

Feb. 12th. He was excited, but became calm towards evening.

Feb. 13th. He slept soundly during the night, and was more quiet; he danced in a harmless manner, and played at skittles and other active amusements.

There scarcely need be noticed any more reports: he gradually got well, and made a most perfect recovery; and now holds a good position as a man of business.

I may mention here, that the female patient, a similar case, was treated also by opium; but, when this failed, unfortunately, other remedies were tried; she was bled behind the ears with leeches, and blistered. Digitalis was tried to a dangerous extent; so that we had some trouble to revive her by stimulants. Tartrate of antimony was rubbed on the back of her neck; a seton was put into her arm; she was kept in seclusion under treatment until she became pale and emaciated. She never recovered; and is at present an incurable case in the Lincoln County Asylum.

We may observe in the case of the male patient, that the commencement of improvement can be dated from the time he was allowed to leave his room, to omit opiates and every kind of medicine, and to have liberal diet, consisting of the ordinary diet of the house, with extra meat for breakfast. This system of treatment was then peculiar to the Lincoln Lunatic Asylum; and was commented on, and much disapproved of, by the Commissioners in Lunacy, on their visit, which happened a little before this case; and they recommended, in a similar case, opium and seclusion; but, except in the peculiar cases mentioned, no seclusion has been used in the asylum since 1841: in fact, the treatment of mania with us is the very reverse of what it formerly was. Formerly, when patients were maniacal, an attempt was made to get them into a room; now an attempt is made to get them into the open air. Formerly, an attempt was made to hold maniacal patients, and they became bruised by many strong attendants, and also put the attendants themselves in much danger; now the propensity for action in mania is considered as a means adapted by nature for the cure of the disease, and is encouraged and directed, but never restrained. Formerly, the quiet patients only were allowed to walk out, the more disorderly being kept in; but now, when the weather will scarcely permit of patients going out, the maniacal are taken into the open air, and encouraged to exercise: the attendants are willing to do this to save trouble, knowing that, if the patients have no exercise, they will have no sleep, and will be more troublesome the next day. They will therefore endeavour to exercise the maniacal patients, to save themselves trouble: and this fact says much for the system being a rational one.

The commissioners have changed their opinions of late with regard to opium and seclusion, and are now recommending exercise. I observe, in a Report on the Hanwell Asylum, they object to the disorderly patients being placed in the upper story of the house, saying they should be on the ground-floor, where they could have ready exercise in the air, and by this means subdue the excitement.

In the last Commissioners' Report of 1854, there are also replies to an inquiry as to the use of restraint and seclusion. We find in this Report that the opinions of medical officers in the treatment of mania are for the most part very different from those of 1847: in one of the replies, I find as follows:—

"The plan now adopted with a violent patient is to send him or her into the garden, in charge of one, or sometimes two attendants, with directions to walk them briskly through the grounds for an hour or two, or until they complain of being tired, or show an inclination to rest. Brisk exercise in the open air has been found a valuable means of subduing excitement, as well as procuring sleep, even after sedatives and narcotics have failed."

Such attendants should have instructions not to attempt to subdue excitement by holding the patient; manual restraint being the most cruel kind of restraint of all, and also dangerous. We must not mind a few eccentric actions, as running, leaping, or dancing, in a peculiar manner. If

such actions are encouraged and directed a little, the patients will generally become good-natured, and exercise themselves in a very harmless manner. Many maniacs will dance when they hear music; this should always be encouraged; and there is generally some one who can play the violin, either amongst the patients or attendants. It is supposed that there is a peculiar form of the disease called dancing mania, which is very common on the continent, particularly in Germany. A physician and superintendent of an asylum in Germany visited our institution, and very much disapproved of the system of non-restraint: he said also, in one form of mania you must restrain; and that is dancing mania. I had never seen it, but was told it consisted of violent dancing, striking, and kicking with such violence, that a patient was certain to do himself great injury; and his life would be in danger, unless he were completely restrained, bound hand and foot. The case of the male patient just related bears a strong resemblance to this peculiar form of mania: he had begun to injure himself, and put his life in danger; but was not cured by restraint, but by letting him dance. I have no doubt, many other cases of dancing mania could be produced by keeping them in a dark room, and administering opium, with no fresh air or healthy exercise; but allow them these, and they will very often cure themselves by indulging in those very actions which in former times were endeavoured to be restrained by all manner of cruel mechanical contrivances, or by seclusion and darkness, and many depressing medicines.

