

the cases of rheumatism which came under my notice in the same years, commenced with directions of the wind from southern, north-western, and intermediate points; as also did all the cases of bronchitis and pleurisy. All the cases of infantile convulsions commenced with the wind in the W. and N.W. points. All the cases of erysipelas took place with a wind from N. and S. and intermediate points, by way of W.; while toothache and neuralgia occurred with the wind from all points of the compass; but these two last diseases, diarrhoea, and some others, are *invariably followed by a decrease in the readings of the barometer, and a change in the direction of the wind.*

The following may be viewed as a type of a meteorological process, and of the class of diseases which accompany it. If the wind continue from the northern points of the compass, that is, from points between N.W. and S.E. by way of E., the barometer readings will remain high, there will be few or no cases of disease, and no ozone; but if the wind passes into southern points, that is, to points from N.W. to S.E. by way of W., the readings of the barometer will decrease, there will be toothache, neuralgia, and diarrhoea, etc.; there will be ozone, and general changes in the weather; and when any of these diseases occur, *when the wind is in the northern points*, they are a certain indication that decreasing readings of the barometer will follow in a few hours, and ozone will be detected, or not, just as the northern or southern current prevails.

These conclusions are the result of close and uninterrupted observations during four years.

Hawarden, Flintshire, February 5, 1852.

BIBLIOGRAPHICAL NOTICES.

PATHOLOGY AND TREATMENT OF HYSTERIA. By ROBERT BRUDESSELL CARTER, Member of the Royal College of Surgeons of England. 8vo. pp. 161. London: 1853.

FOR a young author, Mr. CARTER'S choice of a subject may appear to be a bold one. Hysteria, with its Protean manifestations, inscrutable mental and moral states, sexual sympathies, and admixture of real and imaginary, true and feigned complications, may well demand the study of a lifetime, and an experimental acquaintance with human nature and its infirmities, such as we expect to find only in those of mature years, and who have devoted themselves to much observant intercourse with mankind. But Mr. Carter enters with no ordinary advantages upon the task he has undertaken, and has succeeded in fulfilling it in a corresponding manner. He has, as he tells us in his preface, enjoyed the confidence, and assisted in the practice, of one who was extensively known by his successful treatment of the most inveterate hysterical disorders. To the memory of this gentleman,—the late Mr. Stephen Mackenzie, of Leytonstone, who was overtaken a short time ago in the midst of health and increasing reputation and usefulness, by sudden death from accident,—the book is appropriately dedicated; and we are given to understand, that on his opinions and precepts the views of the author have been formed. The book, at the same time, bears ample evidence of independent thought and study having been brought to bear upon the subject; and, in its style and arrangement, is highly creditable to the abilities and judgment of the author. We shall endeavour to give, in the shortest possible compass, an idea of its contents.

Mr. Carter altogether sets aside those theories of hysteria which seek for its origin in a physical cause, whether that cause be some unknown state of the general constitution, or irritation of particular organs, as of the uterine system. In his view, it is purely mental in its origin, and is to be considered a disease of emotion. By the term emotion, he explains himself to mean certain vivid feelings or sensations associated with an idea of pleasure or pain, and aroused by objects either perceived, or remembered, or

imagined, or by the remembrance of other prior emotions. After tracing the effects of emotion, in the state of health, upon the muscular, circulating, and secreting systems of the body, and pointing out the influence of attention directed towards any portion of the organism, in rendering it not only prone to gradual changes of nutrition, but also to become the habitual outlet for any strong emotion, the author proceeds to apply these facts to the subject of hysteria. Women are more liable to its attacks than men, because they are more under the influence of emotion, and because there are many powerful emotions—and those not alone confined to the sexual passion—which, in the state of society in which we live, they are called upon to repress and conceal. And it is laid down as an invariable rule, that the paroxysm will be violent, in exact proportion to the length of time during which the feelings giving rise to it have been concealed. Females are at the same time peculiarly exposed to circumstances, such as the periodical recurrence of menstruation, and the disturbances to which that function is liable, that tend to concentrate and fix the attention upon the reproductive system. Anæmia, chlorosis, and other conditions of impaired health, are not to be regarded as causes of hysteria; though, by weakening the body, they diminish the power of resisting emotional influences, and thus augment the proclivity to the disease.

