

He quotes, however, in a note, a passage from Laennec, which I subjoin as exactly expressing my own opinion. "The majority of physicians have nevertheless remained persuaded, in England, in Germany, and especially in Italy, that angina pectoris is always connected with some organic disease of the heart, that this symptom is very serious, and that most of the patients who are attacked by it die suddenly. These ideas are by no means correct. Angina pectoris, in a slight or moderate degree, is an extremely common affection, and exists very often in subjects who have no organic affection of the heart or of the great vessels. I have seen many persons who have experienced only some very sharp attacks, but of short duration, and who have been subsequently freed from them. I believe even that the influence of the medical constitution contributes to the development of this affection; for I have observed it frequently in the course of certain years, and I have scarcely met with it in others. On the other side it is true that angina pectoris very often coincides with organic affections of the heart; but there is nothing to prove that it depends on them even in these cases, since it may exist without them, and these affections are very various." The italics in the above passage are my own. I do not consider the cardiac disorder in Case X as quite identical with angina pectoris; but it was evidently very similar, and was attended, as well as in Case XI, with a sense of impending death. The term angina pectoris is one which I should be glad to see disused; it leads the mind too much to think of the cardiac affection as something strange and peculiar, and so confuses the practitioner's ideas in the treatment. Cardiac neuralgia I consider a much better term; it groups the phenomenon in question with a class of others which we continually recognise and treat. It is always a gain to take away the idea of a special entity from a disease, and to view it as a morbid process, which has its parallels elsewhere. Dr. Walshe, in his comprehensive work on *Disease of the Lungs and Heart*, has a note to the effect "that angina of malarious origin, and recurring periodically, has been observed." Of this kind, insofar as its origin, was the case above related.

CASE XI. C. R., aged about 35, of sanguine habit, but rather weak nerve power, had been exposed to cold and got chilled. The same day he went out again after a hurried meal, and on returning took his ordinary siesta. He awoke with a very curious sensation of spasmodic choking all along the œsophagus; this was rather increased by taking spirit and water. He went to bed, and appeared relieved by the warmth somewhat, so that he slept for about an hour. He then awoke in the most excruciating pain; could only lie in one position, viz., on his back, slightly inclined to the right side, with the left leg drawn up. He could not breathe without great pain. "I dared not," he says, "close my eyes, from experiencing that most awful sensation as if my heart would cease pulsating; the agony I went through that night baffles all description." For two hours he was involuntarily kicking, though well aware that he was doing so; he seemed to have no control over his limbs; and if he chanced to kick himself the feeling was a most curious one, "as if one leg did not belong to the same body." A mustard and turpentine poultice to the chest afforded some relief. When I saw him early the next morning the pulse was excited; the tongue pretty clean; urine scanty and high-coloured; no morbid sounds in heart or lungs. He took calomel and opium, each two grains, immediately, and had his chest rubbed with a liniment of aconite and opium. After sleeping two or three hours he awoke, and began to take muriate of ammonia and bicarbonate of potash in camphor mixture four times a-day. The next day the urine deposited a lateritious sediment; he was much better, and in forty-eight hours from the commencement of the treatment he was convalescent, and has had no relapse. He has, however, both before and after this attack, suffered from rheumatism, muscular and periosteal.

REMARKS. In this highly interesting case the disorder seems clearly to have been of rheumatoid character, though much more approximating to the neuralgic than the inflammatory form. Its exact location is not easy to determine; but I think it is probable the sheaths of the dorsal nerves were especially affected. The heart's action may have been disordered as well as that of the œsophagus, by sympathetic co-ordination, the nerves of the pærietes and of the viscera being linked together in their various *παθηματα*. This seems not an uncommon occurrence. The sensation of not daring to sleep is one that I have remarked in other cases of cardiac neuralgia. The involuntary kicking may have proceeded from an excited state of the cord, induced by the irritation of the dorsal nerves. A man at present in St. Mary's under Dr. Chambers, who has had

tropical fever, suffers from attacks of opisthotonos, controlled by quinine.

CASE XII. M., aged 54, robust male, was under the care of a medical friend for some days on account of inflammation of the left testis, probably of gonorrhœal origin. It had been treated by three applications of six leeches each, and by other appropriate means. Considerable improvement had taken place when my friend visited his patient on the morning of the last day of his life. About the middle of the day M. was suddenly attacked with severe pain in the region of the heart, and sent at once for my informant. He arrived in about ten minutes after the receipt of the message, but the man was dead. My friend had had him under his observation for some length of time previous to this attack, and had treated him for gonorrhœa on one occasion. No attack similar to the fatal one had ever occurred before, at least no mention had been made of any, nor had he suffered from any serious illness. His mind had been harassed somewhat lately by domestic vexation.