This system of curing mania, or rather of letting mania cure itself, is certainly founded on facts confirmed by many cases. Patients have been brought to the asylum, bound hand and foot, and covered with bruises. They had been for some months confined to their own rooms. The bruises were occasioned by attempts to hold them; but the violence increased. You may be told that no less than four or five people had been attempting to hold them for the last few days, and could do nothing with them. The patients have had their limbs untied, and set at liberty in spacious grounds: they began to enjoy their liberty, like a bird set free from a cage; but, in a few hours, the maniacal symptoms will be ameliorated, or in a few days will subside, or in a few weeks many patients will be recovered. I have known this to happen often; and, what may probably appear more singular, many patients have not had a single dose of medicine during their residence in the asylum.

Lincoln, December 1854.

## BIBLIOGRAPHICAL NOTICES.

ON PAIN AFTER FOOD: ITS CAUSES AND TREATMENT. By EDWARD BALLARD, M.D.Lond., Licentiate of the Royal College of Physicians, etc. pp. 136. London: 1854.

In this little work, Dr. BALLARD has followed the somewhat unusual plan of taking into consideration an individual symptom, and pointing out the various diseased conditions which it indicates. This he has been led to do on the ground that "an accurate appreciation of individual symptoms lies at the base of all success in the diagnosis and cure of disease: and this appreciation is evidently important in the highest degree where a symptom, such as pain, is so prominent that it cannot be overlooked either by the patient or the physician."

After an introduction in which the digestive process is briefly described, Dr. Ballard proceeds to the examination of various circumstances connected with the symptom, pain after food; viz., its seat, character, topographical distribution, connexion with quantity or quality of food or liquids, duration, means of relief, and accompanying phenomena, as tenderness on pressure, thirst, feverishness, vomiting, eructations of watery or alimentary matters, temporary abdominal swelling, flatulent eructation, and borborygmi. These circumstances are here considered absolutely,

without reference to any special pathological condition. An extract will serve as an example.

"The several varieties of pain described are not confined each to its own locality; but yet it is possible in a general way to make some sort of *topographical distribution* of them. Thus the dull kinds of pain are, with few exceptions, referred to the sternum, epigastrium, ensiform cartilage, interscapular region, or upper part of the abdomen, rarely to the hypogastrium or inferior regions. The more acute kinds of pain are mostly located at the seat of palpable tumours, at the ensiform cartilage, the region of the heart, the iliac regions, the parts about the umbilicus, the lower part of the abdomen, or the abdomen generally. Those pains which patients describe as 'gnawing' or 'scraping' affect the epigastrium, and lower end of the sternum, and neighbourhood of the ensiform cartilage much more frequently than any other part; while those described as 'soreness', 'smarting', or 'burning', are most frequent at the epigastrium, lower part of the sternum, and upper part of the abdomen generally, sometimes also being referred to the situation of a palpable tumour." (pp. 14, 15.)

Dr. Ballard then arranges in a tabular form the causes of pain after food, and the remedial measures proper for each condition. The causes are arranged under the following heads, each of which (except IV and VI) is further subdivided:—I. Unusual Irritation; II. Abnormal Sensitiveness of the Stomach; III. Perforation of the Stomach; IV. Distension of the Stomach; V. Spasm of the Stomach; VI. Abnormal Conditions external to the Stomach. By this arrangement, a very clear view is given of the indications presented, as will be seen from the subjoined extract.

"IV. DISTENSION OF THE STOMACH (87.)

