treatment, that is phalanx surgeon, on his mission. The days, and the wound showed healthy granulations. Irrigation was still continued for a few days longer, after which wet lint alone was applied. About the middle of June the wound was quite healed; and he left the hospital, I thought, had a useful limb. He could flex and extend the index finger, and bring the thumb in contact with it firmly. The thumb was partially dislocated forwards and did not allow of much movement.

CASE III. Lacerated Wound of the Joints between the First and Second Phalanges of the Index and Middle Fingers: Both Saved. A boy, aged 16 years, was admitted in Guy's Hospital, under my care in February, 1857. A severe injury had been inflicted on his right hand by a circular saw, just before admission. The little and ring fingers were merely hanging by strips of integument; and my dress, Mr. Broad, removed these through the first phalanx. The joints between the first and second lacerated finger and middle finger were cut open on their dorsal aspect; but as there was no further injury to them, Mr. Broad determined to attempt their repair. In this painful task; for by enveloping the injured fingers in strips of wet lint, cicatrisation was effected in three or four days, and the boy enjoyed the movements of flexion and extension of the fingers.

As to the remaining usefulness of the hand depends in a great measure upon the integrity of the thumb, I may be excused if I devote a few moments to the consideration of the injuries of this important member in particular.

I believe it may be laid down as a rule that no portion of the phalanx or of the metacarpal bone should be removed by the surgeon, even should the bone project beyond the lacerated integuments and appear to be so denuded, that to save it would be enough to excise the majority of observers as hopeless. This rule is based upon practical experience, and the results obtained in leaving cases of compound comminuted fracture to the reparative powers of nature. One case among several I will relate.

CASE IV. A young man was brought to the hospital, whose thumb was shattered by the explosion of a pistol. The ungual phalanx and half of the first were carried away, together with the soft parts, as high as the ball of the thumb, and the integuments were hanging in shreds. The stump of the first phalanx projected considerably, and it did not seem possible that it could ever have been again covered by skin. I determined, however, to execute all that was in my power. The thumb was well cleansed, and strips of lint applied. The thumb was trimmed, and the bone covered with integuments, the stump of the first phalanx required to be removed at its articulation with the metacarpal bone. In this case the hand was well cleansed, and strips of lint applied from the carpus towards the ungual phalanx, so as to bring the lacerated integuments as much over the stump as possible. Superficial laceration of the lacerated surface took place, and granulations were soon developed, and about an eighth of an inch of the stump of the phalanx exfoliated. After this the wound healed rapidly, and the lad obtained a most useful hand, enjoying all the movements of the second phalanx. He could, under my observation a few years after this accident, and I was gratified to feel the power he enjoyed in grasping my hand between the stump of his thumb and fingers. He was pursuing the employment of an engineer, an occupation requiring considerable manipulative dexterity.

I trust my hearers will excuse the detail of this case, hoping that its result may deter younger members of the profession from an officious interference with the reparative powers of the animal economy. No case, at first sight, presented more discouraging prospects; yet I never had one attended upon more satisfactorily.

In the laceration of the soft parts of the fingers and hands, I believe we are not justified in pursuing any other treatment than an attempt to save the parts. However ragged and lacerated the integuments, and however how nature restores the injured member; and in the treatment of these cases the wet lint dressing assists the reparative powers admirably. A machine is employed in some manufactories under the term of a "devil," to tear rags into fine shreds. Boys are employed to feed this machine, which consists of a roller covered with spikes, and which performs rapid revolutions. These boys often get their hands drawn in, and the result is most frightful laceration.

CASE V. An injury of this description occurred to a little boy who was brought into Guy's Hospital under my care. Both hands and fingers were frightfully lacerated, the integuments hanging from them in shreds. At first sight, they seemed to be hopelessly damaged. The injury was chiefly, however, on their palmar aspect, and the movements of flexion and extension were not destroyed. The fingers had suffered most, and the ungual and second phalanges of the right index finger were cut clean through. But after the circumstances above described, the parts most injured had been removed, little more would have been preserved than the palm of the hands; for, upon examining each finger, if any portion of them had been removed, the amputation must have been performed at the heads of the metacarpal bones. I therefore determined to attempt the repairation of the injury; and, with this view, after the removal of the injured portions of the right index finger, the other fingers and thumb were dressed with wet lint, and the integument which remained was brought over the parts as neatly as was practicable. In these vertical lacerations it is remarkable how the skin contracts laterally, and becomes drawn into a narrow stripe upon the dorsal aspect of the finger when the wound is on the palmar surface; and, in this case, this effect was so marked as, upon some of the fingers, to give the thumbs and thenar eminence the semblance of one made of them. Slight laceration of the lacerated edges took place, but a few days sufficed to bring about a healthy granulating action, and cicatrisation proceeded favourably. After this the hands were healed the stumps and the considerable amount of movement in the fingers; indeed, to a far greater extent than would have been anticipated after the first examination of the injury.

