he comes with skin disease, that is another question. It is but rarely that you may not put him again in a good state of health, and prevent the more serious and complicated diseases which sometimes follow. Many persons, I know, have denied the possibility of curing constitutional syphilis at all; some say that it is never eradicated. Now, that it is never eradicated if the patient does not undergo a proper treatment, namely, sweating during and concurrent with the application of internal medicines, I am quite prepared to admit; but that it may be eradicated by the means I propose, I am no less certain.

Birmingham, April 1835.

CASE OF GUN-SHOT WOUND: WITH OBSERVATIONS.

By H. BURFORD NORMAN, F.R.C.S., Surgeon to the North London Eye Infirmary, and the St. Marylebone General Dispensary.

On the 7th of January last, Luigi Buranelli entered the house of two persons with whom he had been previously living, and who passed by the name of Mr. and Mrs. Lambert. He went into their bed-room, where they were both sleeping, provided with two loaded pistols: with one, which he presented close to the back of the head of Mr. Lambert, he shot the unfortunate man dead; the ball having passed through the thick mass of muscles at the back of the neck, and, on reaching the vertebral column, entered the spinal canal, between the first and second vertebra, cut across the spinal cord, and then flattened itself against the neck of the odontoid process.

In the next place, he fired the second pistol at Mrs. Lambert, as she fell in rushing from her bed towards him, to snatch away the weapon, and wounded her in the forearm and neck.

Lastly, he endeavoured to destroy himself by discharging one of the pistols, which he had re-loaded, into his own head; the ball, in this instance, entering the right side of the face, near the angle of the lower jaw, a part of which it fractured, and subsequently, by a course not absolutely known, reaching the orbit of the opposite side, where it was discovered.

One can scarcely conceive a man shooting three balls in a way calculated to produce more destructive effects. Yet of the three, one only has proved fatal. Of the case of that unfortunate man, nothing more need be said. That of the reputed wife having come under my care, and presented much that is interesting, I think it will not be unacceptable to many to see a fuller account of it than has yet been given.

My patient, who was also attended by her ordinary adviser, Mr. Allen, is a tall, stout woman, of dark complexion, and somewhat blunt features, and phlegmatic temperament, between 35 and 40 years, possessed of much courage, a native of St. Helena, and not wholly European (I should imagine from her features). She has lived mostly in England, but has travelled a good deal on the continent. She has always had remarkably good health; she drinks water only, because of her tendency to corpulence. On the day she was shot she was in her usual good health.

She had the following wounds: one across the back of the right forearm, about an inch and a half above the wrist, and the second in the root of the neck of the same side. The first of these had two openings: one on the ulnar border, depressed and blackened, and surrounded with grains of powder blown into the skin: the other on the radial border, irregularly fissured, with everted edges not blackened, and not surrounded with powder marks. The wound did not bleed: no foreign body could be felt in it, nor any uncovered or broken bone. The wound of the neck had the depressed edges and fissure-like form; it penetrated the tendon of the sterno-cleido-mastoid muscle, and could be traced by the probe an inch or so towards the vertebral

column. No foreign body could be felt in it, and it did not bleed. Search was made by manipulating the head and trunk of the patient for the ball, which it was thought might possibly be lodged somewhere near the surface, but it could not be felt anywhere. There was no immediate symptom of danger or severity, but a considerable pain in the lower part of the back. She walked after I first saw her from her bedroom—the back parlour—to the front room, and did not need assistance. She was agitated and alarmed, but maintained a remarkable degree of self-possession, and was wholly free from any tendency to syncope or hysterical excitement, and from overwhelming fear. She had neither cough nor dyspnoea, nor bloody expectoration. Water-dressing was applied to her wounds. She was made comfortable on a temporary bed, and some warm tea and a little wine and water were given her as she became chilly. She soon complained of tightness of her chest, and severe pain under her right breast, shooting to her back, and causing painful breathing.

So soon as order was restored in the house, Mrs. Lambert took a draught containing thirty-five minims of laudanum.

I was called to see her many times during the day, as the pain and difficulty of breathing alarmed her: but finding no fever present, although the pulse was quick, I ordered nothing more than hot cataplasms, and enjoined the greatest quietude.

In the evening (9½ P.M.), the dyspnoea was increased, and she had much pain in the side, and quickness of pulse; her nostrils were much in action as she breathed, and she could not lie down. Complete absence of pyrexia, and of anything like excessive pain or alarming oppression of breathing determined the treatment, viz., that of giving ten minims of tincture of opium in camphor mixture every four hours, and abstaining from blood-letting, or other depressing means. Indeed, a little wine and water was allowed.

Similar treatment was pursued for the next four days, and similar symptoms continued, the pain becoming on the whole less, but not the dyspnoea; she slept much supported by pillows, but could not lie down. The bowels up to this time not having been moved.