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| a. By an excessive quantity of food and drink (87).  | { Promote vomiting by tickling fauces or emetic.   |
| b. By an excessive quantity of flatus (87).  | { Friction with hand over epigastrium.<br>Sinapism or other external stimulant (89).<br>Internal stimulants (89).<br>Introduction of tube into stomach (89). |
| a. From chemical changes in the ingesta.   | { See I. b.  |
| b. From exhalation of gas by mucous membrane.  | { Avoid and remove nervous impressibility, II. a.<br>Appropriate remedies for gastric atony, I. b. f.  |
| c. From atony.   | { See I. b. f.   |
| d. From derangement of apparatus for expulsion of contents of stomach by pylorus (88, 63), I. c. | { See I. c.  |

The Roman numerals refer to the different portions of the Table; the other numbers in parentheses refer to the paragraphs of the work.

The Table is followed by a Commentary, in which the author examines more in detail some of the principal causes of and remedies for the symptom under consideration. The treatment advocated is preventive as well as curative—hygienic as well as medicinal. The following extract contains some sound hygienic instructions:—

"While insisting on the importance of *bodily exercise* as a remedy for subduing that general nervous impressibility which is so often associated with painful gastric digestion, it must be kept in mind that its kind and amount must be regulated by the powers of the patient, not indeed always as represented by himself, but as judged of by the general tone of the system, by the readiness with which exertion induces perspiration, and by various circumstances which the acute and experienced physician readily seizes to guide his opinion upon this point. Where a patient is really much debilitated, passive exercise in a carriage can at first probably alone be used; but as daily exposure to the air improves the strength, or if this be little impaired when the case first presents itself, walking exercise should be encouraged. It should not, at the beginning, be used to the extent of producing fatigue, but should, during part of the day, supersede passive exercise, and at last completely supplant it, except of course where the patient is *travelling*, in which case

riding and walking may be made with advantage to alternate through the day. As the strength improves, the amount of active exercise taken should be increased. Horse exercise is very serviceable in many cases, and has the additional advantage of interesting the mind more than walking, in consequence of the variety of objects presented to the senses, from the greater extent of country which may thus be traversed in a single journey. In any case it is well to bring into play other inducements to active exercise than mere duty: the patient may thus be advantageously encouraged to carry on *some healthy occupation* which requires him to be almost constantly out of doors, or to engage in *out-of-door games or field sports*; or persons disposed to such pursuits may find *occupation for body and mind* in the practical pursuits of such sciences as geology, botany, or entomology, and in seeking and collecting for themselves specimens in illustration of the science they select. All these suggestions of employment have especial reference to those cases in which a tendency to hypochondriasis is observed; not only because exercise in the open air is thus, in a manner, rendered compulsory, but also because occupation relaxes and diverts that over strained attention with which such persons constantly regard their gastric and other bodily ailments. Healthy *bodily exercise* and healthy *mental occupation*, such as I have referred to, are both found in travelling in an interesting country. A legitimate and salutary outlet for the powers of the mind and sympathies of the heart, in such of the female sex as are placed in circumstances above domestic anxieties and cares, may be found in active ministration to the necessities of others less fortunate than themselves, and in carrying out by their own exertions some of those numerous benevolent projects which are characteristic of our time and nation." (pp. 91-93.)

Turning over several pages, in which many valuable instructions are contained, we come to some remarks on *cancer of the stomach*.