The convulsive paroxysm is considered by the author to be the essential characteristic of the disease, and all the other manifold phenomena which are usually recognized as hysterical, to be merely secondary and non-essential. If the fits occur alone, or are accompanied with certain physical complications only, the case is called simple hysteria; if involving much moral and intellectual, as well as physical derangement, it is called complicated. But a more important classification of cases of the disease, according to the views of our author, is that which refers to the mode in which the emotions giving rise to the paroxysm have originated, whether they are original or remembered; and in the latter case, whether suggested involuntarily, or recalled at will. Each case will thus be brought under one or other of the heads of primary, secondary, or tertiary hysteria. The primary cases are those which are excited by some original and fresh emotion, to the action of which the system has not before been subjected. The attack may exhaust itself in one paroxysm, but it generally leaves its subject in a state of greatly increased susceptibility—so much so, that emotions not sufficient to produce a first attack may readily give rise to subsequent ones. In particular, whatever recalls to memory the original exciting cause, as conversations, the visits and sympathy of friends, or brooding over an all-engrossing subject of contemplation, is extremely apt to renew the paroxysm. Such attacks, following upon remembrance of the emotions to which the primary attacks were due, are termed secondary hysteria, and often constitute a severe and protracted form of disease. But if these remembered emotions happen to be of a pleasurable character, there are many temptations to a patient to endeavour to recal them spontaneously, and thus to induce paroxysms which render her an object of sympathy, interest, and indulgence—if not purposely, at least by a ready surrender of the counteracting power of the will. A certain amount of practice will not fail to increase the facility with which this can be done. And thus arises the third class of cases—those of tertiary hysteria, in which the paroxysms are designedly excited by the patient, through the instrumentality of voluntary recollection, and with perfect knowledge of her own power to produce them. This necessarily supposes a deterioration in the moral tone of the character, and an indulgence in habits of falsehood and deception, which, if not checked, may be carried to extraordinary lengths. It is to this tertiary form of the disease, that all cases of complicated hysteria are to be referred.

It naturally follows, from the views which we have laid before our readers, that the treatment of hysteria advocated by Mr. Carter is essentially of a moral nature. If there is any morbid condition or diathesis present which, by its

debilitating effect upon the system, may increase the proclivity to hysteria, such state will of course be treated by appropriate remedies. But he cautions us against supposing that these remedies, or any therapeutic agent whatever, can cure hysteria. On the contrary, therapeutic agents often do harm, and perpetuate the disease, especially when it has passed into the tertiary form.

“As soon as the deceptive element comes into play, the practical complicity of the medical attendant is sought as one of the patient's most secure strongholds, and frequently is quite essential to the success of her schemes. Hence arises that insatiable desire for remedies, with which all who have seen tertiary hysteria are familiar, and that excess of confidence in the practitioner, which is always exhibited until his suspicions are aroused. The professional man who has once sanctioned imposture, by sending medicines for the cure of self-produced illness, becomes at once an ally, whose aid is the more important because unconsciously rendered. And moreover, when to the voluntary production of convulsive attacks is added the simulation of disease in some individual organ, the frequent application of medicines for the relief of the local affection, and the medical belief in its reality, which such applications imply, is likely to hasten the arrival of that last epoch in the history of simulative hysteria, when the continued attention from the malingerer brings its own retribution, and actually produces the morbid condition which she has feigned.”

The treatment of the primary and secondary forms of hysteria is very briefly discussed, to make room for that which, with the views of the author as to its nature and phenomena, forms a principal portion of the book—namely, the cure, by moral management and control, of cases of the tertiary form. Space will not permit of our giving an analysis of the author's plan of treatment. Suffice it to say, that it proceeds upon the principle of taking away from the patient all motives for deception, or the voluntary production of convulsive attacks, by satisfying her that the full extent of her deception is seen through by her medical attendant, and may be exposed to her humiliation and shame, if she do not abandon it. Of course this cannot be fully carried out without her removal for a time from all the influences and indulgences of home, and the interference of well meaning, but injudicious friends. Nor is it enough merely to eradicate bad habits and principles—good ones must be formed and instilled in their place, before she can be restored to her friends and society as cured. The task is one in which, as the author justly observes, “however much the practitioner may possess of firmness, coolness, and tact—however much knowledge of human nature generally, and of the character of the individual under his charge—none of these powers or acquirements will be found either redundant or superfluous.” It is not every one, indeed, who is in a position to carry out the instructions given in Mr. Carter's book, for the treatment of this aggravated form of hysteria; but to all they will furnish useful hints for the regulation of their intercourse with its unfortunate victims, and for the bringing moral influences to bear upon them.