January 9th. On the third evening she took a dose of calomel and compound rhubarb pill, and the next morning a draught of infusion of senna and tartrate of potass. These medicines acted freely on the bowels. The pain in the side and back continued, and were at times severe, and the breath was short, quick, and catching. Sinapisms and hot bags of salt applied to the side afforded relief.

January 12th. The chest being examined by percussion and auscultation, on the left side posteriorly resonance was found to be increased, and the breath sound exaggerated greatly; there was a very slight dulness and crepitant rhonchus only at the base; on the right side, complete dulness from the base of the chest to near the spine of the scapula, with crepitant rhonchus, bronchial breathing, and marked bronchophony. Anteriorly, both resonance and breath were healthy. The laudanum was suspended, and the following substituted:—

℞ Spiritus ætheris nitrosi,
Tinctura camphoræ comp., aa ʒss,
Liquoris ammoniæ acetatis, ʒiij,
Mistura camphoræ ʒss M.

Fiat haustus quartis horis sumendus.

Some expectoration of thick mucus commenced this day. Once a little clot of blood was spat. In the evening the breath was very tight, and the mucus somewhat tenacious, and difficult to get up. Half a drachm of ipecacuanha wine was added to each draught.

Day by day expectoration became freer, and after a time profuse; it was never rusty, but always more or less frothy; pain in the side continued, but lessened, and dyspnoea was considerable; but from the first to the last day that I continued to see Mrs. Lambert, she never had a dry skin or tongue. She sat up a little at the end of three weeks. At this time, however, she could not lie fairly down, and she received a considerable shock in having to see and identify

the man who shot her, in the presence of the coroner and a jury, which was followed by intense headache, restlessness, and increased dyspnoea, and a succeeding state of much depression. The expectoration was so free and so well mixed with air, that we thought in this state of depression, and much sickness being also complained of, the ipecacuanha, and other expectorant medicine, might be given up, which was done. In place of these, saline effervescent draughts of citrate of ammonia and soda were prescribed.

This change afforded much comfort; the sickness ceased, but the cough, with abundant free expectoration of pure frothy mucus, continued. Some increased pain with tenderness, and a certain amount of oedema of the integuments at the base of the chest behind, gave rise to the suspicion that the bullet might be exciting suppuration there, as the means of its future extrusion. A large blister was applied. When the skin became sound again, no oedema was discoverable; the tenderness was gone, and breathing improved.

In another week Mrs. Lambert was able to go out in a carriage, and made a change of her residence without great fatigue or other ill consequence. At the end of six weeks she could lie on either side, but not until a later period still could she, when lying, turn from one side to the other without rising. Cough and expectoration have scarcely yet ceased, and she continues to feel at times the pain of which she complained from the first, with some tightness and shortness of breath.

I last saw Mrs. Lambert professionally in the last week of February, when her general health was good, and the state of her breathing so far improved that she could walk with comfort a pretty good distance, but not fast; there then remained much dulness over the lower and back part of the right side of the chest, with sonorous, sibilant, and muco-crepitant rhonchi, occasional cough and expectoration. During the second and third weeks following the injury, nearly a pint of mucus was often expectorated in twenty-four hours. The wounds healed well under the use of water-dressing and linseed poultices; some sloughing took place at the margin of the opening on the ulnar side of the arm, but none was observed at the radial opening. The wound in the neck threw off a very slight slough indeed. At one period, the track of the arm wound was marked by some redness and oedematous swelling of the skin, which subsided on the discharge of a little pus from the orifice. Some induration of the soft parts near the wound in the neck occurred. The suppuration of this wound was very trifling.

The preceding gives only a general outline of the facts observed. There were many details of interest which arose to our observation in daily attendance, and called for various modifications of medical and general treatment; but they do not concern much the main points and features of the case as one of gun-shot wound; viz., the course of the ball and the parts probably injured by it.

Nothing, it is well known, is more difficult than to account for the course which a ball fired into any part of the person will often take. Therefore, an immediate diagnosis and prognosis in any case where the course of the ball is not traceable by the probe, or perceptible to the sight, or clearly indicated by the immediate occurrence of a pathognomic symptom, however much it may be an object of desire both to patient and surgeon, is one of great difficulty and liability to error.

In the case of the man Lambert, there was no need of prognosis; the immediate fatal suspension of breath and life revealed—alas, how awfully!—that the thread of life, as it may well be called, had been severed. In that of Mrs. Lambert, who, seeing only a little wound in the root of the neck, from which neither blood nor air issued, neither attended by paralysis of the neighbouring extremity, nor by dyspnoea, could have predicated the occurrence of such consequences as ensued? Or who, on the other hand, considering the direction in which the ball appeared to have been fired, and the point on which it impinged on the root of the neck, after so short a previous course, could have supposed that it should not only

avoid all the important nerves and vessels of that limited region, but not even enter either the lung or chest?