"Pain after food," says Dr. Ballard, "may arise at a very early period of gastric cancer. When the cardiac orifice is the seat of the disease, the pain is perceived immediately on the deglutition of a morsel of food, whose progress downwards is arrested by the accompanying contraction of the orifice. The pain is referred either to the region of the ensiform cartilage, or to a corresponding spot in the back, and the food is regurgitated either on the arrest of each successive mouthful, or after a few have been swallowed. The resulting inanition causes emaciation to be rapid and extreme, the abdomen is retracted and the organs displaced from emptiness of the digestive canal, but tumour is rarely discoverable. Similar pain immediately after swallowing, with a conviction of arrest of food at the situation of the cardia, may arise, however, independently of cancer, as the result of spasmodic stricture of this part, which is to be distinguished from cancer by its obvious connexion with a nervous and hysterical condition, by its variableness, being one day marked, but little troublesome on another, by its sudden supervention, and by its aggravation under mental irritation or emotion. The presence of cancerous cachexia, and the recognition of cancer of the liver, aid in the diagnosis of these two conditions. Confining my observations now to cancer affecting other portions of the stomach, it is to be remarked that at all periods of the disease, the readiness with which pain follows the taking of food depends greatly upon the sensitiveness of the stomach from nervous causes (II A), upon the interference of the stomach disease with the *tissue and secreting function of the mucous membrane* (I B, d), and also upon the extent to which the cancerous deposit impedes the movements of the stomach and expulsion of food into the intestines, when involving any, especially the pyloric, portion of the body of the organ, and accompanied by atrophy of its muscular texture (64). Usually, however, at the earlier periods the pain is not severe or immediate on the taking of food, but arises, like that which follows upon arrested gastric changes in the food (I B), during the progress of the digestive act, and may only be distinguishable from pain acknowledging this origin by taking associated phenomena into consideration. As the disease advances, however, and ulceration sets in, the pain after food usually becomes more severe and more certain in its occurrence, though varying in intensity from time to time, and is more immediate upon the act of ingestion; but even in extensive cancerous ulceration, when the nervous impressibility of the patient is obtuse, the pain may be trifling and uncertain, or merely such as is accustomed to be noticed in ordinary delays of digestion (39). Just, therefore, as in other forms of abnormal sensitiveness, the *diagnosis of cancer* must be based, not on the character of the pain after food, but on the associated symptoms, and in some

degree on a recognition of the circumstances under which the disease is accustomed to arise." (pp. 103-5.)

The associated symptoms to which the author refers are, spontaneous pain in the epigastrium, hypochondria, or generally over the abdomen, varying in severity, but altogether more distressing than the pain from hyperæmia. It is generally aggravated by food, and often increased by pressure. Vomiting also occurs, either of a glairy fluid when the stomach is empty, or of food in various degrees of digestion. The vomited matters are often very foetid. At a later period of the disease, there may be hæmorrhage into the stomach: this also accompanies ulceration. "The bowels are usually constipated, but towards the last it is not rare for an exhausting diarrhœa to set in." The tongue is usually clean and anæmic. The face, lips, and mucous membrane, are pallid; and the integument acquires the straw-coloured tinge of cancerous cachexia. But the most important diagnostic sign of cancer of the stomach is the presence of a tumour. This is most easily ascertained in cancer of the anterior wall, or of the pylorus.

The circumstances under which cancer of the stomach occurs, and its treatment, are thus pointed out in a few words:—

"It is most common in the male sex. It rarely occurs in persons under thirty years of age. It often follows the prolonged operation of intense mental anxiety, and is often traceable to hereditary or family taint. Assistance in the diagnosis is also sometimes afforded by the recognition of cancerous disease in other parts of the body, as in the liver or lymphatic glands. The remedial treatment can be but palliative, and consists of those measures which are enumerated as applicable to abnormal sensitiveness of the stomach in general (H). In the early stages of the disease, it may suffice for the prevention of pain after food to avoid or remove every cause of unusual irritation (I), and especially to obviate all the causes of delay in gastric digestion (I B), as the circumstances of each individual case may suggest; and, with this precaution, even in advanced ulcerative cases, solid food may sometimes be taken without distress." (p. 109.)

We must pass over the valuable observations on ulcer of the stomach, and on sundry other points of diagnostic and therapeutic interest, with which Dr. Ballard concludes his volume. The perusal of this little work has afforded us pleasure and instruction. "Pain after food" is a symptom complained of by a large proportion of the patients of every medical man; and to those who desire information on this subject, we can cordially recommend Dr. Ballard's work, confident that those who look to it for practical instruction will not be disappointed in their expectations.

ON THE TOPICAL MEDICATION OF THE LARYNX. By EBEN WATSON, A.M., M.D. London: 1854.

OLD convictions very naturally cling to us, and novelties of every kind are generally closely scanned before admission into the ranks of fixed principles. There is true justice in this caution; as it is not rare for a really useful remedy to be distrusted for a very lengthened period, in consequence of its supporters meeting doubts by extravagant boastings of success, and thus inflicting serious injury on the cause they espouse. We do not enroll the author among this latter class: he supports his views with energy and warmth; but, at the same time, he does not ignore other remedial measures; and, when he considers topical medication of the larynx useless, he candidly acknowledges the fact. Here we are led to ask, whether the subject on which the author treats has received unprejudiced judgment by the great body of the profession? Has there been a fair and extensive trial of the merits and demerits of the plan? We trow not!