The injuries of the hand to which I believe the treatment described to be adapted may be thus classified:-

1. All incised and lacerated wounds of the integuments.
2. The same wounds complicated with similar injuries of the muscles or tendons.
3. Incised and lacerated wounds, by which the joints are cut open.
4. Compound fractures of the bones of the metacarpus and phalanges, with severe contusion, and those accidents by which one or more of the fingers are torn off by machinery, leaving, as in the thumb for example, more or less of the bone of that important organ exposed without any covering of soft parts.
5. Injuries produced by the explosion of gunpowder from firearms, with or without shot, by the force of which the soft parts are more or less lacerated, contused, and destroyed, and the bones fractured.

CASES OF NERVE-DISORDER, RECORDED WITH REFERENCE TO THE PROBABLE OPERATION OF MALARIA AS A CAUSE.

By C. Handsfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital.

Series II (continued).

CASE XIX. W.M., aged 40, coachman, was admitted May 14th, 1856. He had been ill three weeks. He had never had ague, but was in a part of Kent where it prevailed very much six months ago. He vomits all his food, and, after each vomiting, has fever of about three or four days; he has hot sweats, and has perspirations. The epigastrium is tender. He is better with light food. The tongue is moist and clean, except a streak of coating in the centre; the urine is very red; the bowels are open. He is very weak. He has a pain in his forehead, "as if he had all the troubles of the world." He attributes his illness to a bad smell proceeding from a sick person. He was put on the use of strychnia and quinine, the former being changed after five days for six milligrammes of the latter. At this time, he had less of the febrile paroxysms, but attacks of shacking occurred every morning. In four days more, the sickness had quite ceased; he had no pain in his head; and there had been but little shacking in the previous evening. On the same plan, he improved still further, and ceased attendance.

REMARKS. It seems scarce doubtful that this was an instance of aguish impregnation roused, though after a long
interval, into activity by debilitating urban influences: indeed, he stated that the pain in his head existed from the time of his visit to Kent. This circumstance—viz., the power of the condition of the individual to bear and subdue the exposure to the malaria to develop the morbid effects—is of great importance for us to attend to. It may entirely depend on these whether the poison imbided is to be active or harmless, and has at various times (vide Art. Diseases, p. 571). I should think it almost certain that a slight agnish impregnation may be rendered by depressing circumstances as potent for evil as a more virulent one, and that the choice is left to the man of time requisite to effect a malignant impregnation makes the importance of the subsequent conditions still greater. Who shall say that sleeping a single night in some malignant locality (and I now speak of our own country) may not establish a predisposition which various depressing causes shall promote till it becomes the cause of serious illness, or of lingering wasting ill health?

CASE X. S. R., aged 30, a female, single, of healthy aspect, was admitted July 2nd, 1857. She had been ill two months. She is giddy and faint, "so awfully faint!" has pain about the lower part of the sternum, extending to the intercostal region of the back, much aggravated by food, but not more by a chop than by bread. She never vomits. There is some epigastric tenderness. The catamenia have been absent for seven or eight months. The bowels are regular; the skin cool; the pulse weak and of thin red tip. She has much heat in the foot, especially in the left. A week later, she stated that the left side, arm, and leg were quite numb and in pain when she came into the air, but were only slight when the weather was warm. She had suffered from this the last winter; during the cold weather, she could not dress herself at one time for a period of fourteen days. She took the following draughts for a month:

B: Resinum subnitrat. gr. xy; sodae sesquicarbon. gr. v; liquoris opii sedativi vii.; aquæ fœss. M. Fiat haustus ter die sundemus.

Afterwards she had styphnicin, quinine, and iron, in combination with liquoris opii sedativi. Under this treatment, she improved a good deal, and ceased attendance after August 6th. The numbness of the left side was much better after the first fortnight of the tonics. The opium did not confine the bowels.