Again, in such an injury as that from which the assassin himself suffered, what wonder would it have been if, instead of a perfect and speedy recovery, considering the apparent course of the projectile, and setting aside the danger of hæmorrhage, etc., symptoms of injured brain had occurred, and ended fatally?

The truth is, that a just opinion can only be formed as to the nature and extent of a gunshot injury from its effects; and the more serious of these are often not immediate, but distant phenomena. This case of Mrs. Lambert is quite in point. On the morning on which the tragic events alluded to occurred in her house, many medical men were in attendance. One of them, hastily judging from his inability to trace the course of the wound in her neck, and seeing no serious symptom present, hesitated not to pronounce it a mere trifle—a flesh wound, in which the ball had not lodged. I could not take the same view of the case; and time has given good reason for the different one upon which I judged it prudent and proper to act. From the position of the wounds, and the thick studding of the skin with grains of powder from the ulnar orifice along the same side of the hand to the left cheek and forehead, it was evident that the patient must have been below the assailant when he fired, with her right arm raised, and her forearm crossed in a state of pronation, before her face, as it were in an attitude of defence; in which position the right hand must have been close or very near to the left cheek and forehead. The ball, being fired from above, must have passed in a slanting course through the back of the arm to the neck. From the entire absence, first and last, either of hæmoptysis, emphysema, pneumothorax, or empyema, I infer that neither the pleura nor lung was directly wounded. And the mode in which I account for the pneumonia which was excited is by the supposition that the ball must have been diverted from its downward course by the edge of the clavicle on which it impinged, and then have taken another route across the neck outside the pleura, and descended in this position towards the lower part of the chest. The lung would in such a course be bruised not immediately, but through the intervention of the two layers of the pleura.

There was never any ground to suppose that the ball had escaped, nor any apparent reason why it should have done so. The rapid healing of the wound, with scarcely any sloughing and but trifling suppuration, is not an argument against my conjecture as to its course and extent, and the lodgment of the ball; and the consecutive symptoms seem to me to be most in accordance with it. Moreover, it is well known to all military surgeons of experience, that the continued presence of a ball need not in any way hinder or complicate the healing of the wound which it has made. The ball with which Mrs. Lambert was wounded was very small; but large musket balls have been often known to remain harmlessly lodged in various parts of the body for years, and even in the lung itself. I admit that the opinion which I have expressed is one not capable of absolute proof. Sir George Ballingall refers to two cases of wounded lung which he had seen, unattended with hæmoptysis.

Of the other symptoms which, at a later period, follow wounds of the lung attended with lodgment of a foreign body, and which have been alluded to, as suppuration of the lung, expectoration of pus, hectic, etc., it cannot be said that they must occur, as balls have been found in the lung twenty years after they get there. So in respect of the other consequences, so generally observed in wounds of this organ or its containing cavity; it cannot, perhaps, be affirmed of any of them that they must be present. Yet taking into consideration their very general presence, if they are all absent we have strong presumptive evidence, albeit of a negative sort, that the lesion which they so generally accompany is absent also. Again, there are cases on record to shew that a ball may take such a course as I have supposed, and occasion just

such symptoms. On all these grounds, I think the opinion which I have expressed and which I formed early is a sound one.

The happy termination of the case is doubtless due in great measure to that previous soundness of health and constitution in mind and body which Mrs. Lambert enjoyed. It is not too much to say, that such an accident in a person of another character and constitution of body, of other habits and greater susceptibility, would in all probability have proved most alarming, if not fatal, and have called for a more active mode of treatment than that which in this instance seemed called for, and has proved adequate to every good end.

Duchess Street, April 17th, 1855.

BIBLIOGRAPHICAL NOTICES.

EUTHERAPEIA. By ROBERT GARNER, Esq., Surgeon to the North Staffordshire Infirmary, etc., etc. pp. 277. London: 1855.

THERE are few things in the field of literature more difficult than to write a popular book on a scientific subject. No less a man than Professor Owen has addressed himself to this task in his *Principles of Osteology*, published in the first volume of *Orr's Circle of the Sciences*; but, instead of producing a mild essay for the million, the professor has given us a treatise which is good tough reading for the advanced physiologist.

The author of *Eutherapeia* in his preface tells us "he has written for the profession in the first place, but also with an eye to the inquiring portion of the community". We suspect the claims of the general reader are consulted throughout the pages of the work before us, rather than those of the profession. We cannot think Mr. GARNER means his treatise to be a complete "examination of the principles of medical science", or that the superficial manner in which the subjects of anatomy, physiology, pathology, therapeutics, and quackery, are discussed in a book of less than three hundred pages, will satisfy the wants of the medical reader.