The opening chapter is devoted to the consideration of the subject generally. It gives various measurements of

the glottis, and argues that bodies of less size, as the sponge of the probang, may pass through it. He is specially distinct on this point, because Mr. Erichsen, in his recent surgical work, expresses his conviction that it has never been done. This opinion is closely criticised by the author, and possibly the somewhat pungent remarks which accompany the criticism may be excused. We must certainly agree with the author in considering the eminent professor in error, as foreign bodies of much larger size than the sponge-headed probang have accidentally entered the glottis, and the tube of the stomach-pump has before this time found a tracheal instead of a pharyngeal path. Hence accident has, we consider, sufficiently proved the possibility of the operation. The directions given for the introduction of the probang are very good. With great propriety, the author insists on "educating" the adjacent parts of the larynx, and habituating them to the sensation of the probang, before attempting to enter the glottis; and even "when this has been accomplished, he (the operator) must not think of forcing through the closed glottis—he must rather surprise it during an act of inspiration."

In the method of introduction, however, there is one point which appears to have escaped notice. We are told that the index finger is to be used as a director: now, we should be glad to learn those means which the author adopts to prevent discoloration of the finger from the strong solutions of the nitrate; and which, to a practitioner in fashionable practice, we apprehend must be a serious inconvenience. If the index finger is covered, much of its use as a tactile director must be lost.

The various topical remedies are passed in review. Two only are employed by Dr. Watson—solution of nitrate of silver, and solutions of the hyposulphite of soda and silver. The former is that chiefly employed—the pure crystals are to be used, and the solution is of strength varying from ten grains up to a drachm, dissolved in one ounce of distilled water.

In simple laryngitis, the author insists on general treatment as a precursor of the topical application. Thus, at page 40, he says:—

"It must not be thought that I advocate restriction to any one remedy, local or general, in the treatment of this disease. In the severer forms of the affection especially, depletion of some kind will at first be necessary to check the violence of the inflammation, and an emetic will be useful in restoring the moisture of the mucous surface. It is after the use of both these remedies that the topical application is alone admissible," etc.

Here the author mentions this fact:—

"Contrary to what might, *a priori*, be expected, the result of the experiments, before alluded to, is, that the more intense the degree of inflammation of the laryngeal lining, the weaker ought to be the solution of the nitrate of silver applied to it."

In *exudative* laryngitis or croup, he considers the topical medication wholly inadmissible. On this point, Dr. Horace Green and the author differ; but, as we think, the best of the argument rests with Dr. Watson. Although thus disapproving of its use in fully marked cases, experience leads him to adopt it in the stage previous to exudation—a stage which is present in many cases, and where he finds the weaker solution "abundantly successful in fulfilling the indications of the case." At page 53, the author remarks:—

"Remembering the grave importance of the subject, I shall be excused for briefly mentioning the means which I should adopt in the cases referred to. Supposing, then, that the patient has passed through a pre-exudative stage, in which he has been treated by topical applications, a quickly acting purgative, antimonials, and turpentine epithems, I would on laying aside the first-mentioned agent, deplete the patient by bleeding, general or local, according to his age, strength, and previous habits. I would bring him, if possible—for it is almost impossible with children—under the mercurial influence; I would push the use of antimony, so as to induce vomiting once and again, as well as to diminish the vascular action, and determine

to the skin; I would repeat the turpentine epithems frequently, but would defer blistering with cantharides; and, finally, I would attend to the airing and heating of the apartment, as well as to the introduction of steam into it, especially if the weather were cold and dry."

The last item is a much neglected, but highly important precaution, and we are only astonished that the author when on this point does not also urge the employment of the warm bath. In the next stage, the topical application is strongly recommended, and should be persevered in.

The five following conclusions terminate this chapter:—

"i. The solution of the nitrate of silver, when applied to an inflamed mucous membrane, acts differently, according to the intensity of the inflammation that may be present: in the asthenic varieties it operates as a stimulant of the capillaries of the part, and likewise of its secreting apparatus; while in the asthenic variety it increases the congestion of the membrane, chiefly by diminishing the fluidity of the blood in its vessels.

