and these, he tells us, are "confined principally to the passions, affections, and propensities"—"the reasoning and reflective faculties remaining intact"; and by so doing, has confirmed my own views, and added the sanction of his name to views which have for long years engaged both my attention and my pen.

The third question runs thus, viz.: "In what terms ought the question to be left to the jury, as to the prisoner's state of mind at the time when the act was committed?"

The judges, for some reason or other, returned no reply to this interrogatory of the peers.

The fourth question was: "If a person under an insane delusion as to existing facts, commits an offence in consequence thereof, is he thereby excused?"

The answer to this question was: "The judges were unanimous in opinion that, if the delusion was only partial, the party accused was equally liable with a person of sane mind. If the accused killed another in self defence, he would be entitled to an acquittal; but if committed for any supposed injury, he would then be liable to the punishment awarded by the laws to his crime."

It will be seen that the first and fourth questions, with the answers appended, treat alike of the subject of "partial insanity", and of the question of "delusions". It is quite unnecessary to repeat here what has been already written on these matters.

The fifth and last question is to the effect: "Can a medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime; or his opinion, whether the prisoner was conscious at the time of doing the act, that he was acting contrary to law? or whether he was labouring under any, and what, delusion at the time?"

Answer. "The judges were of opinion that the question could not be put to the witness in the precise form stated above; for by doing so, they would be assuming that the facts had been proved. That was a question which ought to go to the jury exclusively. When the facts were proved and admitted, then the question, as one of science, could be generally put to a witness under the circumstances stated in the interrogatory."

As the law now stands then, it is to be inferred that the physician is to tell the lawyer all he knows of the matter; but the latter may accept or reject just so much as suits his object and final purpose.

The remarks I have made shew that the "plea of insanity" is, at the present, anything rather than what it should be; and that its various parts are not only in a sadly disjointed state, but that each one is terribly at variance with the facts of psychological science. On a future occasion, I may endeavour to show how so objectionable a state of things may be remedied, and how the plea of insanity and medical philosophy may be made to harmonise, and thus promote the ends and objects of law and justice.

To conclude: It can hardly be doubted that it rests with medical men themselves, whether or not the present miserable, defective, and unphilosophical "plea of insanity", shall continue to disgrace the statute book of this great empire; whether or not the lunatic shall remain longer exposed to the risk of being treated as a criminal, denied the means of relief and cure, and so hurried into a premature grave, his name and family disgraced. It rests, I think, with this Association, to decide whether or not the sufferer from cerebral disease shall remain exposed to the risks of "the last and most fearful penalty of the law", as the execution of that miserable man, Nathaniel Mobbs, was termed; or whether they shall be treated with that ease and consideration they so much require, and surrounded with those affectionate sympathies they so certainly need.

To realise the full force of the preceding remarks, each one here should remember that his brain may one day give

way; that it may yield to the pressure of external circumstances, over which he may lose all control; that he may, one long, add one to the long list of sufferers from mental disorder; and, if not himself, his wife, or son, or daughter. In either case, how dreadful the bare idea of one near and dear to him being exposed, not so much to disease, though this is bad enough, but to the horrors of crime and its penal consequences.

In the hands of members of this Association, I leave these my reflections: may they not be passed lightly by. If, as far as we ourselves are concerned, they be rejected, let the claims of those dependent on us—as all our patients are dependent on their medical advisers—encourage this Association to a trial of its earnestness and strength in so good a cause.

Northwoods, September, 1854.

THE PLASTER OF PARIS BANDAGE.

By JOSEPH SAMPSON GAMGEE.

A VERY useful method for the construction of a simple and efficient fracture apparatus was devised a few months since by Messrs Mathijssen and Van de Loo of Holland, and has very recently been advocated by Prof. Pirogoff of St. Petersburg, as especially applicable to military practice. My own observations of its effects are the basis of this communication.

