

CASE I.—Grace White, a very weakly woman, far advanced in consumption, was seized in the morning with uterine hemorrhage, which continued slightly till the evening, when I saw her, and, whilst standing by her bedside, the flooding increased with such violence that I thought it best to deliver her instantly; the child was still born. As soon as I had removed it from the mother, and seen her safe from any immediate danger, I placed a napkin over the child's mouth, and inflated its lungs through the mouth, from my own, pressing out the air from the chest afterwards, and thus imitating natural respiration. After having continued this process for thirty-five minutes, the child made a very slight attempt to breathe, and the face became slightly suffused; by

persevering ten minutes longer, the free action of the lungs was established, and the child cried lustily.

CASE II.—The next case was that of a poor woman named Sarah Holmes, of the parish of Spaxton, who had been in labour a long time, with a presentation of the arm; and, as it was her first confinement, it became very difficult to turn the child, particularly as she was advanced in age, and the parts were very rigid. The child was still-born; but by pursuing the same plan actively for three quarters of an hour, animation was perfectly restored.

CASE III.—The next was a case of presentation of the funis, and as the labour was slow, the child was still-born, but recovered by the same means in half an hour.

CASE IV.—The last case which I shall mention was such as to encourage the attempt at resuscitation under any circumstances; it was a case of twins. The second child presented with the head, before which a considerable portion of the funis had descended. The delivery was extremely slow, from the general weakness of the woman, who had been for a long time in a bad state of health, and the child was born apparently quite dead. As the mother's situation was very critical, more than half an hour had elapsed before I could attend to the child, and, on inquiring, I found it had been wrapped in a cloth and placed on a chair in another room. I immediately made the attempt to restore it, and, by persevering steadily for twenty-five minutes, I had the satisfaction to see symptoms of returning life; and in about fifteen minutes more the child breathed freely.

REMARKS.

Every thing in this last case was unfavourable to the restoration of the child; the mother's long-continued disease, the circumstance of her having two children, and, more particularly, the delay which took place before any attempt was made, during which time the child was exposed in a room without fire in the winter time, with a partial and very slight covering. I am

warranted, by my own experience, in recommending the attempt to restore all still-born children who have been alive during the birth; and if the means of resuscitation above mentioned be actively employed, and steadily persevered in, I believe the majority of cases will be successful. In all cases the restoration of a child is a most satisfactory circumstance, and, in some instances, of the greatest possible consequence. I have never found anything necessary but the regular inflation of the lungs, which I do with my own mouth in the way I have described, and have generally observed the first symptom of returning life to be a tremulous motion of the respiratory organs; the child next makes a feeble attempt to inspire, and the colour of the face changes. The inflation should then be made more quickly; and as the attempts to breathe increase, sal volatile, or brandy, rubbed on the palm of the hand, and held over the mouth during the inspiration of air, will materially assist the recovery, and have a better effect than pouring stimulants into the stomach. A few smart slaps on the gluteal muscles will now generally complete the recovery. In the last case, which I attended in consultation with another practitioner, in which the forceps were applied after a protracted labour, the child struggled an unusual time before respiration was established, and it became necessary to repeat this apparently cruel practice several times, to the great annoyance of the grandmother, who was anxiously watching the event, and who observed, when she saw that the recovery was complete, "Wee'l, Sir, it's all very well jist now; but ye gav the bairn a very rough reception!" It has always been my practice to respire completely, and immediately to inhale as much air as possible; and this should be repeated frequently during the process of inflating the lungs.

I have more than once been astonished at the dissatisfaction exhibited by the bystanders, at the successful issue of these efforts to restore life. The following is a remarkable instance: I was called to a very respectable woman, in labour for the seventh time, who had twins. The second child was still-born, and

after a considerable time, was resuscitated. When the husband was made acquainted with the facts, he declared that I never should attend his family again ; and he kept his word.

CASE OF STRICTURE OF THE VAGINA.

A woman, about 40, who had borne children, and whose labours had been slow and lingering, but not dangerous, considered herself again pregnant, about six months after she had given birth to a child. The catamenia had entirely ceased, and although she had no doubt of her situation, she was remarked not to increase in size. At this time she had some discharge, and suspected she was going to miscarry ; but as nothing more than dark-coloured blood passed, and the pains became very severe, attended with shivering and considerable fever, she consulted a surgeon who had been accustomed to the practice of midwifery. This gentleman discovered, on examination, a circular contraction of the vagina, so complete as almost entirely to obliterate the canal, leaving an orifice scarcely large enough to admit the point of a probe, through which a dark-coloured and highly offensive fluid passed. The opening was gradually dilated, which *allowed* the escape of a very large quantity of putrid fluid, with immediate relief of all the symptoms. The stricture was now forcibly dilated for seventeen days, by cones of gentian root, when she was pronounced cured.

About two months after this period she fell under my care, when I found the contraction so great, that I could not insert the point of my finger into it without using much force, and occasioning considerable pain. Having succeeded in effectually dilating the female urethra, by the introduction of sponge tent, without the slightest pain, in two cases in which a female catheter had accidentally slipped into the bladder, I determined to make trial of it in this case, and so easily effected it, that in the course of a few days the stricture was completely dilated, and the canal apparently restored to its natural state. Two days after the removal of the sponge, I had the mortification to find the con-

traction as great as ever, and believing that I had not kept up the dilatation long enough, I gradually introduced a very large piece of sponge, and allowed it to remain several days ; but, on removing it, I again found that I had gained nothing. As my patient was unwilling to submit to severer treatment, and fancied that her recovery was only protracted, because the remedies had not been continued for a sufficient length of time, the same plan was persevered in for a month, with no better success. The sponge tent was now introduced and removed with so much ease, that she was in the habit of doing it herself ; when on one occasion, the string broke, and a very large piece of sponge was left in the upper part of the vagina, the stricture closing below it. Several ineffectual attempts were made to remove it. This was at length effected, by introducing a smaller tent into the orifice, of the stricture, which admitted the blades of a pair of stone forceps, with which it was grasped and brought away.

It was now evident that nothing but the actual division of the stricture, in many different places, and to a considerable extent, would succeed in obtaining a permanent cure. This practice was adopted, and a very large dilator made of cork, and covered with caoutchouc, introduced ; but so great was the disposition of the parts to contract, even after the incisions which had been made so freely had healed, that it was necessary to wear the instrument for many months, before the cure could be pronounced to be complete.

I have had frequent opportunities of examining this patient. She remains quite well, and it is now ten years since the operation was performed. I found it extremely difficult to get an effectual dilator. Common rectum bougies, wax candles, and such means as are usually employed, were extremely inconvenient, and failed ; but the dilator which Mr. Laurie made, under my direction, answered so well, that I should recommend it with confidence in all such cases.

A piece of cork, about eight inches long, and of the size of a wax candle, was covered with caoutchouc, a strong silk ligature was passed through the upper end of the cork, brought down

each side under the caoutchouc, and formed into a loop at the bottom. This was fastened to a napkin, and worn without interruption of exercise or the natural functions.

SUCCESSFUL REMOVAL OF THE UTERUS BY LIGATURE.

The following case, although not similar to that published by the late Mr. Crosse, of Norwich, affords an additional example of the safety and propriety of removing the uterus under certain circumstances.