"ii. In acute laryngitis, in which there is no false membrane, the local application of solution of caustic, varying in strength inversely in proportion to the intensity of the inflammation, may be employed with more or less speedy benefit.

"iii. During the exudative stage of true croup, the stimulant application to the part affected is injurious; but when the disease begins to yield to antiphlogistic and other treatment, it may assist in the cure.

"iv. There is reason to believe that in many cases of croup there is an active inflammatory stage prior to exudation, in which the disease may be checked by topical and other means, appropriate to such cases. And

"v. (Edema glottidis, whether occurring as a primary disease, or as a complication of other morbid states, is always speedily relieved, and in some cases effectually cured, by the application of strong solutions of nitrate of silver to the cedematous organ."

In chronic laryngitis, the topical medication appears from the author's cases to meet with great success. He mentions the case of one young lady, who applied the solution for herself; and we cannot help thinking that she must have been somewhat puzzled. The author briefly adverts to the importance of the aggravations of this disease.

The chapters on Aphonia and Hooping-Cough we consider the gems of the book: they are eminently practical; and the author's conclusions, based on rational grounds, and supported by most successful results, we heartily commend to the attention of our readers. His reasoning on the latter disease is, to our mind, very conclusive; and when we consider the fact, that the success attending the treatment is not confined to our author alone, but that on the continent and in America different operators in different climes have yet achieved the same average success, and greatly shortened the duration of this disease, we are disposed to hope that a rational remedy has been found for this opprobrium on medical skill. The whole chapter will abundantly repay a careful perusal; and we sympathise most sincerely with the author's concluding observations on this malady, when he complains that—

"Neither so general nor so favourable a reception has been accorded in this country to the topical plan of treating the hooping-cough as I think might be expected; at least, if I may judge from the circumstance that few or none of our recent writers on children's complaints have noticed, far less recommended, the plan."

The remaining chapters on Spasmodic Asthma and Laryngismus, deserve attention; while in Phthisis, the author's cases, narrated in the book, appear to prove that certain forms of the disease may frequently be averted, and the fatal result considerably postponed, by a fair trial of the topical medication.

The perusal of this work has afforded us great pleasure. We cannot charge the author with "riding his hobby too hard"; but that he estimates the value of these topical applications very highly, there is no doubt. We think his views are clearly stated and fairly discussed; if we couple with this the practical cases constantly inserted, the easy style, and legible type, we mention points which will make this

book valuable. We cordially recommend it to our brethren in all localities, especially to those in general practice, as a work from which they may cull much practical information.

**CHLOROFORM; ITS PROPERTIES AND SAFETY IN CHILD-BIRTH.** By EDWARD WILLIAM MURPHY, A.M., M.D., Professor of Midwifery in University College. 12mo. pp. 72. London: 1855.

DR. MURPHY informs his readers that his observations are intended for those who are willing to use chloroform, provided they are satisfied that they can do so with safety; and his essay is well adapted to convince medical men that this agent may be employed in midwifery, not only with safety, but with advantage, when administered with care and judgment. He combats very ably the numerous rumours of mischief and death from the use of chloroform in parturition, showing that the cases, which have given rise to the unfavourable reports, are such as frequently occurred before chloroform was introduced.

With respect to the time when the patient should begin to inhale, Dr. Murphy says, very properly, that it should depend on the circumstances of the case. He adds—

"I generally select the conclusion of the second stage of labour, that is, when the head of the child is descending upon the perineum, because then the pains are generally intolerable, and the perineum yields more readily under chloroform than without it. If, however, previous to this, the pains are so acute that the patient is evidently unequal to her suffering, chloroform may be administered without hesitation." (p. 34.)