Mr. Garner divides his work into eight chapters.

Chapter I: Anatomy, its history and progress, with a short view of the organs of digestion, respiration, circulation, secretion, and sensation.

Chapter II: the Nervous System; a more elaborate account of the nervous organisation of invertebrate and vertebrate animals, with pathological sketches.

Chapter III: Organic Chemistry, including observations on animal heat and some of the phenomena of primary and secondary assimilation, and the results of certain renal and blood affections.

Chapter IV: Pathology; Classification of Diseases; Sthenic Diseases, or those of Overaction; Pyrexia of Cullen; Local or Inflammations; Phlegmasia of Sauvages.

Chapter V: Diseases continued.

Chapter VI: on Medicinal Agents, their Classification and Action. An Index is given of Medical Effects and of Medicines.

Chapter VII: the Origin of Disease; Analogy between it and Moral Evil.

Chapter VIII: Examination of the Principles of Phrenology, Mesmerism, and Hydropathy, etc.; the Organon of Hahnemann and Homœopathy; True Animal Electricity.

Neurology is our author's favourite study, and it is one to which he has evidently given much and patient attention; we cannot, however, implicitly follow his train of reasoning on this subject, so far as we understand him; nor can we subscribe altogether to his physiological definitions. For instance, we think there is a little obscurity in the author's manner of stating his views of the relation which the cephalic ganglia of invertebrata bear to the superadded hemispheric brain of the higher vertebrate animals. We dissent from the opinion that the cephalic ganglion of the cuttle fish is a "cerebral

lobe", thereby meaning a rudimentary cerebral hemisphere. We regard the cephalic ganglion as the instrument by which certain organs of special sense are made to obey the calls of external impressions. The cephalic ganglia of the higher mollusca correspond, in our opinion, with the optic lobes of fishes. In the instance of the cuttle fish, each sucker may be separated from the body, and after that be made to contract, and embrace any substance presented to it by mere contact. There is, therefore, no connexion between the motive instrument and the superior ganglion positively necessary for such automatic action. (pp. 32-33.)

Again, the author, in speaking of the heart (p. 43), tells us "a curious circumstance relating to this organ is, that although its action is so remarkably independent of the will, it is yet very easily affected by emotions." There appears to us some ambiguity here. The distinction between emotional and volitional stimuli, and the physical and moral phenomena resulting from their independent action have long been recognised both by medical and metaphysical philosophers; to us, it would have appeared more "curious", if an organ, such as the heart, which is the very centre of organic life had been left to the mercy of an agent so capricious as the human will.

In the chapters on Pathology, there are many sensible observations; among others, the author's remarks on the nocturnal croup of children, brought on by their breathing air at a low temperature, deserve attention.

Mr. Garner does not enlighten us on the Chemistry of Therapeutics.

We must refer our readers to Dr. Butler's *Analogy* for the best exposition we are acquainted with of the subject of Mr. Garner's seventh chapter, which treats of the origin of disease and moral evil.

The concluding chapter of the work contains a clear and amusing account of some of the popular quackeries which have of late troubled the public mind: this portion of the work requires no special notice at our hands.

The illustrative figures at the end of the book are faithfully executed outlines, without artistic pretension. Of the vignettes, which relate to the fabulous history of *Æsculapius*, and which appear at the heading of each chapter, we have nothing more to say, than that we suppose them to be suggestive of the author's appreciation of classical antiquity.

Mr. Garner is evidently a gentleman of extensive and varied reading, possessing great facilities of expression, and, we should think, a thorough acquaintance with the practical working of his profession. We hope, ere long, to meet him again, and under colours more exclusively professional.

ON STRICTURE OF THE URETHRA AND FISTULA IN PERINEO.

By JAMES SYME, F.R.S.E., Professor of Clinical Surgery in the University of Edinburgh, etc. 2nd. edit.

THE details of the perineal section for the cure of certain cases of obstinate stricture, as practised by Mr. SYME, are now too well known to demand further notice in our pages, as far as its operative procedure is concerned. Whether Mr. Syme be or be not the originator of this practice, is of little moment; such is his present position with regard to it, that it may safely be called "his own." In estimating the merits of any operation, two things must always be considered: its effects upon the disease, for the cure of which it has been performed, and the accidents necessarily attendant or consequent upon it.

The perineal section has now been performed in a sufficient number of instances, in addition to the 108 cases mentioned by Mr. Syme, to enable us to bring it to the test of those practical points just alluded to. It is certain that the perineal section is not, in all instances, curative of stricture, and we know of cases which have been operated on, exactly in the mode proposed and practised by Mr. Syme, which, after the lapse of a certain period of time, the stricture has been as bad as ever. Again, although the incision be made exactly in the median line, the bulbous