The gastrical disorder in this case was associated with a left side affection of similar character. The latter, when I saw her, was not rheumatic, though she stated that there was occasionally swelling of the hand and foot. I have observed in several cases that severe cold has acted in a depressing manner on the nervous system, intensifying its disorders. Two marked cases of aguish disease came under my observation last winter, and both were colicky.

CASE X. R. W., aged 67, a charwoman, single, was admitted July 9th. She has had jaundice several times; the last attack was in April. She had been getting ill three months. Everymorning she has a violent pain at the epigastrium, the lower part of the chest, like cramp, which strikes through to the shoulders and down the spine. She shivers at times, and has damp sweats. Urine dark. The bowels are costive; the tongue white; the pulse large, compressible. The treatment consisted in occasional calomel and colocynthis aperient, and in the steady administration of full doses of quinine, and citrate of iron and quinine. The last decided attack was on July 9th, just a week after the preceding. After some treatment directed against deafness, from which she suffered, she was discharged October 11th, in better health than for years.

REMARKS. The phenomena of aguish disorder were marked plainly enough in this case, which, for anything that appeared, was solely of London origin.

CASE XVI. E. S., aged 36, married, of rather sanguine aspect, was admitted May 11th, 1857. She had been affected by pityriasis all her life. At the catamnetal periods (which occur regularly every two years), she has the vomiting of stuff like brown water, which lasts for twelve hours, and is preceded by violent headache. In the intervals, she is thin and pale. The skin is warm; the pulse of good force, excited; the lips red; the bowels act two or three times a day, motions healthy; the urine is natural. She can digest her food well, only beef lies heavy. She is very apt to take cold, and has bad cough; no relapses are heard in the posterior parts of the lungs. She is worse after any exertion. She lives at Chiswick, near the river, in an open meadow. I was at first quite inclined to view the case as one of hepatic derangement, and prescribed nitro-muriatic and tartaric acid, with biweekly doses of calomel.

May 16th. The urine was found exceedingly pale, aconitic, not abuminous.

May 26th. Casearia infusion, with half a draught of tincture of cinchon, was given, in place of the water of the mixtures. The effect was excellent immediately.

June 14th. She is not improving. An attack of vomiting occurred a week ago, when she brought up much thick stuff, like brown phlegm. Tongue clean. She has dreadful weight of tongue, and the chest is laboured for several days before the vomiting commences. The bowels are much relaxed, as they always are in warm weather.


June 22nd. An attack of vomiting occurred on the 16th, but lasted only five hours, instead of all day. The medicine was continued; and she was ordered to take five minutes of liquor potassa arseniatis twice a day with her meals. July 6th. She is much better; has had one attack of vomiting, lasting a very short time, when she scarcely brought up anything.

July 16th. An attack of vomiting occurred on the 10th, which kept her in bed all day. She is much better and stronger; the vomiting is not so violent; the urine is more copious. She has noticed no-yellowish stool.

R: Strychniae gr. l.16; quinine sulph. citr. dii. ; ferris sulph. gr. iv.; acidis sulphurici dii. q.; liquoris opii sedavit. My; aquæ fœss. M. Fiat haustus ter die sundemus.

July 30th. She is very much better than she has been for some time, and has no sickness. She continued to improve till she was discharged, apparently well, August 4th.

REMARKS. The result of the treatment proved that this case was one of nerve-disorder, and not of hepatic congestion and obstruction. The diagnosis was not clear at first, and would have been more difficult still for the knowledge I had acquired of the existing consistence and activity of her dwelling. The locality of her dwelling is the only circumstance which affords some ground for suspecting the operation of malaria. However, whether her disorder was produced by malaria, or by some other obscure influence, it is clear that the pathological state was the same, and required the same treatment. The brown coloring of the matter vomited was probably from blood exuded together with it.

CASE XVII. E. T., aged 35, of rather sanguine aspect, married, and having had five children, was admitted February 9th, 1857. She has been ill one month. She has some cough, and spits much blood (a teaspoonful in one day), and some yellowish, thick, thick brown phlegm, but less of this than of the blood. The blood comes up with nausea, but no vomitting, and is of a very bright colour. This haemorrhage has been going on the whole month that she has been ill.