He gives very judicious directions for the administration of chloroform, recommending that a little should be inhaled at the beginning of each pain, and explaining that the pains may be greatly relieved, or blunted, in many cases, without interfering with consciousness. He states that a dreamy state is occasionally produced, during which the patient may cry out, but not remember her pains; and adds that operations cannot be performed in this stage, because the woman becomes restless and unmanageable. "A little more chloroform is necessary", he says, "and then sopor succeeds; she feels no pain, and is quite unconscious of anything that is done". He adds, very truly, that this state may be continued with safety during any ordinary obstetric operation. Having made these statements, in which we entirely agree; and having also, at page 16, related a case of labour in which the chloroform in small doses had apparently but little effect, and where the dose being increased, and the patient becoming unconscious, she cried out even more loudly than before, Dr. Murphy makes some remarks respecting surgical operations, which are as much opposed to his own statements as they are to everyday experience. At page 53, he says that an amputation may be performed on a patient wide awake, and give him little, if any, pain. He adds: "The public, and, indeed, the profession, have no other notion of chloroform but as a soporific; to give chloroform implies putting the patient to sleep,—anæsthesia is lost sight of,—sopor is the leading idea". A few lines further on, speaking of the army, he says:—

"Soldiers of equal courage in the field do not bear an operation with equal fortitude; the one will smoke his cigar and converse while the knife is dividing his limb; the other is completely overcome by the intensity of his pain. Now, in the latter case, chloroform may be given with perfect safety; and if, in the place of the cigar, he were given the inhaler, a very few inspirations would be sufficient so to blunt sensibility, that he could converse just as well as his companion."

Unfortunately, the author relates no cases of patients with morbid sensibility, or indeed of patients of any kind, undergoing a capital operation whilst wide awake, with little or no pain. The grounds on which he seems to have founded his opinion are, that he opened a mammary abscess in a patient, and lanced a carbuncle on his own hand, whilst consciousness was retained. If anæsthesia have really been lost sight of, Dr. Murphy should try to revive it

in the operating theatre of his own hospital: we are of opinion, however, that a few visits to that place would show him that he is in error on this point, and would also convince him that there are many exceptions to the statement he has made at page 64, to the effect that chloroform manifests its anæsthetic power without the least excitement. The further remark, at the same page, that it "takes away pain without disturbing the intellect in the least degree," he would find to be altogether incorrect.

There is a chapter on the properties of chloroform, which contains many interesting remarks, mixed up, however, with some errors. He states the specific gravity of Dutch liquid to be 3.4484, which is the specific gravity of its vapour, when compared with air. The specific gravity of the liquid, as compared with water, is only 1.2. He says (p. 11), that chloroform is not very soluble in the blood, and that consequently a large proportion of free chloroform travels through the circulation. Although chloroform is but sparingly soluble in watery fluids, the blood is capable of dissolving more than twenty times as much of it as ever enters the circulation in the process of inhalation; and how it could pass through the pulmonary membrane and the coats of the capillaries, without being dissolved, or in what state it could afterwards exist in the blood, the author does not state. He alludes, indeed, to its rapid evaporation from the blood, in comparison with alcohol; but this depends on the greater volatility of the chloroform, and the smaller quantity which is absorbed. In two places, Dr. Murphy gives precautions against the vapour of chloroform being inhaled pure, or undiluted with air: his expression ought to be, not sufficiently diluted; for he should know that pure vapour of chloroform has no separate existence under the ordinary pressure and temperature of the atmosphere; and that no patient ever breathed the pure vapour of chloroform, and no patient ever will breathe it.

When contrasting a form of asphyxia arising from an overdose of chloroform, with that observed in drowning, etc., he says, "The former arises from a deficiency of carbonic acid." This statement we cannot comprehend at all. Alluding to the *rigor mortis*, at page 23, and referring to the experiments of the late Mr. Barlow, Dr. Murphy says, "A powerful dose of chloroform can destroy even this trace of muscular irritability." Mr. Barlow found a large dose of chloroform to produce the *rigor mortis* in frogs, not to destroy it; the muscular irritability ceasing of course when the rigidity took place, in this as in all other instances.