About sixteen years ago I was requested to visit Miss L., aged about forty, who was represented to be suffering from a considerable swelling, which prevented her from passing any water. The introduction of the catheter was rendered somewhat difficult, from the protrusion of a large mass from the vagina, but after a little time I succeeded in drawing off between two and three pints of water, and then proceeded to make a more accurate examination. I found that the uterus was completely prolapsed, and hanging down between the thighs. There was not much difficulty in returning it, or retaining it in its natural situation by a large globular Indian-rubber pessary, which I directed to be removed occasionally and replaced. I heard nothing more of my patient for three years, when I was again desired to see her on account of a profuse and most offensive discharge, which had existed for some time. To my very great surprise I discovered that the pessary had never been removed, which at once explained the cause, and I was actually obliged to deliver her of it with the forceps. From that time, as I subsequently learnt, it was never replaced, consequently the uterus was frequently coming down, and prolapsing beyond the external parts, and she had acquired the habit of returning it by sitting over an open space, and pushing it back with her fingers. This course was pursued until the 13th of April last, when it came down, and, after making repeated

ineffectual attempts to return it for three days, she sent for my late partner, Mr. Parsons, who gave me the following statement:—

“On Wednesday, April 17th, I was sent for to see Miss L., a maiden lady, nearly sixty years old, who I had before known to have been suffering from a prolapsus of the womb; on my arrival I was informed that this had come down on the Saturday previously, during a violent fit of coughing, and that all her attempts to reduce it had failed. On examination, I discovered a very large protrusion of a pyriform shape, and extending from the vagina to at least seven or eight inches. The surface was not very sensitive, but was of a red, florid colour, and in some parts ulcerated and ecchymosed from repeated attempts to effect its reduction, and from which some hemorrhage occasionally occurred. Every endeavour on my part to return it being fruitless, I ordered some leeches and cold applications to be used, hoping, in a day or two, by these means, to reduce its bulk, so as to enable me to return it. None of these remedies, however, succeeded, and as, on a more careful examination, I discovered that the neck of this large mass, as it entered the vagina, rather diminished in size, I requested a consultation with my friend Dr. Toogood, who had formerly attended the patient, who advised the removal of—which he thought practicable and safe—the whole by ligature. Accordingly, on Sunday the 21st, the following operation was performed:—A strong ligature was applied around the neck of the protruded uterus, within the vagina, without the aid of an instrument; and with the fingers, and a few slight scratches of a scalpel, the whole was removed immediately.

“The mass removed was about two pounds weight, the shape of the uterus, but its structure much altered in character, the cavity being quite obliterated, and the os uteri become almost cartilaginous. No bad symptoms ensued, and she told me yesterday, the 22nd, that she was as well as when she was sixteen.

“On examination, no uterus can be discovered, but the vagina seems to terminate in a short cul de sac.”

Ten years have elapsed since this operation was performed,

during which this lady has enjoyed good health, and suffered no inconvenience.

At the time I met Mr. Parsons in consultation, the patient was in a very suffering state from general irritation and repeated discharges of blood, and as the parts had begun to assume a somewhat flaccid and livid appearance, I thought the safest course would be to remove the whole as speedily as possible, and I advised the operation with the greater confidence, from having in the course of my experience, known two other cases in which the whole body of the uterus was removed by ligature, without any immediate danger; but as these cases were not my own, I know nothing of the details or ultimate event of either.

June 24th, 1844.

CASE OF INCONTINENCE OF URINE FROM SLOUGHING OF THE URETHRA.

In the sixth volume of the Medico-Chirurgical Transactions, a case of successful treatment of incontinence of urine, consequent on sloughing of the bladder from injury during labour, is related. Several such cases have fallen under my notice, but one only soon after the receipt of the injury, which was caused by the pressure of the vectis during delivery, the urethra having unfortunately been made the fulcrum. Happily for the poor woman, the mischief was discovered early. On introducing a catheter into the bladder, and passing my finger into the vagina, a large opening was detected communicating with the bladder, into which, however, the finger could not be passed. Her situation became miserable, from the constant passage of the water, but she was otherwise in good health. Both her husband and herself being aware of what had happened, and conceiving the case irremediable, refused any attempt at cure; but after some trouble they were prevailed on to try the following plan.

A very large elastic catheter was introduced through the urethra, and supported by passing a piece of a sponge into the vagina, of sufficient size to fill it; over this a napkin was folded,

and the catheter secured to it. A cork was put into the mouth of the instrument, and the water drawn off every two or three hours. She immediately derived comfort from this method of treatment. There was no difficulty in keeping the instrument in its proper situation whilst she remained in bed, and the urine was retained in the bladder. As the artificial opening healed, the size of the catheter was lessened, the pressure was kept up for three months, at the expiration of which she obtained the complete control of the bladder.

SLOUGHING OF THE BLADDER, FROM RETENTION.

The following deplorable case fell under my notice very soon after I commenced practice. The wife of a poor man was attended in her first labour by a midwife, who, finding the case unusually tedious, called to her assistance a surgeon of considerable experience, when, after a still further protracted struggle, she was delivered without artificial assistance. The surgeon did not visit her afterwards; but, as she made no water for two days after her delivery, he was again applied to, when he ordered some medicine. On the following day a small quantity dribbled away, which was reported to the surgeon, who assured the husband that nothing more was necessary. On the fifth day she was taken out of bed with difficulty, and the instant she was placed in an erect posture, the bladder burst into the vagina, and a great discharge of water followed. I found a large hole in the bladder, through which the urine escaped constantly, keeping her always wet and excoriated. As in those days there were no mechanical contrivances to remedy the evil, the remainder of her life (which was a long one) was wretched to herself, as also to those around her.

This case made a deep impression on my mind, and forcibly recalled the caution which the late Dr. John Clarke gave his pupils—that they should satisfy themselves that the contents of the bladder were properly evacuated after labour; and if any doubt existed, never to omit passing the catheter at the end of

twenty-four hours. Nurses are sometimes deceived on this point, the bladder being partially evacuated only. I well remember a case in which the patient was reported to have emptied the bladder regularly ; but from symptoms which occurred fourteen days after delivery, I suspected it was only partially effected, which was confirmed by the introduction of the catheter, when a much larger quantity was drawn off than had been previously discharged at any one time since the delivery, and the operation was required twice a day for more than a week, before the bladder regained its power. In every doubtful case, ocular proof is safer than the report of the nurse.

CASE OF TUMOR OF THE PELVIS.

Some years since I was consulted by Mrs. Ash, of Catcott, on account of difficulty of making water, which had existed for three weeks. An attempt had been made to pass the catheter, and partial relief only had been obtained. She had strong pains recurring at short intervals, like those of labour, at each of which some urine was forced away. On laying my hand on the abdomen, a large tumor, like the uterus imperfectly contracted after delivery, but more circumscribed, and harder, could be felt; and on passing my finger into the vagina, the tumor was also distinctly felt, occupying the whole of the pelvis, excepting a small space near the pubis, where the finger could be passed with difficulty. It was connected to the posterior part of the vagina by a firm membranous band, hard and unyielding, feeling much like a child's head included in a thin uterus, and pressed firmly on the meatus urinarius and rectum. She had occasionally experienced some difficulty in making water, but never until now had retention. She was obliged suddenly to get out of bed from an urgent desire to make water, without being able to pass any. These symptoms first appeared a year before, but had never become so troublesome as to demand attention. It appeared strange that a tumor should have attained so considerable a size, without producing greater inconvenience or pain. By bending the catheter

very much I drew off about two pints of very offensive water, with relief. On my next visit, I attempted to raise the tumor with my hand, and succeeded so far as to allow some water to flow ; but a strong pain soon replaced it in its former situation. The catheter was again passed. The next morning I punctured the tumor with a strong lancet ; but as nothing followed, and as but little pain was occasioned by it, I passed a knife into it for about two inches, and divided it freely in four different directions, in the same manner as the head of a child is opened. A little blood only followed, and very slight constitutional disturbance. The catheter was passed every day, but a good deal of water ran away in the intervals. The operation did not appear likely to be followed by any benefit, and I consoled myself for my want of success, with the assurance that no mischief had been done by it. Five days afterwards I found her sitting up, describing herself as feeling pretty well, and passing the contents of the bladder and rectum easily, and without pain or involuntary discharge. On the following day, having drank some new ale, she vomited violently, and was purged, and suffered much from pain and retention of urine, which continued for three days, when it abated, after which she had a copious discharge of matter from the vagina. On examination, the tumor was found considerably lessened, and the aperture I had made widely open, and discharging freely. The discharge gradually lessened, and at the end of three months entirely ceased, by which time very little remains of the tumor could be felt. I had frequent opportunities of seeing this patient for many years after the operation, and was much gratified to know that she never experienced any return of the disease.