The first of her illness was a sort of cold, with shivery fits, and fainted several times a day. About eight days after this, blood came up. She has copious cold sweats at night, and feels very shivery in the morning. The pulse is soft and small; yielding; the bowels costive. She was not able to have a bath till the fifth week when the blood first came up. The chest is deformed; there is right lateral curvature; the right front is flattened. There is no dulness anywhere; weak breathing all through both lungs. There is some epigastric tenderness. She always experiences extreme exhaustion a quarter of an hour after taking food; it lies heavy, but causes not much pain. The tongue is whit. A sinapism was applied to the epigastrum.

R: Quinine sulph. dii. ; liquoris opii sedavit. My; acidis sulphurici dii. q.; aquæ fœss. M. Fiat haustus ter die sundemus.

The food was ordered to be taken cold.

February 15th. No more blood has been brought up, except a few streaks. She feels rather better. There is much pain under the scapula; the breath is short in the mornings; bowels open; pulse very weak. She lay unconscious in a faint yesterday, for an hour and a half.

February 16th. She has such extreme weakness that she cannot describe it. A long faint occurred on the 14th, and she almost lost consciousness on the 9th. The bowels are confined; the tongue is nearly clean. A teaspoonful of blood came up yesterday, but no more since last date.


February 19th. She has fainted twice since last date, but feels much better; the bowels are open.
February 26th. She is getting on a great deal better; no more blood has been brought up. She has had no fainting, and feels better.

March 12th. She feels much better while taking the medi- cine, but is worse without. A drachm of blood came up twice last week. On exertion, she has sharp pain in the left side. She has been kept off her food, and it is not so well there as at Walton. She is still residing at Walton.

March 23rd. She has been nearly so well the last three days; she complains of extreme weakness. She has brought up a great deal of blood again this week. The tongue is clean. She is still residing at Walton. While in the consulting-room, she threw her head back in the chair, and appeared quite unconscious for a short time. The pulse, however, did not fall; nor did her face become pale as I think it was flashed. The mixture was continued; and she was ordered to take ten grains of arseniuria four times a day.

April 2nd. She is very weak; has extreme leucorrhoea. The profuse sputum was improved in another case very fast now. No blood has been brought up. She has been taking food well the last three days; she has stayed the last eight in Paddington. Pulse soft, quick.

April 29th. She went back three days ago to Walton, and was a great deal better; there was no return of the hemmorhage. The medicine, however, made her giddy, and was not taken.

Remarks. The prominent phenomena in this case were extreme nervous depression and debility, and gastric haemorrhage. The leipothymia which frequently occurred, once in my presence, seemed to be the result of a temporary failure of the functional power of the brain, quite analogous to the numbness which occasionally affects a sensory nerve. The haemorrhage was owing to a sudden flushing of the capillary plexus of the gastric mucous surface with blood induced by paroxysms of the vasomotor nerves of the part. The primary disorder was therefore lowering of the nervous power generally, and the bleeding was a secondary accident. Residence in a low unhealthy locality appeared to be the main cause of the nervous prostration, and of course removal from it was the best remedy. Quinine and strychnia also seemed to aid materially in restoring the failing power; the haemorrhage really appeared to be regulated by these agents. I feel very sure that the hemorrhage did not proceed from pulmonary tubercles, vicarious menstruation, cardiac disease, or cirrhosis of the liver. Gastric ulcer of course suggests itself as a very possible cause; and it cannot be doubted that present. However, it must be remarked that the haemorrhage in gastric ulcer is not so continuous, or of so frequent recurrence, as it was in the above instance, nor is it associated with such prominent symptoms of nervous prostration and failing powers. A patient with a gastric ulcer may fall into syncope at the time when a profuse gush of blood occurs; but neither this nor the bleeding are often repeated. The more I see of this anguish disorder the more I come to look at prostration of nervous power, not produced by any organic disease, as the most characteristic feature. Patients remark themselves they cannot think what makes them so weak; they express a fear that they are going to be paralysed; and, in their own word, disorder to the intestines. The powerful tonic which she took with advantage from April 2nd to 9th afterwards disagreed. I have observed for other cases; it seems that as more power is regained the system is less tolerant of high doses.

I add to the foregoing case the sequel of a very similar one recorded in Series I, No. 5 (Association Medical Journal, 1856, p. 274). After she ceased to be under my care she went over to Ireland, where she remained a short time. She never brought up any blood after this voyage, and improved gradu- ally; so that at the date I saw her (four months subsequent to her departure) she was well and cheerful. For the last two months of this period she had returned to service in Ireland. Here again change of air accomplished what medication utterly failed to effect.