The best material for making the bandages is unglazed, open calico. It is spread on a table, and dry powdered plaster of Paris is rubbed over it for several minutes, until the meshes are well and evenly filled with it. The bandage thus prepared is rolled, and just previously to application sufficient water is dropped into the extremities of the roll to moisten the plaster, but not enough to soak through it and thereby wash it out. The surface of the limb having been previously protected by a common bandage or stocking, the moistened plastered bandage is carefully applied; in a few minutes a very firm and accurately fitting casing is the result, rendering displacement of the fragments an impossibility and allowing of the patient's movement, even to a considerable distance without pain and inconvenience. This bandage being light, not brittle, and easily cut up, obviates the well grounded objections to the plaster of Paris apparatus of Dieffenbach, as advocated by Mottray in his dissertation "*De cruzibus fractis gypso liquefacto curandis*".

In army practice, I anticipate that the plaster of Paris bandage will be found to possess some advantages over the starched apparatus; but the principles of its application and mode of operation are the same. Careful adherence to them, and a resolution to put them to the test of enlightened experience freed from the shackles of routine, will, I firmly believe, ere long result in banishing the multifarious and inefficient contrivances rich in wood and leather splints, straps and buckles, hooks and screws, bolts and hinges, which have been prolifically devised for the treatment of fractures.

More than a year has elapsed since I wrote, "That the system I advocate does possess real advantages in a large number of cases, can no longer be matter of doubt. Whether or not all my anticipations respecting it admit of realisation, is a question well deserving further clinical observation for its solution." The results of such observation, and it has been extensive, have convinced me that my most sanguine expectations may be realised. Even more remarkable cases are now recorded in my note-books than the one of Henry Parfit, who, thirty-six hours after an oblique fracture of the lower end of the femur, with an inch and a half shortening, walked about the ward on crutches, and, nine weeks afterwards, walked seven miles with the sole aid of a stick, and could bend the knee to a right angle. I am well aware that the objectors to the method are many; but I have no hesitation in stating that not one who has employed it properly can adduce testimony against its merits. The treatment of fractures being one of the subjects which I have sedulously investigated during my recent visits to

the hospitals of continental Europe, I have been able to study practically the different methods. Aware that a distinguished French surgeon had opposed the starched apparatus in his writings, I asked him, "Have you ever tried it?" He candidly and tersely replied in the negative, adding, "*I am satisfied it cannot answer.*" This is not a question to be settled by display of erudition or speculative predication. Its essentially practical nature only allows of appeal to experience for its solution.

University College, London, Sept. 11th, 1854.

ABSCESS IN THE BROAD LIGAMENT OF THE UTERUS; RECOVERY:

WITH REMARKS ON THIS DISEASE, ON TYPHLITIS, AND ON ABDOMINAL HERNIA BETWEEN THE RECTI MUSCLES.

By JOHN SHEPHERD FLETCHER, Esq., Lecturer on Practical Anatomy at the Chatham Street School of Medicine, Manchester.

On December 5th, 1849, I was requested to visit Mrs. Dean, of Manchester, who, I was informed, had been suffering from severe abdominal pain for some days. She was forty-one years of age; was married, but had had no family. She was of a thin, spare, habit of body, with pallid and anxious countenance: had enjoyed tolerable health up to a few months ago, when she began to be irregular in her menstrual periods, only menstruating twice in seventeen weeks, during which time she suffered from pain in the abdomen, particularly on the right side, but had not up to my visit, noticed any swelling. I had seen her about ten days before, in attendance upon her sister during confinement, when she appeared in tolerable health, making no complaint to me. I found her complaining of great pain over the greater portion of the abdomen, but particularly over the right iliac region, where there was a little swelling. Upon careful manipulation, I found that there was a regular and defined tumour immediately beneath; it was of about the size of a large orange, or rather larger, soft, and most like a cyst filled with fluid, very tender and painful to the touch, slightly moveable, and giving an indistinct sensation of fluctuation. Its surface was smooth and regular. Percussion yielded a very dull sound over the swelling; but in all other parts the abdomen was normally resonant. The pulse was quick and small; the surface hot; she had occasional attacks of heat and cold, but no decided rigor; the bowels were regular, and had been slightly moved on the preceding day; she passed urine freely; the tongue was dry, and coated with white fur; she had vomiting after almost everything taken, and anorexia. The pain was constant, and very severe. She described it as of a severe darting, throbbing character. Examination *per rectum et vaginam* gave no further information, except as to the situation of the tumour, which was on the right side of the uterus. She was ordered to have ten leeches applied over the painful part, followed by fomentation and linseed poultice; to take effervescent mixture with hydrocyanic acid, and the following pills:

R Hydrargyri chloridi gr. vj,
Pulveris opii gr. ij,
Confect. rosæ q. s. M.