I felt wholly indebted for my success to the late Mr. Park, of Liverpool, who published some cases of tumors in the pelvis in the *Medico-Chirurgical Transactions*, which he had treated in the same way. I detailed all the circumstances to that gentleman, from whom I had the honour of receiving the following letter :—

“ Liverpool, June 21, 1822.

“ DEAR SIR,—Accept my thanks for your communication

through Mr. Palmer, of a case which has excited in my mind reflections that did not arise out of my own cases. An important question is—what was this tumor? Was it, or was it not, ovarian?

“We know that many of those that have occurred, as obstructing parturition, were of that description, such as that of Dr. Merriman, to whom I feel obliged for the handsome mention he has made of my paper. The doctor has observed that I gave no opinion respecting the nature of my cases. In this he is correct. And why did I not do it? It was because I had learned, more than twenty-five years ago, from a source that I did not feel at liberty to quote, that two cases had occurred in London, which terminated fatally, in both of which the tumors were found to be ovarian; but from the same source I received an account of another, in which there were found no less than four tumors seated in the broad ligament. These could not be all ovarian, if any one of them was. Now, as I think that some were ovarian, and others not, and as all those on whom I operated recovered, I forbore from expressing any opinion; but now I venture to express my belief, that the case of the farmer’s wife in West Derby was fully as likely to be ovarian as of any other nature. In this case mere puncture could do no good; and it was not till I had nearly cut it in two that it enabled the head of the child to drop so much as to enable Mr. Myers to deliver with the perforator and crotchet. In this case, as in yours, this free incision laid the foundation for the dissolution of the tumor.

“Now, whether yours was ovarian or not, I will venture to ask whether there would be any more danger in making such an incision *per vaginam* into an enlarged ovarium, than into a tumor of any other description, or any less room to hope for equal success in getting rid of the disease; and therefore whether, in many cases of incipient ovarian diseases, it might not put a stop to the further progress of an affection which, if suffered to proceed, proves, almost invariably, fatal? As I have not seen your case in print, I conceive it has not yet appeared

there; but I think it ought not to be withheld from the public eye.

“With due regard, I am, dear Sir, yours truly,

“H. PARK.”

“J. TOOGOOD, Esq.”

CASE OF EXCRESCENCE GROWING FROM THE UTERUS.

A lady lately consulted me on account of some very uncomfortable feelings, which she attributed to a falling down of the womb. She had no doubt of the fact, from being able occasionally to feel something protruding through the os externum. It proved on examination to be an excrescence growing from the external surface of the body of the womb, in size and shape much resembling the finger of a glove, attached to the uterus by a broad base. It was not like a polypus, and scarcely vascular, but had the appearance of skin. There was no difficulty in encircling it with a ligature, and in three days it came away, to the great relief of the patient, who apprehended a much more serious affair.—1852.

CASE OF POLYPUS OF THE UTERUS, REMOVED BY THE HAND.

In June, 1830, I was requested to meet in consultation a medical man, on the case of a large and robust woman, between fifty and sixty years of age, who had been suffering for a long time from violent and repeated hemorrhages from the uterus. The case had been considered one of procidentia, for which a pessary had been introduced, and on examination some days after, it could not be felt, but in the course of two or three days it came away, whilst passing her urine. On making a careful examination, I discovered a polypus of a very extraordinary size. It was proposed to pass a ligature around it, but the patient wished to defer the operation for a short time, and when

the attempt was made it was found impracticable, in consequence of the polypus being so soft and yielding, as to render it impossible to carry the ligature over its stem. As the patient's safety depended on the immediate removal of the tumor, I insinuated my hand into the posterior part of the vagina, in the hope of being able to place a ligature around it, until I found the stalk between my fingers; I then twisted it off, and withdrew the largest polypus I ever saw; no hemorrhage or bad symptom followed, and in a few days the patient was quite well.

From subsequent experience, I should be inclined to pursue this practice, or cut off the stem whenever it is to be got within reach, in preference to the more tedious plan of tying the polypus, and allowing it to slough off.

TWO CASES OF ACCIDENTAL PASSAGE OF A FEMALE CATHETER INTO THE BLADDER.

In the Provincial Medical and Surgical Journal, Mr. Worthington, relates a case of successful extraction of a calculus from the bladder of a female by Weiss's dilator, and states, "that the process of dilatation was commenced at eight o'clock in the morning, and that at the end of every two hours he visited the patient for the purpose of giving the screw of the instrument from a quarter to half a turn." Having understood from those who have employed that instrument, that it occasions much pain, I have never used it in my own practice, but have preferred dilating the urethra with sponge-tent, which I have always found a safe, effectual, and easy mode of accomplishing the object. I have twice succeeded in this way in extracting a female catheter which had accidentally slipped into the bladder, with so much ease, that I should always adopt the same plan with confidence, for the removal of calculus or any other foreign body.

CASE I.—During the year 1840 I was requested by a medical friend to meet him in consultation on a case where he had permitted a silver catheter to slip into a lady's bladder. The patient

had had, a few weeks previously, a severe labour, producing paralysis of the bladder, and rendering the introduction of the catheter necessary night and morning. A few hours before my visit, her medical attendant, in attempting to draw off the water, experienced some difficulty, and whilst making more pressure than usual, the catheter slipped into the bladder. He immediately attempted to reach it with his dressing forceps, but failed. I advised him to wait until it became necessary to draw off the water again, then pass a longer catheter, and endeavour to discover its position; but it could not, however, be detected, and the operation was repeated several times before it was felt. The following plan was then tried:—

A piece of sponge tent, somewhat longer than a common female catheter, and of the size of the little finger, was passed into the bladder, without difficulty or giving pain, and allowed to remain eight or ten hours, during which time the water passed freely through it. At the end of that period it was removed, and the forefinger of the left hand passed readily into the bladder. The catheter was felt lying across, one end resting on the pubes, and the other embedded in the folds at the back part of the bladder. There was considerable difficulty in bringing it into the urethra, which was effected by carrying the forefinger of the right hand into the vagina, and pressing the bladder backwards and upwards, which brought that part of the instrument lying over the pubes within reach of the other finger, and then into the urethra, from whence it was readily removed by the dressing forceps. All this was effected with very little pain, and without the patient or her friends even being aware of what had happened. The instrument, which was one of the sliding short catheters recommended by Mr. Jewel, remained in the bladder fifteen days, producing but very slight irritation.

This is, I believe, a very rare accident; and, on looking at the catheters which are generally in use, one only feels surprised that it does not happen more frequently, as there is not sufficient guard to prevent it. Mr. Abernethy used to relate in his lectures a case of this kind, where the catheter was not extracted;

and a long time afterwards an abscess formed in the side, which was open and discharged freely for some days, when, on passing a probe, a hard substance was felt, and extracted with a pair of common forceps, which proved to be a catheter.