To conclude this notice, whilst we differ from Dr. Murphy in many of his statements respecting the physiological action of chloroform, and its administration in surgical operations, we agree with his remarks and directions respecting its use in midwifery in all but one important instance. He states, that the full influence of chloroform does not in any way alter the action of the uterus; and that, in a case in which he was obliged to turn the child, the patient was put under its full influence, and yet he never experienced so much difficulty, in consequence of the strong contraction of the uterus. This is entirely at variance with our own experience. We have always found that chloroform would suspend the action of the uterus for a time, if given in sufficient quantity for the purpose. In five cases of turning we have witnessed, the operation was performed with the utmost ease, although, in two of the instances, the pains were very strong just before the operation commenced, and the liquor amnii had been long evacuated; the cases having been under the treatment of a midwife. We cannot help thinking that, in Dr. Murphy's case, the insensibility was not deep enough for the purpose, and that the effect of the chloroform was not sufficiently kept up during the operation. Even if it were otherwise, Dr. Murphy's case would not be the rule, but the exception.

**UN SOUNDNESS OF MIND IN RELATION TO CRIMINAL ACTS.**  
An Essay to which the first Sugden Prize was this year awarded by the King and Queen's College of Physicians in Ireland. By JOHN CHARLES BUCKNILL, M.D. 12mo. pp. 148. London: 1854.

WE anticipate that Dr. BUCKNILL will prove one of the most successful investigators in the psychological department of medicine. To great accuracy of thought, and keen powers of discrimination, he unites industry and good scholarship, and obvious love of his subject. The work before us gives evidence of these talents and capacities in a high degree. It is well written, logically argued, and takes a very comprehensive view of the several topics that spring out of the general subject. To all who take an interest in criminal lunacy and the allied questions, its perusal will form a real treat. It deals philosophically with the difficult problems that arise, and at the same time practically; and may be agreeably studied by the speculative philosopher on the one hand, and usefully digested by the expectant medical witness on the other. We shall give no analysis of its contents: the matter of its discussion is sufficiently condensed, and yet so extensive in its range, that we can assure our readers it is well worth procuring for careful and attentive reading *in extenso*.

## PERISCOPIC REVIEW.

### OPHTHALMOLOGY.

#### COLOUR-BLINDNESS.

A series of articles on this interesting subject has lately appeared in the *Edinburgh Monthly Journal of Medical Science*, from the accomplished pen of Dr. GEORGE WILSON, and of these we shall endeavour to lay an epitome before our readers.

The co-existence of perfect vision in other respects, with an inability more or less complete to distinguish colours from one another, has attracted for some time considerable attention; but, on the whole, has been viewed rather as a matter of curiosity than of practical importance; and Dr. Wilson's object, in his paper, is mainly to direct attention to the nature and prevalence of the affection, and to the extent to which, from the evils entailed by it on its subjects and their neighbours, it is an object of importance to the entire community. His attention was first directed to the subject from the blunders which his chemical pupils often made in reference to colours; and, struck by the danger which attends the use of coloured signals on railways if any of the signal-men are colour-blind, he was induced to prosecute his inquiries extensively on the subject, which he arranges under five heads.

#### I. NATURE OF COLOUR-BLINDNESS.

We have it not in our power to subject an eye simply to the influence of colour. Each colour ray carries along with it to the retina a different number of heat rays and chemical rays, and then a spectator, though absolutely blind to colour, might retain susceptibility to all the other influences of light; and it is certain that the colour-blind, of all degrees, often possess in perfection the power of distinguishing shades of the same colour, and that when they confound two colours, such as red and green, they assort together, with great nicety, the light and dark shades of the one with the similar shades of the other. All cases of colour-blindness also agree in this, that, to the extent of its existence in any one, it implies a condition of vision in reference to which there is not a common experience, and which therefore cannot be a common language between those conscious of colour and those unconscious of it. It must therefore be remembered that the report of every case of colour-blindness is rendered hopelessly imperfect in a twofold way.

The *first variety* of colour-blindness is inability to discern any colour, properly so called; so that black and white, i. e., light and shade, are the only variations of tint perceived.

A house painter, of whom the author knows, is in this case: he trusted usually to his wife to select and mix his colours, but on one occasion, when she was out of the way, he was painting a public building in England of a stone colour, as he thought, but of a colour which was *blue* to the eyes of common mortals!

The *second variety* is the inability to distinguish between the nicer shades of the more composite colours, such as browns,