Fiant pilulæ vj quarum sumat i quartâ quaque horâ cum misturâ.

Dec. 6th. She was partly relieved from pain, having slept a short time in the night. There was less vomiting; the bowels had not been relieved. In other respects, she was in the same state as on the previous day. The mixture and pills were continued; and she was ordered to take immediately a powder containing half a drachm of jalap and two grains of calomel.

Dec. 26th. The general symptoms had continued very much the same up to this day. The tumour had continued to increase in size gradually, and without any intermission, until it had now attained a very considerable size, being about as large as a child's head; the walls of the abdomen were elevated on this side at least two to three inches

higher than on the opposite side, having quite a conical shape; the skin at the apex was slightly discoloured. The tumour was felt to have a very defined wall, extending to and filling up the centre of the ilium on the outer side; above it extended to near a level with the umbilicus, in the centre to a little past the median line, and below it encroached on the cavity of the pelvis. It was soft, and slightly moveable; the manipulation of it gave very great pain; fluctuation was distinct, the upper surface very close, although not adherent to the skin, having evidently by its pressure forwards considerably thinned the abdominal walls at this point. The constitutional symptoms had continued as previously described, with much fever, restlessness, quick pulse, and great emaciation. She had no rigors; the bowels were costive, requiring aperients or enemata to keep them acting; the flow of urine was normal, containing a deposit of urate of ammonia; the stomach was irritable, rejecting food for a day or two, and then remaining quiet for a time. Examination *per rectum et vaginam* gave no information, beyond showing the uterus free and the back of the tumour close to its right side.

The treatment during this interval had consisted in the application of leeches on several occasions, with constant poultices, and the administration of an effervescent saline mixture containing morphia and prussic acid, with the following night draught.

R Morphiae muriatis gr. j,
Liquoris ammoniæ acetatis ʒiv,
Spiritus ætheris nitrosi ʒj,
Syrupi anrantii ʒj,
Aque q. s. M.

Fiat haustus ʒj horâ somni sumendus.

Jan. 10th, 1850. Since the last report, she had continued to suffer most acute pain, and was very much reduced. The constitutional symptoms continued severe; the pulse was very quick, small, and feeble; the tongue greatly furred; the stomach very irritable; the fever considerable, but more hectic in character; the bowels were still irregular. The tumour had continued to increase slightly in size, but not so rapidly as about the time of the last report. It now formed an immense bag of fluid, raising up the right side of the abdomen to a great extent; it was slightly moveable, and most acutely painful. The skin was not yet adherent to its upper surface, but was very thin; and on the previous day I proposed to make an opening into it at the projecting point, either with the lancet or by issue; but to this the patient and her friends objected. She was slightly unwell four days ago, the discharge being darker than usual, and in small quantity. The treatment had continued the same as last reported, except that she had had considerable quantities of beef-tea, with wine; and about ten or twelve days ago, I directed the application of a large blister over the whole surface of the swelling, the blistered surface to be kept raw, and very hot linseed-meal poultices to be applied to this surface day and night, and to be changed every four hours. She was directed to continue the mixture and night draught.

Jan. 11th. On this day I thought I noticed a very slight diminution in the swelling. Her vomiting was less frequent; the pain was easier; and altogether she seemed slightly improved.

Jan. 25th. From the date of my last report the swelling had continued to decrease perceptibly in size every day, though not very rapidly; the vomiting ceased; the pain was much relieved; the appetite was improved; the bowels had acted more regularly; and the urine had passed freely. On my visiting her this morning, I found her sitting up, greatly improved in general health and strength. The tumour had subsided to about the size of half an orange; it felt flattened, and was only slightly painful to the touch; it was situated apparently behind the external abdominal ring, and fixed. The whole of the discharges from the body had been watched closely, in the expectation of finding matter in some; but no such discharge has taken place. The treatment adopted since the 10th, had been the constant application of very hot poultices, with the rubbing in