This affords a good example of the advantage resulting from the publication of rare cases. I consulted my library in vain for assistance, and many of my friends, none of whom had ever met with, or read of, a similar accident. All could advise the best mode of avoiding it, but nobody could point out the remedy. Being in correspondence with Sir Astley Cooper at the time, I requested his opinion, and received in reply the following laconic but very satisfactory letter :—

“MY DEAR SIR,—The plan is as follows :

“1st. Introduce a piece of sponge (sponge tent), for three or four hours, into the meatus.

“2nd. Remove it, pass the finger, and turn the instrument into the long axis of the bladder.

“3rd. Remove it with common dressing forceps.

“If left, it will form a calculus, of which I have a beautiful specimen. Verbum sat.

“Let me know the result.

“Yours truly,

“J. TOOGOOD, Esq.”

“ASTLEY COOPER.”

Sir A. Cooper obligingly showed me a drawing of a calculus, formed over a catheter which had got into the bladder, and which he removed by the usual operation, some years since, at Guy's Hospital.

I observed, in this case, that the whole internal lining of the vagina was in a sloughing state, which I think very frequently occurs after laborious parturition, where the head rests for many hours in the vagina, although I do not remember to have seen it noticed ; much of the soreness and pain which women complain of after such labours arises, in my opinion, from this cause, and would, probably, lead to adhesions, if nurses did not use the precaution of smearing the parts frequently with ointment.

CASE II.—Elizabeth Creed, married about four months, had retention of urine, and was relieved several times by the catheter, when, in passing it one day, it unfortunately slipped from the surgeon's fingers into the bladder. No attempt was made to extract it, and about a fortnight afterwards she was brought a distance of thirty miles to the Bridgwater Infirmary. Having ascertained the presence of the instrument, I introduced a piece of sponge tent into the bladder in the evening, and allowed it to remain during the night. On the following morning I withdrew the sponge and passed my finger with some difficulty into the bladder, and felt the catheter resting on the pubes, from whence it was brought into the urethra with a pair of dressing forceps, and readily extracted. In this case the instrument remained in the bladder seventeen days, and produced considerable irritation. There was much greater difficulty in dilating the urethra in this than in the former case, which occurred after delivery; in the latter, the urine passed involuntarily until the fourth day; but in the former, the urethra regained its power immediately after the removal of the catheter. Two such cases having been brought to my notice within a few months, it would appear that this accident is not of such rare occurrence as is generally imagined. It may readily happen, with the instruments usually employed, from sudden shrinking, or change of the patient's posture. Under this apprehension I always use a flexible male catheter, which is more convenient and cleanly, particularly in all cases where it is necessary to empty the bladder during labour.

I have repeatedly found the sponge-tent extremely useful in opening the neck of the uterus for the purpose of exploring its cavity, and for the removal of tumors. The introduction gives but very slight pain, and the dilatation is so gradually effected, as scarcely to be felt.

CASE OF LACERATION OF THE POSTERIOR
PART OF THE VAGINA AND CERVIX UTERI,
SUCCESSFULLY TREATED.

In a paper published by Mr. Birch, in the 13th vol. of the *Medico Chirurgical Transactions*, he states that lacerations of the posterior part of the vagina, and cervix uteri, always prove fatal. I have not found such to be the case in my practice.

CASE I.—Mrs. Collins, a delicate woman of thirty, was seized with uterine hemorrhage at the seventh month, which recurred twice slightly before the completion of the eighth, when it increased suddenly to an alarming extent. It was then ascertained that the placenta was lying over the os uteri and immediate delivery was determined on. At ten in the morning, on the 19th of April, this was effected without any particular difficulty, but with considerable hemorrhage, which continued, after the expulsion of the placenta, to such a degree as to render it advisable to introduce the hand for the purpose of checking it. The placenta was lying in the vagina loose, and was removed. I then discovered a very extensive laceration of the posterior part of the vagina, which extended to the cervix uteri. Another surgeon, who was present at the delivery, made, at my request, a careful examination, and satisfied himself of the nature and extent of the rupture. The uterus was well contracted. For two hours she remained in a most alarming state, the hemorrhage continuing with constant restlessness, fainting, and exhaustion. About half-past twelve, she appeared to be rapidly sinking, when a violent fit of vomiting came on, which seemed to relieve her, and she slept for half an hour; but during that period it was often doubtful whether she was still alive. She was quite cold over the surface, and this state continued for three hours. Cordials and opium were administered unsparingly, and she gradually became warmer, and complained of great pain in the belly. She suffered much from exhaustion, but had some sleep during the night.

Second day : Her countenance was rather improved, the pulse perceptible, but very small. She had occasional sickness, and

still some hemorrhage; complained of excessive exhaustion, but not of noise in the ears, nor loss of sight, and never quite fainted. Cordials and opium were given, and perfect quiet enjoined. In the evening reaction commenced, the pulse became full, but easily compressed, the pain in the belly was increased, with feeling of great sinking and weakness. The catheter was passed, and effervescing medicine, with opium, administered.

Third day: The night was passed without sleep, and the pain in the belly was much increased, with restlessness, thirst, full, frequent, weak pulse, sickness, and of feeling sinking. The belly was fomented, the catheter passed, and a warm water injection administered; cordials and nutritious food were given, with perfect quiet. In the evening she was much the same, but had slept a good deal, at short intervals, during the day.

Fourth day: She had no sleep during the night. I found her extremely restless, hot, and flushed in the face, with a pulse of 140, complaining of extreme weakness and fainting, with sickness and frequent vomiting; the belly was tense, the countenance exceedingly anxious; she was very talkative, and desponding. All the symptoms had become so much worse, that I hardly expected to find her alive on my next visit. The catheter was passed, a warm water injection administered, and an opiate.

Fifth day: I had the satisfaction of finding my patient in every respect better this morning. She had slept a great deal; the pulse was less frequent; the skin moist; the tongue, which had been dry and brown, was now moist, but the edges were aphthous. She had made water freely, and the bowels had been relieved. The sickness had returned once only. She was much more tranquil, had taken nourishment freely, and thought better of herself. After this day my anxiety as to the result of the case ceased, and the improvement was so regular, that at the end of a month she complained only of weakness and slight purulent discharge. About ten or twelve days after delivery, finding there was a copious purulent discharge, I passed my finger gently into the vagina, and ascertained that although the rent was still large, it was filling up. At the expiration of six weeks there was not the

slightest discharge of any kind, and a long firm cicatrix could be plainly felt.

I believe the success of this case may be fairly attributed to management. When the reaction commenced, with so much pain in the abdomen, I was importuned by the friends to take away blood, under the impression that inflammation was going on, in which opinion they were joined by the surgeon who was present at the delivery: but I felt so satisfied that the symptoms arose from a different cause, and that the loss of a small quantity of blood, although attended perhaps with apparent immediate relief, would in all probability be fatal, that I determined to trust to opium, cordials, nourishment, and perfect quiet. The plan was admirably seconded by the unceasing attention of her husband. Her recovery was quite complete in every respect, and she has been in the enjoyment of good health for more than twenty years.

During the awful state of suspense, when her dissolution was momentarily expected, I accidentally opened the door of an adjoining room, when I saw the husband, his children and brothers, kneeling, devoutly engaged in earnest prayer, bathed in tears. This affecting scene, and the result of the case, forcibly brought to my recollection that passage in Holy Writ, which says, "the effectual fervent prayer of a righteous man availeth much."