A case recently attracted my attention where haematemesis in small quantities went on for about six months, recurring at short but irregular intervals, and continuing for several days at a time. It was associated with severe pain of one knee, and great nervous depression. After an ineffectual trial of blister, etc., amputation was advised by a surgeon of reputed, but the patient refused. No astrigents had any effect in arresting the haemorrhage, which at last ceased (I rather think under the use of carbonate of iron), and the pain in the knee became easier, so that she was able to move about with a better step, after having been unable to bear weight on the knee was never swollen, nor did it present to my eye much appearance of organic disease. I strongly suspect that this was an instance similar to the one recorded above.
September 10th, 1856. She was a weakly girl, too much confined to have been suffering for eighteen months, with an eruption of the following description. Edematous swellings, attended with slight redness, appear on different parts, lasting only a short while. I saw her one day with one of them on the side of the lid; sometimes the eruption affects the scalp, sometimes the throat, causing a choking sensation, sometimes the joints or other parts. The catamennia are regular; the eruption is worse at those periods. The skin otherwise pretty good. The warmth of bed seems to promote the occurrence of the eruption. She was treated by nerve tonics in various combinations till March 26th, when she was discharged quite well, having been improving steadily for some time. In the course of treatment one eye or two furuncles appeared. Citrate of iron and quinine, liquor potasse arsenits, carbonate of ammonia, strychnine, etc., were employed: on their sustained steady the success of the case depended.

Remarks. The result of this case goes far, I think, to demonstrate that disordered menstruation and not a blood poison was the main cause of the eruptive oedema. By toning the nerves the latter ceased. Had eliminants been employed, it may be confidently asserted that no such desirable end would have been attained. The fleeting nature of the eruption also strongly indicates a nerve action as the essential movement. There was no indication here of any malarious influence, no febrivation, neuralgia, or peculiar prostration. The case is one of some value, as in this respect contrasting with most of the other cases its shifting nature character, even with a decided affinity. I consider it as one simple anaemia of the vaso-motor cutaneous nerves, to be distinguished from similar states produced by a poison.

Case xxvi. E. W., aged 29, married, was admitted, May 7th, 1857. She resides at Kensal Town, close to the canal. She has been ill six months. She complains of great sinking and weakness at the epigastrium; of flushes of heat followed by chills; great exhaustion on the least excitement; and low spirits. Her food seems to do her no good; she has no power for anything. The tongue is white; it is parched in the morning. The skin is cool; pulse weak. She is very drowsy. She has never been well since she was in her present residence. Strychnia, iron, and compound spirit of sulphuric asper, was given for eleven days; at the end of which time she reported herself better and stronger, but did not attend again. Most probably the injurious influence was far too powerful to be overcome by drugs.

Case xxvii. H. H., aged 36, married, was admitted April 30th, 1857. She resides near a canal; and has been ill six months. She is hyperesthesis; the tongue is clean; the pulse quiet; skin cool. She has large, glandular, aching pain in every part of her, most severe in head. She is feverish, and cannot sleep at night. Some days she vomits bilious matter, and has violent sweats. The urine is high coloured. She thinks she shall lose her senses. She has never been well since she lived near the canal. Last summer she was ill in the same way; she went down to Windsor, and in three weeks was quite recovered. Citrate of iron and quinine, with tincture of nux vomica, were given, but when I first saw her, on May 7th, she was not at all better, and complained of drenching sweats at night.

To these I may add the sequel of a case reported in the previous series [Association Medical Journal, 1856, p. 314], in the last given. She was a laundress, and lived on the bank of the same canal as is alluded to above. Medicine could only afford some temporary relief to her distressing symptoms, which were even more severe than those in Cases xxvi and xxvii. She removed to another locality, and in three weeks reported herself quite a different woman. She still continued her washing occupation.

Remarks. I by no means wish to conclude positively from these remarks that the vicinity of a canal is to be considered absolutely injurious, and by all means to be shunned. I confess I do not like to live on its banks, so many persons in Paddington reside near it, without seeming to experience any inconvenience, that I suppose it is only those who are in some way predisposed that are likely to suffer. Mr. Dempster's observations in India go to prove that the vicinity of canals is more productive of malaria than places more remote. In both the above cases it will be observed the symptoms were essentially those of prostration of nervous power, and obscurely developed fever.

[To be continued.]