I was present at the *post mortem* examination, and noted the following. Rigor mortis was well marked. The body was muscular, and in good condition. The heart was flabby, but presented no disease of the valves, no hypertrophy, nor dilatation. There was slight atheroma of the coronary arteries. The brain was not examined; all the other organs healthy. On more particular examination of the heart, its walls were observed to be perhaps rather thinner than usual, and the tissue of a less decided red than in the healthy state. The microscope showed some degree of fatty degeneration of the sarcous tissue, but not by any means enough (in my judgment) to account for death.

REMARKS. In this case we have a healthy man, somewhat weakened and depressed, seized suddenly by a severe breast-pang, which arrests the action of his heart, and proves fatal. There is no whit of evidence to prove that malaria had anything to do with the occurrence, but neither is there any to show any other causation. I do not for a moment imagine that other causes may not give rise to neuralgia; but what inclines me to consider that in this case it was produced by some endemic influence, or the *constitutio anni*, is the circumstance which this series is intended to illustrate; viz., the notable prevalence at the present time of disorders of malarial character. I by no means affirm the existence among us of a marsh miasm, only of some influence producing various phenomena most resembling those of obscurely developed ague. This point seemed to accord with the experience of most of the speakers when I read a paper on the subject before the Royal Medical and Chirurgical Society. I regard, then, the foregoing case as one of neuralgia, such as, had it occurred in the forehead, or hip, or elsewhere, would have caused only pain; it struck the heart and the man dies.

[To be continued.]

#### PARAPLEGIA FROM GRADUAL SPINAL EFFUSION (?).

By WILLIAM WALKER, Esq., F.R.C.S.Eng.

Mr. E., aged 45, modeller, a stout, well formed man, had always enjoyed good health, with the exception of being occasionally troubled with dyspepsia and lumbago. A year ago, he had a fall down some stone steps, and bruised his back and side. A week's rest, under medical treatment, relieved him; and he felt no further inconvenience.

On November 3rd, of the present year, he was taken unwell at a tavern, whilst enjoying himself in the society of a few friends and neighbours, and was obliged to be led home. The following day he had rigors, pains in his back and limbs, which he ascribed to getting wet in the feet two days previously.

November 9th. I saw him with my friend Mr. Cornelius, under whose care he then was. He complained of pains in the chest and back; but there was no pain on strong pressure over the spinal column. He was unable to move his legs. On examining the abdomen, I found the bladder much distended. The pulse was 80; the tongue clean; the intellect clear; the eyes somewhat suffused. He had slight pain on the top of the head. The bowels were open; the skin moist; there was no vomiting. The urine was drawn off, which afforded him much relief. He had been taking colchicum mixture, with calomel and opium night and morning.

November 11th. He appeared much the same. The lower extremities were paralysed; he had a crampy feeling in his

hands. The urine was retained. He complained still of his head, but had perfect control over the sphincter ani. Mustard poultices were applied to the nape of the neck, and he was ordered to continue the calomel, etc.

November 13th. He was much worse; had become drowsy, and was with difficulty aroused. The breathing was somewhat oppressed. A large blister was applied between the shoulders. He passed his motions involuntarily.

November 14th. The blister had risen, but the man was in a sinking state, and unable to take stimulants, which had been ordered. He lingered on till late in the afternoon, when death terminated his sufferings. No *post mortem* examination was allowed.

REMARKS. This case presented itself somewhat obscurely. The fact of his having rheumatic pains in his back at different times, getting wet feet, and exposure to the night air, seemed to tend to the opinion that one of his former attacks of lumbago was coming on; but as time wore on, the case assumed a more serious aspect, by the loss of power over the bladder and lower extremities. Still there was no tenderness over the region of the spine, nor febrile symptoms. He had a clean tongue, etc.; and up to a certain period perfect control over his bowels.

The supposition then is, that effusion was going on within the spinal canal, giving rise to paraplegia, and as the fluid increased, affecting the upper extremities, producing death by apnoea.

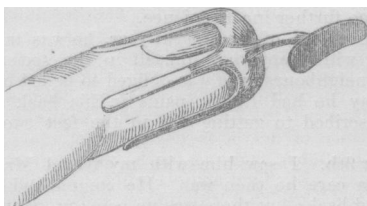
Treatment in these cases appears to be of little or no avail; as, in spite of remedies, the patient succumbs sooner or later.

### THE CATARACTOUS EYE COMPRESSOR :

#### A NEW INSTRUMENT FOR FACILITATING THE EXTRACTION OF CATARACT.

By JAMES VOSE SOLOMON, Esq., F.R.C.S., Surgeon to the Birmingham and Midland Counties Eye Infirmary.