I may here mention an instance of the prevailing superstitions of the country. The nurse, who was strongly imbued with them, although an experienced person, expressed her astonishment that the patient struggled so hard, yet did not die; and after whispering with some bystanders, said to me that she believed the reason she did not die, was because she lay under a couple (meaning a couple of the roof), and wished to move the bed to another part of the room, that she might be released.

The same question has been proposed to me on other occasions, and in one much disappointment was expressed at the failure of the result, for many days after the experiment had been made.

CASE II.—I was requested to visit the wife of Robert

Stewart, by a surgeon, who gave me the following account of her case. She had been in labour a long time when he was called to her, and he found the shoulder presenting, with the uterus closely contracted around it. The delivery was very difficult ; and on introducing the hand to remove the placenta, he found a considerable laceration of the posterior part of the vagina, in which the cervix uteri was involved. The intestines were lying in the vagina, which he returned after removing the placenta, and retained them with his hand until the uterus had contracted. In the delivery, she complained of sudden and great pain, and the labour pains instantly ceased ; violent hemorrhage followed, and continued for many hours. It was going on when I saw her, and she appeared to be dying from exhaustion. The abdomen was much swollen, and she could not bear the pressure of the bed clothes. The pulse was small and fluttering, and she complained of great pain. In the evening she made water, which relieved her considerably. On the third day vomiting of dark-coloured fluid came on, and continued so long and violent, that she appeared to be sinking rapidly, but was relieved by large opiates. After a number of alarming symptoms she recovered, but had a copious discharge of matter for six weeks, and could not stand erect for many months afterwards.

ON THE PREVENTION OF SORE NIPPLES.

This subject might not be considered of sufficient importance to engage the attention of medical men ; but the expectant mother will gratefully acknowledge her obligations to the medical friend who will point out to her the best mode of escaping the suffering entailed by the neglect of precautionary measures. The suckling of her offspring is one of the most agreeable duties a mother can fulfil ; but this delightful enjoyment is often interrupted, if not entirely prevented, by ulceration of the nipples, which may generally, if not always, be avoided by timely care. As soon as a young female is known to be

pregnant, a nurse, or some well-intentioned but injudicious friend, advises that the breasts should be kept warm, and covered with flannel, which generally renders the tender skin of the nipples more liable to ulcerate. If the assistance of the surgeon has not already been required by the threatened formation of abscess, he is seldom consulted until much mischief has taken place; domestic remedies have been exhausted in vain, and the mother, worn out by pain and long suffering, is about to consign her infant either to the precarious alternative of dry nursing, or to the care of a foster-mother—evils, of which it is difficult to determine which is the greatest. In my experience, the simple and opposite plan of keeping the parts cool, especially over and around the nipples, and the early use of such remedies as harden the delicate skin, so as to enable it to bear the pressure of the child's lips, has invariably prevented this troublesome affection. Various means are employed for this purpose, as brandy, infusion of green tea, and brushing the parts over with tincture of catechu. I have always found bathing the part two or three times a day with a lotion, composed of seven ounces of decoction of oak bark to two drachms of tincture of myrrh, and common alum, perfectly successful, if commenced early, and steadily pursued.

ON THE BURNING FEVER OF HIPPOCRATES.

The late Sir Henry Hallford, in his "Essays and Orations," read before the Royal College of Physicians, describes the *Καυσος*, or burning fever of Hippocrates, known by us under the name of brain fever, and illustrated by Aretæus in one of the most interesting medical details which have come down to us from antiquity. In this disease the patient is the first person to discover that he is about to die, and announces this to his attendants. Sir Henry relates a case, the symptoms and progress of which passed under his own immediate observation, which I transcribe.

"A young gentleman, twenty-four years of age, who had

been using mercury very largely, caught cold, and became seriously ill with fever. His head appeared to be affected on the fifth day ; and on the seventh, when I was first called into consultation with another physician, who had attended him with great care and judgment from the commencement of his illness, we found him in the highest possible state of excitement. He was stark naked, standing upright in bed, his eyes flashing fire, exquisitely alive to every movement about him, and so irascible as not to be approached without increasing his irritation to a degree of fury. He was put under coercion, and, amongst other expedients, emetic tartar was ordered to be administered to him, in doses of a grain each time, at proper intervals.

“ On the elventh day of the disease, I was informed by my colleague, when we met, and by the attendants, that he was become quite calm, and seemed much better. It was remarked, indeed, that he had said repeatedly that he should die ; that under this conviction he had talked with great composure of his affairs ; that he had mentioned several debts which he had contracted, and made provision for their payment ; that he had dictated messages to his mother, who was abroad, expressive of his affection, and had talked much of a sister who had died the year before, and whom, he said, he knew he was about to follow immediately. To my questions whether he had slept previously to this state of quietude, and whether his pulse had come down, it was answered, ‘ No, he had not slept, and his pulse was quicker than ever.’ Then it was evident that this specious improvement was unreal, that the clearing up of his mind was a mortal sign, ‘ a lightening up before death,’ and that he would forthwith die. On entering his room, he did not notice us ; his eyes were fixed on vacancy ; he was occupied entirely with himself, and all that we could gather from his words was some indistinct mention of his sister. His hands were cold, and his pulse immeasurably quick. He died that night.”

Every one who has been much engaged in practice, must have witnessed instances of the mind clearing up in an extraordinary manner in the last hours of life, when terminated in the ordinary

course of nature; but certainly still more remarkably when it has been cut short by disease, which had affected for a time the intellectual faculty. The following case, which occurred to me a few years since, is an interesting one, and resembles in some points that above related :—

I was summoned in great haste, in the middle of the night, to visit a patient who was a perfect stranger to me, and on my arrival, I found the whole family in a state of distress and alarm. Having been hurried into a bed-room, before I had time to make any enquiry, I saw a young lady, aged about thirty, in a violent paroxysm of delirium, which subsided after a short time. Her sister then said, "My dear, I have brought a medical man to see you." She fixed her eyes wildly on me, and exclaimed, "You can do me no good," and relapsed again into a state of delirium. Presently I learnt that about three weeks before she had been much exposed to wet, and was unable to change for some hours; that she had taken cold, followed by rheumatic fever, which had subsided for several days, and that she was considered by her medical attendant and friends to be convalescent. I was told that she had generally had good health, and that the attack, although severe, had been confined to the extremities, and that she had not, during its progress, shown any sign of delirium. On the previous evening, after having passed a tranquil day, she called her sister to her bed-side, and said, "To-morrow morning, at nine o'clock, I shall be stone dead." Her sister, thinking that she was scarcely awakened from a dreamy sleep, did not notice this, until she repeated the same words with great earnestness, and added, "I know my mother is coming here to-morrow, to see me, but as I shall be dead before she arrives, I wish you to tell her several things, which I will mention to you, if you will come and sit down by me." On this, her sister regarded her very attentively, and observed a wildness in her manner and expression, which determined her to send immediately for her medical adviser. Circumstances prevented him from visiting her that evening, and, as I lived at a considerable distance, I did not reach the house until two

o'clock in the morning. At that time her countenance betrayed great excitement ; her pulse was exceedingly rapid, and she was bathed in perspiration. I desired that her surgeon should be called, and on his arrival, about three hours after, she was lying so quietly on her back, that his first impression was that she had been frightened in her early sleep, and that we were all unnecessarily alarmed. But he was speedily undeceived ; the paroxysms rapidly succeeded each other ; occasional intervals of calmness, however, intervened, during which she again expressed her regret that she should not live to see her mother, and requested to have pen and paper brought, that she may write to her, which she did between the maniacal attacks. Some of the passages of the letter were reasonable, but others wild and incoherent. Her pulse was now too rapid to count ; violent diarrhœa came on, and she soon began to sink, notwithstanding that cordials and stimulants were liberally administered. She muttered indistinctly, to herself ; and the fatal prediction was verified almost to the letter, as she died about half-past nine, a.m.,—before her mother arrived.

