manner which is calculated to gain the confidence of the patient; by long custom they have ceased to be annoyed by irritating language: and it must be said, to many patients the unexpected kindness which they receive from strangers has a favourable effect upon their minds. In the next place, the regularity of the hours, the abundance and excellence of the diet, the order and cleanliness, must be duly accredited with much of the physical benefits produced. In the infirmary ward, in which most of the cases in the acute stage of disease are, and into which all patients are first received, the diet consists of roast mutton daily, with plentiful variation of puddings, fish, broth, vegetables, etc., and other articles, according to the varying fancies or requirements of the patients. A generous diet of this kind must, therefore, be always understood as part of the treatment employed in these cases, unless the diet be specially named.

Constipation appears undoubtedly to be pretty constantly present in the cases already given. Many writers are disposed to look upon the catamenia and its disordered state as an almost equally frequent determining cause of insanity in females. There is rather a tendency in the mind of the female relations to implicate this function; and it is, therefore, somewhat difficult justly to estimate its bearing upon the mental phenomena. I have known patients in violent states of mania, and also in melancholia and chronic mania and imbecility, to menstruate regularly and normally, the general health and condition being good. There is probably, however, some coincidence between intermitting outbursts of excitement and the catamenial period. In the following case, the uterine functions were certainly complicating the case.

CASE IV. A. E., aged 32, single, was first admitted in 1859. The father, a gentleman's coachman, narrated the following particulars. She had, during the last three years, been in close attendance on her mother, who was bed-ridden. The residence was in a new, but the locality was said to be healthy. A slight altercation arose between the patient and one of the female servants of the father's master, relating to a practical joke that had been played upon a young man. The patient was accused of having divulged the name of the perpetrator of it to him. Very shortly after this, she exhibited an alteration in her manner; was agitated, forgetful, and at times almost lost; and the father believed she was worse on alternate nights. She was engaged, and had been so for some time, to a young man who had gone to Scotland; but the father thought she had become rather cool towards him, and, he suspected, preferred the other, on whom the joke was practised. She gradually began to pine away. The circumstance occurred about five weeks before she was admitted. She continued to dwell on the subject, and frequently alluded to it; was confused, abstracted, at last became agitated and nervous, threatened to destroy herself, and attempted to get out of the window. On admission, she was emaciated, very delicate in appearance. Her complexion was swarthy and dusky; the hands and feet cold, with pimples on the lips and extremities. Her bowels were constipated, and the catamenia were suppressed. She was treated with aloetic purgatives and generous diet, with the usual discipline as to air, exercise, etc. She rapidly improved, and was discharged cured three months after admission.

She was readmitted about two years afterwards. The father reported that she had remained quite well since her discharge, and returned to her former employment of nurse to her mother. About a fortnight previously to her second admission, she began to be somewhat fidgety, running about the house without object; and at length became suddenly irritable and very violent, and made a dash at the window, as if she wished to throw herself headlong into the street. The window was shut,

but she broke the frame with her violence. She was attacked immediately with acute pain in the belly (a cramp). She was taken to the workhouse, and thence transferred to the asylum. At the time of the outbreak she was menstruating; and the father understood that of late the catamenia had been very irregular, and attended with pain. She had been much constipated in her bowels, for which she would not take medicine. She again quickly recovered; but was restless and fidgety at the catamenial periods, and did not regain her mental vigour for near nearly four months after the cessation of the active symptoms.

[To be continued.]

CASES OF GUN-SHOT WOUND.

By T. L. PRIDHAM, Esq., Surgeon, Bideford, North Devon.

It is not often that medical men in private practice have to relate instances of gun-shot wounds; still, however, with those who have been in practice some thirty years, cases of more or less interest may be found in the notebooks of those who have kept such records.

The following three cases, as not having occurred in the battle-field or in strife, will, I may venture to hope, be deemed of sufficient interest to find a place in the BRITISH MEDICAL JOURNAL.