IN the removal of hard cataract from the axis of vision by extraction, after the upper section of the cornea has been completed (say in the right eye), and the capsule of the lens has been sufficiently divided, the operator, in order to dislocate the cataract through the pupil, raises the upper lid with the forefinger of the left hand, and with the "curette" in his right, makes pressure with the spoon-end of that instrument upon the globe, at a point about midway between the lower margin of the cornea and the insertion of the inferior rectus muscle. It will, however, sometimes happen, notwithstanding the corneal and capsular incisions have been properly executed, that the cataract does not come forward, but slips behind the iris, or perhaps sinks more or less deeply into the vitreous humour. Under these circumstances, it is usual (and a very good practice) to get an assistant to harpoon the lens with a small sharp hook, and then gently withdraw the cataract through the pupil and the corneal incision—care being taken not to evert the flap to such an extent as shall favour an escape of the vitreous. This manipulation, to be performed safely, requires that it shall be executed by the steady and delicate hand of one who has been practically instructed in the operation under consideration. But such a one is not always at hand. I have, therefore, been led to devise and make use of the instrument here delineated.



It consists of a cup of thin metal with four elastic ribs attached to it, which fits on the end of the second finger; to the centre of the cup is riveted a curved stem, something less than half an inch in length; this stem terminates in a transverse bar, which is concave, and set on at such an angle as will render it easy of adaptation to the globe of the eye. Either silver or steel may be used for the manufacture of the cup and ribs. Each rib should be hollowed so as to give it strength and elasticity.

It will be obvious to those accustomed to operate for cata-

ract, that the upper lid can be elevated and fixed by the index finger, and pressure made upon the eye-ball by the second finger of the same hand, arched in front of the eye, and having attached to it "the compressor".

From the trials I have made with this instrument, I believe that in the operation of extraction the surgeon will gain by its use an equivalent to a third hand. It is less painful to the patient than Daviel's spoon. The exact amount of pressure exerted is accurately appreciated through the tactile sensibility of the point of the finger. Moreover, by placing the stem of the hook held in the right hand just behind the incision, a useful degree of counter-pressure may be employed; and should the cataract not then come forward, or should any untoward accident threaten, the hook can be used to seize the cataract at the precise moment, and in the exact mode that the surgeon may consider advisable. In fact, one mind will direct the whole of those manipulations, which demand skill and knowledge for their perfect execution.

I have had several instruments constructed, which were modifications in detail, but not in the principle of the one delineated on this page; but I prefer the elastic ribs to a flat ring of metal, and the curved stem to a straight one set on obliquely to the cup. It is of importance that the shoulders of the cup should be hammered over a solid thimble, or what is called by mechanics "a spike".

## Reviews and Notices.

**HUMAN OSTEOLOGY:** Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone, and its Developments. To which is added, a brief Notice of the Unity of Type in the construction of the Vertebrate Skeleton. By LUTHER HOLDEN, F.R.C.S., etc. Second edition. pp. 276. London: John Churchill. 1857.

ANY man who manages to simplify books of instruction, which are the tools of the mind, deserves well of society. In medicine, the grasp is so wide, and the things to be learned so numerous, that the student is at first stunned, as it were, and despairs of ever mastering the details of a profession which presents so many aspects for his study. The production of such a book as Mr. HOLDEN'S marks, therefore, a new era in our method of teaching. The volume that, up to the present time, was the text-book in the schools on Human Osteology, is perhaps the most lucidly written and the most elegantly constructed volume we have on this subject. We allude to Mr. F. O. Ward's little volume, so familiar to students; yet, in consequence of its want of illustrations, it ranks infinitely inferior to the one before us. The attempt to give an account of the bones and the attachments of the muscles by mere verbal descriptions is indeed both arduous to the writer and perplexing to the reader. One good illustration will fix the knowledge to be acquired firmer in the mind than pages of mere text. Mr. Holden's plan of printing the names of the different parts of the bones upon the drawings of the bones themselves, is the true method of teaching directly by the eye. The student will be deeply thankful for this short cut to the first professional knowledge he has to master. "The bones" are proverbially dry; and when he has thoroughly familiarised himself with them, he has built a solid foundation for future studies. The illustrations are admirably drawn, and so ample in size that full room is afforded for the letterpress upon them indicating the different parts; and the plan of distinguishing the origin of muscles by red lines, and their insertions by blue, is happily carried out. No student need seek a grinder as long as he can possess himself of this very admirable volume, which is now the text-book of the schools. The second edition contains, as additional matter, the cartilages and muscles of the larynx, and the anatomy of the internal ear, illustrated by numerous plates and engravings.