The gentleman who attended the family, but had never been called professionally to her before, expressed his great surprise at the suddenness of the attack, and its rapid termination, as he had not observed any symptom, during the progress of the disease, to excite the slightest apprehension in his mind of her perfect recovery.

ON PUBLIC INSTITUTIONS FOR THE RELIEF OF THE SICK.

Every medical practitioner must have found that cases frequently present themselves, amongst the lower classes and labouring poor, which do not admit of adequate relief at their own homes, and that consequently many valuable lives are lost, which might possibly have been saved if the sufferers could have obtained that advice and assistance, in their own locality, which their cases demanded. This applies with especial

force to surgical cases and operations. County hospitals require large sums for their formation, and considerable funds for their annual support; but the necessary means for establishing and maintaining small local institutions, are within the reach of most towns and populous villages. Surgeons in remote districts labour under great disadvantages and difficulties, when called on to perform important operations, which metropolitan surgeons, and others connected with large hospitals, never experience. These can always avail themselves of the assistance of men of practical experience, ready and willing to serve them to the best of their ability, and they are surrounded with all the necessary appliances to ensure success as far as possible. But in the country the surgeon must accept of such assistance as is within his reach, and is often placed in the difficult position of choosing between a rival who watches him with unfriendly eyes, or one on whom he is quite aware that he cannot depend on an emergency, or unforeseen difficulty. I have sometimes been placed in such a position. On one occasion, I was called on to tie the inguinal artery, in a case of aneurism of the popliteal, the whole limb being so enlarged as to admit of no other course, on a rickety table, hardly strong enough to support the weight of the patient, in a small room, admitting very little light; and in another case, where both legs were broken by a loaded waggon passing over them, it was necessary to remove the patient into the door-way of the cottage, to obtain sufficient light by which to amputate.*

The frequent recurrence of these difficulties induced me, in

* But all operations which fall to the lot of country surgeons are not performed under equally disagreeable circumstances, of which the following is an example:—I was called one morning to a gentleman who had a very large carbuncle on his back, which I thought ought to be divided; his family, however, had some doubts of its propriety, from his advanced age, he being upwards of eighty. I suggested, therefore, a consultation with his next-door neighbour, who had been an army surgeon, and was then practising as a physician. Now my patient was a scholar and a wit; and when the physician came, I repeated the following lines, which I had lately seen in a periodical:

“Chirurgus an medicus quo distat? Scilicet illo,
 Enecat hic succis, enecat ille manu,
 Carnifices ambo, hoc tantum differre videntur,
 Tardius hic facit, quod facit ille cito.”

the year 1813, to invite my medical brethren to attempt the establishment of an infirmary in the town in which I resided. This proposal, like most other new things, was not accomplished without opposition and difficulty ; but ultimately, by the liberality of the inhabitants of the town and neighbourhood, the Bridgwater Infirmary was founded. As the means placed at the disposal of the governors were small, it was necessary that the strictest economy should be practised, and that no money should be expended in building. At first a house was rented, and fitted up for the accommodation of eight in-patients, and rendering assistance to out-patients ; but, as the funds were not equal to bear the whole expenditure, every in-patient paid five shillings a-week for his maintenance.

The gradual increase of the funds has enabled the governors to reduce this payment. For some years past every in-patient is required to deposit with the matron, on admission, eight shillings, which provides for board and every other expense, except personal washing, for one month, and on his discharge such a proportion of this sum is returned, as makes the cost to each patient two shillings a-week. As however it is sometimes difficult for applicants to raise this sum, it was suggested that a small separate fund should be created, by making an appeal to some of the friends of the charity, who had its success warmly at heart, and that it should be placed in the hands of two subscribers, the officiating clergyman being one, who, on the recommendation of one of the medical officers, should advance

Translated thus—

“ A single doctor, like a sculler plies—
The patient lingers, and he surely dies ;
But two physicians, like a pair of oars,
Waft him with swiftness to the Stygian shores.”

The operation was scarcely finished, when the patient, long before the smarting had ceased, said to me, “ That was a very bad translation you made just now ; call on me in half an hour, and I will give you a better.” On my next visit, he put a paper into my hand, which ran thus—

“ *Arcades Ambo.*
“ Ye Chirurgeons and M.D.'s, alike is your game ;
Ye differ in time—the result is the same ;
The Surgeon's bright knife leads at once to our end :
And as surely the Doctor's *bis nocte sumend !*”

such a sum as would enable the patient to make the necessary deposit—that sum never exceeding four shillings. This plan has been found to work well.

The benefits of this charity were soon so apparent, that an appeal to the public a few years afterwards was so liberally responded to, that the governors found themselves in a position to purchase a house well suited for the purpose, excellently situated, and capable of affording accommodation to thirty in-patients, and an unlimited number of out-patients. This example was followed by other towns, and several local institutions have since been established on a similar plan.

I am no advocate for indiscriminate medical charity, which now-a-days is carried to far too great an extent ; I am quite aware also, that Boards of Guardians constantly take advantage of private charity, and send their expensive sick paupers to hospitals, for the purpose of saving their own pockets, and displaying a reduction of expenditure under the New Poor Law. These abuses ought to be strictly guarded against ; but if the funds are scrupulously administered, according to the intentions of the donors, this description of charity will be found to claim superiority over all others, by its easy attainment and comparatively trifling expense.

ABSTRACT OF ACCOUNTS OF THE BRIDGWATER INFIRMARY,

Shewing the average Annual Receipts and Expenditure, for Six periods of Five years each, commencing Sept. 1, 1819.

Fractions are omitted in the items, but the amounts are included in the Totals.

RECEIPTS.

| Five years ending Sept. 1st. | Subscriptions and Arrears. | | Collections at Churches and Chapels. | | Donations. | | Bequests. | | Patients' Board. | | Interest. | | Miscellaneous. | | Average Receipts per Annum. | |
|------------------------------|----------------------------|-------|--------------------------------------|-------|------------|-------|-----------|-------|------------------|-------|-----------|-------|----------------|-------|-----------------------------|-------|
| | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. |
| 1819 to 1824 | 192 | 1 8 | 32 | 4 6 | 129 | 13 11 | 42 | 3 9 | 0 | 14 4 | 21 | 5 9 | 418 | 4 1 | 467 | 10 2 |
| to 1829 | 216 | 16 10 | 29 | 18 1 | 96 | 10 3 | 35 | 1 6 | 78 | 18 10 | 0 | 0 6 | 545 | 18 7 | 477 | 11 11 |
| to 1834 | 252 | 12 10 | 29 | 17 5 | 95 | 8 1 | 73 | 2 6 | 74 | 19 7 | 25 | 15 11 | 596 | 16 6 | 579 | 13 11 |
| to 1839 | 285 | 7 10 | 37 | 7 0 | 52 | 9 8 | 21 | 12 0 | 73 | 2 6 | 28 | 18 7 | 579 | 13 11 | 579 | 13 11 |
| to 1844 | 316 | 13 4 | 48 | 19 8 | 113 | 5 5 | 67 | 19 0 | 68 | 2 0 | 26 | 12 10 | 579 | 13 11 | 579 | 13 11 |
| to 1849 | 270 | 7 8 | 32 | 12 10 | 72 | 8 3 | 35 | 5 4 | 65 | 11 4 | 35 | 5 4 | 579 | 13 11 | 579 | 13 11 |
| The year 1849 | 267 | 4 6 | 15 | 12 1 | 131 | 1 0 | 44 | 17 6 | 58 | 1 0 | 44 | 17 6 | 518 | 11 1 | 476 | 8 4 |
| 1850 | 282 | 18 6 | 34 | 19 0 | 34 | 0 0 | 20 | 0 0 | 50 | 7 0 | 32 | 6 10 | 476 | 8 4 | 476 | 8 4 |
| 1851 | 339 | 2 0 | 20 | 10 3 | 49 | 9 0 | 100 | 0 0 | 49 | 17 0 | 34 | 5 8 | 612 | 2 11 | 612 | 2 11 |