CASE I. In 1845, one dark and stormy night, I received a note from my friend, the present Dr. John Thompson, requesting my advice and assistance on the island of Lundy, about twenty miles hence, in a case of gun-shot wound in a young gentleman aged 15, who was on a visit to the governor of the island. I accordingly hastened to Clovelly, where a skiff was in waiting to take me to the island. Whilst we were crossing, the wind suddenly shifted to the westward, which enabled me to land at the only point accessible to a boat. I reached the governor's house just as the day was beginning to dawn, and soon found myself by the bedside of the patient, whose appearance I shall never forget. His countenance was pale, anxious, and desponding. On removing a light covering, I beheld, with feelings somewhat approaching to horror, the whole of the forearm and the greater part of the upper arm in a gangrenous state. The poor fellow, in company with others, had four days previously been on the sea shooting wild fowl, which are numerous on and around the island. In landing from the boat, he carelessly took hold of his gun by the muzzle with his right hand, when, by some means, the gun went off, and the whole of its contents passed through the inner part of the upper arm, just midway between the shoulder and the elbow, dividing the blood-vessels and nerve in the situation I have described. A sailor, who was near at the time of the accident, immediately tied a thin silk neck-handkerchief tightly round the upper part of the arm. Little blood was lost at the time of the accident. The poor boy was removed to the governor's house, some distance off. No medical man was near. Night coming on, a large fire was lighted on a certain part of the island, which could be seen at Clovelly, and known as a signal of distress; or, in other words, that medical aid was required. The medical man of the village, Mr. Heard, reached the island during the night; and, seeing the nature and severity of the accident, despatched the vessel which had brought him over for Mr. Thompson, surgeon, of Bideford, who also reached the island as soon as the winds and the waves would permit. It was at once apparent to him that nothing short of amputation at the shoulder-joint could possibly save the life of the sufferer. Before commencing so important an operation, he was desirous that still further surgical aid should be obtained; and accordingly, on the night I have named

above, I received the note from Mr. Thompson describing the nature of the accident, and requesting me to bring certain instruments, etc., to meet the emergency of the case. I reached the island at the time I have named, on the fourth day after the accident. To all appearance, the boy was in a dying state, with but little pulse at the wrist. On his asking my opinion of his case, I first cheered him as much as I could, and then told him there was one only chance of his life, which would quickly terminate if his arm was not removed at the shoulder-joint. He was a brave boy, and said at once: "Lose no more time; let me only scratch a few parting words to my mother." He had not completed the first two words of filial affection before he fainted, and we thought all was over. By means of external restoratives, however, he breathed again; and I contrived to get half a pint of port wine into his stomach. When he had rallied a little more, my friend Mr. Thompson seized the opportunity, and in less than five minutes the operation was over, I taking charge of the subclavian artery by the usual means of pressure, which was so effectual that not an ounce of blood was lost during the operation. The arteries being secured, there was just sufficient skin to cover the wound. An opiate was given; tranquil sleep followed; and at the end of twelve days the ligatures had come away; and on that day, three weeks after the operation, he had crossed the bay, and was my guest, together with his father, who was a clergyman living in the neighbourhood of Bristol; he having, in company with the late Mr. Wilson, surgeon, reached the island about an hour after the operation had been performed. In due course the young man went to Oxford, and was ordained; and a short time since I met in the train a college friend of his, who informed me he was still alive and in good health.

It was found, on dissection, that the blood-vessels and the brachial nerve were all divided.

CASE II. Robert Cann, aged 26, working in an iron-foundry, was standing on the quay at Bideford, when a boy in a boat just ten yards off pointed a duck-gun at him, not knowing it was loaded. The gun went off, and the contents took effect in the upper part of the man's thighs and scrotum. Fortunately, the abdomen escaped uninjured. The shots, which were No. 3, were, as may be supposed, deeply imbedded. The man dropped, and was afterwards carried on a shutter to his home. I was soon in attendance, and directed soothing applications, and gave an opiate, the shock to the system appearing to be very great. The shot-holes soon healed, and the case appeared to progress favourably up to the seventh day, when the patient directed my attention to a small but painful swelling directly in the course of the femoral artery, about six inches from Poupart's ligament, in which situation two of the shots had previously entered. The tumour pulsated. At once I feared these were but indications, too true, of an incipient aneurism in consequence of injury inflicted on the coats of the artery at the time of the accident. A consultation of medical friends was held; and it was agreed to wait to see a further development of the tumour. At the end of a fortnight, it had increased considerably, and the pulsation became more distinct. It was now proposed to the patient that the operation for tying the femoral artery would be necessary. He, however, was most positive in his refusal to undergo any operation, and said "he would die first". A fortnight more passed, when the tumour had become of the size of a large hen's egg. By this time the cicatrix of each shot-hole had gradually yielded, and had become almost transparent; so much so, that the pulsations could be distinctly seen beneath the thin film which prevented the stream of life from issuing forth and terminating existence in a few minutes. An assistant was left in charge, who frequently had to remind the man of his momentary danger; but no powers of persuasion of the medical man had any avail,

