

and it did so. But there was no repression of the spasms as a result of its use; for twice it was given alone, and each time the spasms returned, to be reduced again by the aconite. Useful, then, in relieving a disagreeable accident, it had no power to stand against the tetanus.

If I have succeeded in demonstrating the acute nature of the attack, the extremity of the symptoms, and the contraspasmodic action of the aconite, there can be little need to say anything of the chances of spontaneous recovery. He might have beaten the disease; but, from all we know of tetanus, we may be pretty sure that it would have gained the day.

What, then, is the value of the case? Does it contain hope for the future, or is its successful termination merely a fortunate accident? I cannot but think that it is full of hope, more especially when taken in connexion with previously reported cases. Of course it is not conclusive; it cannot be. But it points very decidedly to a certain path, by following which there is more hope of arriving at the wished for goal than by the old well trodden tracks. Aconite has never had that thorough testing that opium, for instance, has. So far, it seems to me most useful: further experience will determine its true value. But little persuasion should be required to induce a fair and extended trial of its powers, not by one or two, but by many; for, in such matters as this, "in a multitude of counsellors there is safety". Nor need we restrict our notice to aconite alone; it is only one of a class of medicines which has yet had little attention paid to it—all powerful, even violent, in their action, and many, I am convinced, containing "a soul of good" within them, which as yet we have not "oberservingly distilled out".

ANOMALOUS CASE IN A CHILD.

By D. W. SARGENT, Esq., Camberwell.

THE following case, which lately occurred in my practice, appears so anomalous that I am induced to record it. I am unable to recognise the symptoms, in the course which they followed, as belonging to any known disease; and the *post mortem* examination did not reveal any condition sufficient to account for death.

CASE. L. D., a fine healthy boy, of sanguine temperament, aged 3 years and 9 months, was quite well on December 29th, and was naturally relieved in his bowels three times on that day.

Dec. 30th. He was very sick and restless throughout the day: the ingesta only, with mucus, were vomited. The pulse was 84, feeble; the skin cool. He was very thirsty; the bowels were inactive.

Dec. 31st. He had nausea, but no vomiting; nor was there purging. There was no febrile heat. He was very restless and thirsty. The urine was natural, and passed freely. The pulse was 84; the skin cool; and the head clear.

Jan. 1st, 1860. He vomited very frequently, and was very thirsty. The urine was plentiful and natural. The skin was colder. He was perfectly conscious, and had no convulsions. The breathing, which had been panting, became more so, and there was more play of the nostrils; but there were no bronchitic nor pneumonic sounds. The pulse was 96, thready. He dozed occasionally for a few minutes, apparently from prostration. The pupils were natural or dilated, never contracted. The bowels were costive.

Jan. 2nd. All the symptoms continued, with more restless tossing and panting, and colder skin. The vomiting ceased in the evening. The urine was passed freely: there was no action of the bowels. He had no perspiration, cramps, or convulsions: he dozed frequently, but was perfectly conscious.

Jan. 3rd. After taking castor oil, he had a motion, natural in character, early in the morning. The vomiting did not return. He said once or twice that he was "better now"; but the coldness, panting, and sinking increased hourly.

Jan. 4th. Diffused warmth appeared over the surface in the morning; just after which he quietly breathed his last, in perfect consciousness.

The only indication of pain throughout the case was an occasional pointing to the throat just above the sternum; but the throat was perfectly free from disease. No eruption at any time appeared on the skin.

The treatment consisted at first in small doses of dilute nitric acid, to allay vomiting; and two calomel purges were given. Afterwards, bicarbonate of potash and aromatic spirits of ammonia were used; then solution of carbonate of am-

monia; and subsequently, dilute sulphuric acid. Throughout the case, milk and wine, and lastly brandy, were given, according to circumstances.

POST MORTEM EXAMINATION. The brain was free from lesion throughout. There was no inflammation, nor extravasation of blood, serum, or pus, on the surface of the cerebrum or in the ventricles; neither was there any on the crura, the pons Varolii, or medulla oblongata, or beneath the pia mater, in the cavity of the arachnoid, between the arachnoid and dura mater, or between the dura mater and skull. All these parts were free from opacity or thickening. There was some vascular injection of the membranes at the base of the cerebellum; but it was removable by washing. No trace of disease could be found in the lungs and heart. The left auricle contained a soft natural coagulum; the left ventricle was empty. The right auricle and ventricle contained slightly coagulated blood. There was no engorgement of the pulmonary vessels. The stomach was half full of a straw-coloured watery fluid, which was not tested. The organ appeared healthy: the mucous coat was not injected. The liver was natural in size and external outline, and presented no morbid appearance. The intestinal canal was healthily distended, and was free from injection or inflammation. The bladder was quite empty and collapsed.

TWO CASES OF FALLS FROM HEIGHTS FOLLOWED BY VERY SLIGHT INJURY.

By GEORGE MALLETT, Esq., Bolton-le-Moors.

IN a recent number of the JOURNAL, Dr. Fleming writes that we ought to record only good cases; meaning such as present something new and of living interest in diagnosis or treatment, or illustrative of some practical rule already established. There appears to me to be so much of truth and wisdom in these remarks, that they ought to command universal assent; at any rate, they meet with my cordial approbation. Nevertheless, I am afraid I am going to act in opposition to them, by giving a brief relation of two cases, that would scarcely be ranked amongst those that ought to be published, if we construe the above rule very rigidly, as they do not indicate anything novel either in treatment or diagnosis.

I send this paper for publication, believing that similar cases to these, therein related, cannot often occur, without suspending on their behalf one of the ordinary laws of nature—that of gravitation.

The two following cases are those of men falling from such heights as would, under most circumstances, be followed by instant death, but they escaped; and therefore I think they are sufficiently interesting to entitle them to be placed upon record.

CASE I occurred about sixty years ago; and about twenty-five or twenty-six years since, it came to my knowledge under the following circumstances.

At the period last named, I was requested to visit a poor man, who had been suffering severely for four days. I found him in great agony from retention of urine, none of which had passed from the bladder for four days. Many ineffectual attempts had been made for his relief by an irregular practitioner, but, unfortunately, he had been unable to introduce the catheter. The patient was about 70 years old, and presented the following symptoms. The skin was hot; the face red, and much emaciated; the pulse was rapid and very feeble; the mouth and tongue hot, parched, and covered by a thick coating of dark fur—in fact, presenting such an appearance as would be expected from so long a retention of urine. With great difficulty, a large catheter was introduced, and from five to six pints of urine were drawn off: the first was very ammoniacal, and the latter portion semipurulent and bloody. The catheter was introduced twice a day for three days, when the man died.

The day before his death, he was very cheerful; and, in a jocular manner, said, "that in his younger days he had met with a bad fall, but he feared he had then suffered a worse one, as he had fallen into the hands of the doctor." He explained himself by stating, that when placing some of the masonry upon the highest part of the tower of a church, called St. George's, in this town, his foot slipped, and he was precipitated from the top to the bottom, the distance being at least one hundred and twenty feet; and that the fall was uninterrupted by any intervening scaffolding, so as to diminish the impetus of the descent. He added, that he was so little in-