EXPENDITURE.

| Five years ending Sept. 1st. | Bread per loaf. | Rate per lb. | House Expenses and Wages. | | Medicine and Dispensing. | | Rent, and Interest on Mortgage. | | Purchase of Premises — Additions and Repairs. | | Furniture and Instruments. | | Stationery and Printing. | | Sundries, including Gratuities & Insurance. | | Average Expenditure per Annum. | | Number of Patients |
|------------------------------|-----------------|--------------|---------------------------|-------|--------------------------|-------|---------------------------------|-------|---|-------|----------------------------|-------|--------------------------|-------|---|-----------|--------------------------------|-------|--------------------|
| | | | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | £. | s. d. | |
| 1819 to 1824 | 6½ | d. | 117 | 9 0 | 76 | 17 6 | 25 | 7 1 | 81 | 10 9 | 9 | 0 4 | 4 | 10 10 | 1 | 9 337 | 17 3 | 236 | |
| to 1829 | 6½ | d. | 164 | 17 1 | 93 | 6 8 | 4 | 0 0 | 84 | 6 8 | 13 | 8 0 | 10 | 9 0 | 3 | 1 5 373 | 9 0 | 369 | |
| to 1834 | 6½ | d. | 221 | 18 3 | 107 | 0 5 | donations & bequests invested | 151 | 4 7 | 29 | 1 5 | 13 | 15 10 | 25 | 1 11 542 | 2 4 | 491 | | |
| to 1839 | 5 | d. | 296 | 2 2 | 111 | 18 4 | 60 | 0 0 | 54 | 5 2 | 17 | 15 3 | 13 | 9 4 | 29 19 4 | 523 9 9 | 1425 | | |
| to 1844 | 6½ | d. | 301 | 19 3 | 125 | 9 5 | 40 | 0 0 | 38 | 2 0 | 22 | 17 8 | 20 | 9 3 | 15 11 8 | 584 9 6 | 1618 | | |
| to 1849 | 6½ | d. | 286 | 17 2 | 112 | 12 10 | 40 | 0 0 | 109 | 13 2 | 27 | 5 9 | 18 | 5 2 | 13 6 0 | 571 12 7 | 1170 | | |
| The year 1849 | 5 | d. | 308 | 18 9 | 120 | 12 7 | 7 | 19 1 | 49 | 9 3 | 11 | 18 7 | 23 | 17 1 | 6 8 0 | 539 3 4 | 2419 | | |
| 1850 | 4½ | d. | 306 | 8 3 | 97 | 11 6 | 2 | 5 7 | 11 | 4 1 | 25 | 10 7 | 21 | 12 2 | 8 9 8 | 531 12 10 | 1762 | | |
| 1851 | 4½ | d. | 295 | 10 2 | 133 | 13 8 | | | 15 | 0 0 | 31 | 9 9 | 23 | 19 9 | 6 19 6 | 325 16 4 | 1686 | | |

CONCLUSION.

LOVE of truth, and the detection and exposure of error, have ever been distinguishing characteristics of the cultivators of medicine ; and the members which compose that body are, for the most part, scientific and honourable men. It would indeed be remarkable, if some exceptions did not exist amongst so numerous a class. The present enlarged system of education cannot fail even ultimately to take away the reproach which has been, but too justly, it is to be feared, cast on them, namely, that they are prone to disagree amongst themselves, and that professional quarrels are more difficult to heal than obstinate ulcers. Dr. Aitken, in his letters to his son, urges him to that proud, virtuous, and independent conduct which an injured profession demands, and especially urges the duty of individual resistance against the aggressions of fraudulent and irregular practice, as a general abstract question, without any possible feeling of private malice. "The public," he says, "is indeed just and generous, when convinced ; but calumnies are readily adopted, and the refutation of them always costs some exertion. A man fails in duty to society, as well as to himself, who, through indolence or apathy, suffers malignity or falsehood to triumph in the accomplishment of their purpose. They should be opposed boldly, speedily, and openly ; every step in the contest should be clear and decisive, and principles should be aimed at, however hemmed in by forms and consequences. Every man capable of doing a secret injustice, is a coward : he will equivocate, shuffle, and shrink ; but if held up in the firm grasp of truth and courage, he cannot escape an ignominious exposure."

That excellent man, Dr. Gregory, in describing the duties

and qualifications of a physician, observes : " That besides the good which he has in his power to do by professional skill, he has daily occasions of displaying his virtues of patience, good nature, generosity, compassion, and all the gentler virtues which do honour to human nature ;" and adds—" The chief of these virtues is humanity, that sensibility of heart which makes us feel for the distresses of our fellow-creatures, and which, of consequence, incites us, in the most powerful manner, to relieve them. Sympathy produces an anxious attention to a thousand little circumstances that may tend to relieve the patient—an attention which money cannot purchase ; hence the inexpressible comfort of having a friend for a physician. Sympathy naturally engages the affection and confidence of a patient, which in many cases is of the utmost consequence to his recovery. If the physician possesses gentleness of manners, and a compassionate heart, and what Shakespear so emphatically calls ' the milk of human kindness,' the patient feels his approach like that of a guardian angel ministering to his relief ; while every visit of a physician who is unfeeling and rough in his manners, makes his heart sink within him, as at the presence of one who comes to pronounce his doom."

Contrast this picture of the enlightened physician, with the bold, reckless, and dishonest empiric, who cruelly sports with the health and lives of those who are seduced by his artifices, and preys with rapacious avarice on the unfortunate valetudinarian and hypochondriac. Would not the highly educated and influential classes incur fewer responsibilities, and fulfil their duties to society better, by warning the less informed and unwary against unprincipled pretenders, instead of encouraging them, as is too often the case, by their example ?

It is universally admitted that no members of society exercise more active benevolence, or sacrifice more time to the service of their fellow-men, than medical men, too often disregarding their own health and personal comfort. These, with many other attributes, of which they may be justly proud, have been accorded to them by general consent. At a public meeting held some

time since at Birmingham, to consider the propriety of presenting a testimonial to Mr. Hodgson, for his long and valuable services, the late Sir Robert Peel, after bearing testimony to the zeal and assiduity of the medical profession, and especially to the kindness and benevolence which characterized them, added, "That he had peculiar pleasure in attending on this occasion, because, having had many opportunities of intercourse with the medical profession, he was proud to acknowledge, in as marked a manner as he could, his deep conviction, that in no profession could there be found more frequent instances of liberal and dignified sentiment, or more proofs of active and enlightened humanity." I do not think our profession has received the encouragement and protection from Government to which they have a just claim, and to which so well-merited an eulogium, from such an authority, fairly entitles them.

It is a well known fact that the average duration of a medical life is short, and full of heavy responsibilities; and a melancholy truth, that after a life of constant toil and anxiety, the medical practitioner frequently fails in procuring more than a decent livelihood, and is harassed at the close of life with the reflection, that after all his exertions, he leaves his family scantily provided for, and, not infrequently, in a state of destitution. With what delight, then, must the profession hail the contemplated Medical Benevolent College, the founder of which, Mr. Propert, is entitled to their lasting gratitude, and whose name will be handed down to posterity as one of its greatest benefactors.