but the curate of the parish (the Rev. Mr. Braithwaite) at the last moment gained consent. He came running to my house, and begged me to hasten, as he was sure that in a few minutes the man would be dead. I at once sent to some medical friends who had been visiting the patient with me, and went myself to the house. As soon as we were all assembled, the operation of tying the femoral artery just below Poupart's ligament was commenced. Having opened the sheath, and separated the artery from the vein beneath, I was in the act of passing the ligature round the artery by means of the aneurismal needle, when the cicatrix of each original shot-hole simultaneously gave way, and two jets of arterial blood, of the size of a writing-quill, gushed forth. My assistant, Mr. Blanchard, instantly arrested the flow of blood by placing his two forefingers on the orifices whence the blood was rapidly flowing. The artery having been secured by ligature, the aneurismal sac was allowed to empty itself, the wound was dressed, and a bandage with a soft compress was applied over the seat of the aneurism. At the end of sixteen days, the ligature came away, and all appeared at this time to be doing well; the temperature of the limb, by the assistance of flannel and warm applications, not having fallen to any great extent after the operation. At the expiration of a few days, however, the patient complained of pain and stiffness at the posterior and upper parts of the thigh that had been operated on. On examination, it was found that phlegmonous inflammation had set in. A large linseed poultice was at once applied; and, after some days, a considerable abscess had formed, which I opened extensively, and in the discharge I discovered four or five shots; and for several days shots were found on the surface of the poultices. Other small abscesses formed, from all of which shots were discharged, altogether about forty in number. Sinuses formed, which were freely laid open.

The patient was well supported by means of porter, wine, and fresh meat; and, at the end of three months, the discharges had ceased, and the wounds had healed. Six months later, the man had returned to his labour as an iron-founder, in which employment, I understand, he still remains, just eighteen years after the accident and the successful operation of tying the femoral artery under peculiar and interesting circumstances.

CASE III. A few months since, Edwin Elliot, a boy about 16 years of age, was walking down the High Street of Bideford, when his elder brother came behind him with a pocket-pistol in his hand, and, not knowing it was loaded, he pulled the trigger, he being about two yards in the rear of his brother. A small bullet, weighing rather more than half a drachm, passed through his coat and entered the body just below the inferior angle of the right scapula. The boy was conveyed home. I was soon in attendance; and found, by the direction that the bullet had taken, it had passed behind the vertebral column to the opposite side—four and a half inches—the extent to which I passed my probe, but could not then even detect the bullet. The boy was at the time in much pain, but no very urgent symptom arose; his easiest position being on his hands and face. I withdrew a small portion of his woollen dress from the wound on the second day after the accident. The wound was dressed with poultices of large dimensions. The discharges were considerable, dark, and offensive. After some days, the boy could rest in that position which rendered the orifice of the wound the most depending part; and, at the end of a fortnight, I had the satisfaction of finding that the bullet had gravitated to the surface, and it was easily removed. The discharge became healthy; and in a few days the wound had healed without further trouble. I record this case in order to show that, if a ball be not impacted in bone, or producing much constitutional irritation and fever, it is prudent to leave the issue to nature, provided the limb or body of the patient

can be placed in such a position that by gravitation the foreign substance may find its way out by the same track by which it has entered the body.

Reviews and Notices.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN, INCLUDING THE DIAGNOSIS OF PREGNANCY. Founded on a Course of Lectures delivered at St. Mary's Hospital Medical School. By GRAILLY HEWITT, M.D. Lond., M.R.C.P., Physician to the British Lying-in Hospital, etc. Pp. 628. London: 1863.

DR. HEWITT has adopted a somewhat unusual plan in this work; inasmuch as he has divided it into two parts, in the first of which he treats specially of Diagnosis, and in the second specially of Treatment. The object which he has had in view in so doing is unexceptionable—to afford increased facilities for diagnosis.