TREATISE ON AUSCULTATION AND PERCUSSION. By Dr. JOSEPH SKODA. Translated from the fourth edition, by W. O. MARKHAM, M.D., Assistant-Physician to St. Mary's Hospital. 8vo. pp. 346. London: 1853.

THE profession is indebted to Dr. MARKHAM for presenting to them, in an English dress, the classical work of Dr. SKODA. The version is accurate and elegant; and it is accompanied by a sensible and well-written preface from the pen of the translator, who, along with the author, rightly considers that it is a prevalent mistake to trust too exclusively in our diagnosis to auscultation and percussion. The peculiar views of Skoda have of late years been so largely explained and criticised in English works, that we will not, upon the present occasion, enter upon their discussion, but content ourselves by recommending Dr. Markham's volume as the best source whence to derive a knowledge of these important doctrines.

MEMOIRES DE LA SOCIÉTÉ DE CHIRURGIE DE PARIS. Tome Troisième. Fascicules 2me et 3me. 4to. pp. 255. Paris: September 1852, and January 1853.

WE have received two fasciculi of the Transactions of the Surgical Society of Paris, with a proposition of exchange, which we most willingly accept. On the present occasion, we can do nothing more than indicate the titles of the essays contained in the Transactions; but we intend to notice some of them more in detail in our Periscopic Review.

1. On the Communication of Certain Ovarian Cysts with the Fallopian Tube. By Dr. Adolphe Richard. 2. Tracheotomy in Croup: Case of a Child twice attacked with Croup in Two Years, and twice operated on successfully. By M. P. Guersant. 3. Researches on Lymphorrhagia and Dilatation of the Lymphatic Vessels. By M. Demarquay. 4. On some Surgical Diseases of the Insane. By Dr. Deguise. 5. On Concussion of the Brain. By Dr. S. Fano. 6. Report on Dr. Fano's Memoir. By M. Chaissaignac. 7. New Improvements in the Treatment of Vesico-Vaginal Fistulæ. By M. Maisonneuve. 8. On Cysts of the Maxillary Bones, and their Treatment. By M. A. Forget. 9. On Neuroma, with a Case of numerous Neuromata. By M. Houel. 10. Report on M. Houel's Memoir. By M. Lebert. 11. Case of very large Scrotal Hernia, with Gangrenous Ulceration of the Bladder, Urinous Infiltration of the Sub-Peritoneal Cellular Tissue simulating Hernia of the Bladder. By Dr. Pytha. 12. Some Remarks on Localised Traumatic Paralysis. By M. Debout. 13. New Cases of Rupture of Angular Anchylosis of the Knee, according to the Method of M. Palasciano. By M. Bonnet (of Lyons). 14. Chronic Hydrarthrosis; Pedunculated Sub-Synovial Abscesses simulating Fibrous Bodies in the Knee; Synovial Cysts, etc. By Dr. Verneuil.

French surgeons, from Ambroise Paré downwards, have done much for the advancement of our profession; and although some of them occasionally promulgate doctrines, or propose operations, such as we should be reluctant to adopt, we must feel ourselves under deep obligations to them. The Transactions of the Surgical Society of Paris contain much that is valuable. The authors of several of the articles deservedly enjoy an extensive and honourable reputation, as promoters of improvement in surgical pathology and practice; and the essays are no less creditable to the French school of surgery than to those whose names are appended to them.

PERISCOPIC REVIEW.

TOXICOLOGY.

DEATH FROM THE INHALATION OF CHLOROFORM DURING SURGICAL OPERATIONS.

Among the now innumerable cases in which chloroform has been administered with the object of procuring insensibility to pain during surgical operations, about twenty-five cases have been recorded, in which death was the immediate result of its inhalation. We cannot suppose that all the deaths which have occurred have been made public; yet, even allowing the number to be doubled, the small proportion which they must bear to the total number of cases, shows that they supply no argument against the judicious use of chloroform; at the same time, they teach us the advisability of using at least moderate precautions when we employ so potent an agent.

We propose to exhibit the cases in a tabular form; and in so doing, we shall avail ourselves of the elaborate paper published by Dr. Snow, in the *London Journal of Medicine* for April, May, and June, 1852, adding such cases as we have met with in other journals since that date. We may also refer to Mr. NUNSELEY's numerous experiments and observations, published in the *Transactions of the Provincial Medical and Surgical Association* for 1840.