It may be truly said that the general character of our god-like profession, is to benefit the human race. The discovery of vaccination, by the immortal Jenner, which has saved hundreds of thousands from a most loathsome disease; and more recently, that of the use of chloroform, by my friend Dr. Simpson, which so completely annuls human suffering, must be ranked amongst the greatest blessings conferred on mankind.

A reference to earlier history, will show how much the medical profession has always laboured for the public good, and how successfully. The influence of one of the most celebrated fathers

of surgery, put a stop to the horrible massacre of St. Bartholomew. The story is an interesting one, and may not be unacceptable to some who are unacquainted with it. It is related by John Bell, in his matchless style, and as graphically as the celebrated case of wound of the gluteal artery, in the "Leech-Catcher," which was always alluded to by Mr. Abernethy, and may be found in "Bell's Discourses on Wounds."

"The ligatures of the arteries was invented by the celebrated Paræus, who was first surgeon to four successive kings of France.* His high fame descending thus for ages, must make it desirable to know what was the real character of the man ; and there is no one point upon which his character turns so much as this single invention, for of all the improvements of his practice, this of tying arteries, was that of which he was the most proud. He ventured to say, 'For the good of mankind, and the improvement and honour of surgery, I was inspired by God with this good thought.' As it was the highest of all his improvements, so it was that for which his enemies envied him the most.

"The fortune of Paræus was very singular. He was at once the chief surgeon, the counsellor, and the private friend of four successive kings of France. He attended them in their retirements and looser hours ; he followed them into the field, through all those dangers which were in those days part of the duties of a king, and which his writings display to us, with a faithfulness and minuteness of description which the historian should hardly disdain. He had the good fortune on one occasion manifestly to save the life of the king, when his arm had been so hurt in bleeding, that it was three months before Paræus could accomplish the cure. And this man was of such rare abilities, and so much valued by the king, that he alone was saved alive on that horrid massacre of St. Bartholomew's Day, which remains an eternal blot upon the French name.

"But of all his good fortune, this is the most remarkable, that it was he alone, who, by his influence over the king, put a stop to this unparalleled butchery, after it had continued in all the

* Henry 2nd ; Charles 9th ; Francis 2nd ; Henry 3rd.

quarters of Paris during two days. The feelings of the king, after those dreadful days of carnage and most sacrilegious murder, and the familiar and even tender manner of his complaining to Parœus, are told by the Duke de Sully, very feelingly ; for he was himself of the reformed religion, and though yet a child, with difficulty escaped.

“ ‘The hour is now come (said the king) when all France shall be of one religion.’ ‘Now, by God’s light sire, (replied Parœus,) I think you will never forget your promise to me, that there were four things you would never force me to do :—To enter again into my mother’s womb ; to go out in the day of battle ; to leave your service ; or, to go to mass.’ The king then took him aside, and opened up to him the troubles with which his soul was disquieted. ‘Ambrose, (says he,) I know not how it is with me, but it goes so heavily, that within these three days, I am as in a fever ; indeed I am ill, as ill in mind as in body ; sleeping or waking, the murdered Huguenots, are ever before my eyes, with hideous faces weltering in their blood. Would to God the children and the aged, at least, had been spared !’ The order for stopping the massacre, which was proclaimed the following day, was the result of this conversation.”

Nothing is more common than to hear men who have been bred to the medical profession, regret the choice, and express an anxious desire for the arrival of that period when they may be able to relinquish a practice which makes such constant demands on their time and personal comforts. If I may offer a word of parting advice to those who anticipate much enjoyment from retirement, it is that they should pause before they decide on a step which may end in disappointment.

Accustomed as those who take a deep interest, and enter heart and soul into their profession, have been during the greater part of their lives, to daily active exercise of body and mind, and having devoted their energies almost exclusively to its cultivation, they will find it difficult to withdraw their minds from a favourite pursuit, and turn to other occupations. They will feel the loss of excitement, and time will hang heavily on their

hands. They will probably discover, when too late, that the occasional annoyances inseparable from a troublesome profession, are more tolerable than ennui, and that "it is better to bear the ills we have." "We, in general, (says Montesquieu) place idleness amongst the beatitudes of heaven; it should rather, I think, be put amidst the torments of hell."

From general and personal experience, I would recommend my professional brethren never to retire from their active duties whilst their mental faculties and physical strength remain unimpaired, from a firm conviction that those who adopt such a determination will best consult their own health and happiness.

APPENDIX.—WOUND OF THE PALMAR ARCH.

Whilst these sheets were passing through the press, a case of wound of the palmar arch fell under the care of Mr. Alford, the senior surgeon of the Taunton Hospital, who kindly favoured me with the following note :—

“ William Andrews, aged twenty-three, servant, Langport ; admitted July 30th, 1853. Wound of the palm of right hand ; hemorrhage from the palmar arch. July 6th, fell on some glass, and wounded the palm of the right hand—rather the carpal side of the middle. Considerable bleeding, restrained by compresses over the wound, and over the ulnar and radial arteries, with firm bandaging, under the treatment of Mr. Larcombe. At the end of a week, or ten days, the bleeding returned, and was again restrained by pressure ; but it has returned at intervals, until the time of his admission to the hospital.

“ July 31st. The bandages were removed, and the wound exposed ; it was filled with a coagulum, and, as there appeared no immediate tendency to hemorrhage, it was dressed, and bandaged up again ; the fingers, and hand generally, were swollen and painful.

“ August 4th. Bleeding came on freely. The hand was again bandaged, and the arm kept forcibly bent at the elbow at an acute angle, according to a suggestion of Dr. Toogood's. This succeeded for a time, but on the least movement of the fingers or hand, the bleeding returned ; and this continued at intervals, till the evening of August 6th, when, the bandages having been removed, the patient put under chloroform, and the brachial artery commanded, a free incision was made in the palm, enlarging the original wound transversely, and towards the wrist ; three ligatures were applied, and the bleeding ceased. The ligatures came away in a few days, the swelling of the hand subsided, and the man was discharged, with the wound nearly healed, on August 19th.”

APPENDIX - WOUND OF THE PALMAR ARCH

When these facts were known through the fact of a case of
 wound of the palm with all under the care of Mr. Alford, the
 senior surgeon of the Taunton Hospital, who kindly furnished me
 with the following notes: - On August 1st, 1857, a patient of the
 name of William Smith was brought to the hospital, having
 sustained a severe laceration of the palm of the right hand;
 the injury being done by the patient's own knife, and on some glass
 and wounded the palm of the right hand - rather the central
 of the middle. On the whole the bleeding retained by compression
 over the wound, and over the ulnar and radial arteries with firm
 bandages under the direction of Mr. Knapp. At the end
 of a week or ten days, the bleeding retained, and was again
 retained by pressure; but it has returned at intervals, until
 the time of his admission to the hospital.

THE END.

July 31st. The bandage removed, and the wound ex-
 posed; it was filled with a coagulum, and, as there appeared no
 immediate tendency to hæmorrhage, it was dressed, and bandaged
 up again; the fingers and hand generally, were swollen and
 painful.

August 4th. Bleeding came on freely. The hand was again
 bandaged, and the artery forcibly bent at the elbow at an acute
 angle, according to a suggestion of Dr. Theobald's. This suc-
 ceeded for a time, but on the least movement of the fingers
 or hand, the bleeding returned; and this continued at inter-
 vals till the evening of August 6th, when the bandages having
 been removed, the patient put under chloroform, and the pal-
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 ligatures came away in a few days, the swelling of the hand
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