"Very little consideration will show how completely subsidiary to questions of diagnosis are all others likely to present themselves to the student in his early attempts to investigate disease, of whatever kind, and wherever situate.... Without diagnosis no advance can be made but on the imperfect basis of surmise and conjecture. Everything, in fact, turns on the diagnosis; and, once the diagnosis has been made, the path is comparatively clear.... In the study of no class of diseases do we meet with so many practical illustrations of the truth of what has been stated in reference to the importance of diagnosis, as in that to the consideration of which the following pages are devoted. A very large proportion of the cases coming under the notice of members of the profession are cases in which diagnostic knowledge as to these particular diseases is specially called for; moreover, this is a department of practice in which mistakes in diagnosis are very frequently disastrous to the patient or destructive to the reputation of the practitioner. The very important question of the diagnosis of the presence or absence of pregnancy is, of itself, one for the practical dealing with which a very extensive and complete knowledge of the diseases of women generally is absolutely essential."

In the chapters on Diagnosis, which occupy 433 pages of the book, Dr. Hewitt bases the information he endeavours to convey on symptoms rather than on pathology. He does not, however, ignore pathology, of which, as his previous writings have shown, he has a just appreciation; and the valuable additions which have in late years been made to our knowledge of the pathology of women's diseases will be found introduced sometimes among the remarks on diagnosis, sometimes among those on treatment, sometimes separately. But what Dr. Hewitt justly argues is, that the practitioner requires to learn how to make the best use of the case as it is presented to him at the bedside—which is not "pathologically and to suit our convenience."

The subject of Diagnosis is treated of by the author under two main divisions; viz., the data obtained without physical examination; and the data obtainable by physical examination. In the first of the sections, nine chapters are devoted to the consideration, in their diagnostic relations, of the Age of the Patient; Sexual Relations; Menstrual Derangements, and External Hæmorrhages from the Generative Organs; Substances Expelled from the Gener-

ative Organs; Non-Sanguineous Discharges; Disorders of Micturition; Symptoms referable to the Rectum; Abnormal Sensations referable to the Generative Organs; and Nausea and Vomiting. The section on data obtainable by physical examination contains seventeen chapters, in which the author describes the Morbid Conditions discoverable by Examination of the External Organs, and of the Orifice and Canal of the Vagina; Tumours felt through the Vaginal Wall; the Condition of the Uterus as ascertained by Digital Examination, by the Sound, and by the Speculum; the Examination of the Abdomen and the Causes of its Enlargement; Tumours (Uterine and Ovarian) Traceable into the Pelvis; Abdominal Tumours not Traceable into the Pelvis; and the Examination of the Breasts in reference to the Diagnosis of Pregnancy. A supplementary chapter is added on the Diagnosis and Causes of Sterility.

In the second part of his work Dr. Hewitt describes, in fourteen chapters, the Treatment of the various diseases described in the first part; viz., Amenorrhœa; Profuse Menstruation and Hæmorrhages; Leucorrhœa, and various Non-Sanguineous Discharges; Pain referable to the Internal Generative Organs; Dysmenorrhœa; Sympathetic Affections arising from Disorder of the Generative Organs; Disorders of the External Generative Organs and of the Urethra and Bladder; Diseases of the Vagina; Inflammation, Displacements, Cancer, Fibrous Tumours, and Polypi of the Uterus; Diseases of the Ovaries; Periuterine Hæmatocele; Pelvic Abscess; and Diseases of the Fallopian Tubes.

A noteworthy feature of this book, and one which increases its utility, is the exhaustive manner in which Dr. Hewitt arranges, under some one symptom or sign, all the conditions known to give rise to it. Thus, in speaking of Pains referable to the Internal Generative Organs, he divides them into two classes—1. Those associated with menstruation, constituting dysmenorrhœa; and 2. Painful sensations irrespective of menstruation. Painful menstruation, again, is then described as consisting of two classes of cases; those in which there are both pain and impeded discharge; and those in which the menstruation is simply painful, the discharge being apparently free. The pains experienced irrespectively of menstruation are chiefly of the kind called reflected, being produced in more or less distant regions by uterine or allied disorders. Under this head are described, pains in the back, in the hypogastric region, and in the lower extremities.

The hypogastric pains are divided into six classes; viz., intermittent or labour-like pains; pains more or less constant; pains of inflammatory character; pains with symptoms like those of perforation; hysterical pains; and bearing-down pains.

The conditions under which intermittent pain may be observed are: mechanical retention of the catamenia; abortion; periuterine hæmatocele; blood-clots, fibrous polypi, retained portions of placenta, etc., in the uterus; tumours in the substance of the uterus; puriform or other fluid collections in the uterine cavity; flexion of the uterus; difficult menstruation; intestinal irritation; and sometimes neuralgia of the uterus. More or less constant hypogastric pain is produced by cancer of the uterus; fibrous tumour; the irritable uterus; disease of the cervix