

A few doses of quinine, with or without steel, will act almost magically. Rest and good diet should be added, if possible. Several instances, where the quasi-heroic plasters and liniments of croton oil and tartarised antimony (though, be it understood, from no want of apparent potency) have failed to relieve the patient, I have found to yield at once to the above named remedies. Internal antirheumatic alkaline or depressing agents do not, so far as I have tried them, exert any favourable influence whatever.

The characters of the urine might almost be spoken of as diagnostic in each instance. Repeated examinations of urine from patients of each class have made me believe that their respective characters are very fairly constant; and that from this circumstance alone, the appropriate treatment might be deduced.

I do not think that the distinction of the two classes with the widely different treatment is sufficiently recognised or acted on. Poor as this modicum of contribution is, I yet believe that it has some trace of correctness for its basis; and I shall be interested to know how far those members of the Association, who have worked out muscular affections much more thoroughly, are inclined to agree with the division suggested.

PATHOLOGICAL CONTRIBUTIONS TO MEDICAL JURISPRUDENCE.

By WILLIAM BOYD MUSHET, M.B.Lond., late Resident Physician at St. Marylebone Infirmary.

IV.—FRACTURE OF RIBS AND STERNUM FROM DIRECT, AND OF VERTEBRA DENTATA FROM INDIRECT VIOLENCE; RUPTURE OF LIVER; DISEASE OF OVARIES.

S. T., aged 24, was brought to the Marylebone Infirmary at 11 P.M., on December 21st, 1856. She was dead, but warm. The face was pale and collapsed; the pupils were dilated. There was considerable ecchymosis over the chest; and a fracture of the sternum and ribs of the right side was palpable through integuments. There was some emphysema of the cellular tissue in the neighbourhood. The injury resulted from the deceased, whilst sitting in a Hansom cab, being driven violently against the pole of an omnibus.

POST MORTEM EXAMINATION thirty hours after death. The body was well formed and fat. Rigor mortis was well marked. There was a scalp wound, about two inches long, over the vertex extending to the bone, with corresponding detachment of the pericranium to some extent. No fracture of skull. The brain was healthy; but there was slight extravasation into the meshes of the pia mater over the posterior left lobe of the hemisphere, and over the superior median line of the cerebellum. The head was very mobile; and, on passing the finger through the foramen magnum into the spinal canal, irregularity could be detected; and, on opening the nucha from behind, and removing a portion of spinal column, a fracture of the axis was discovered—the body, odontoid and transverse processes (or anterior half of the bone) being broken off from the laminae (or posterior half). The head, with the atlas and anterior segment, was consequently thrown forwards, and the spinal column and posterior fragment backwards. There was some extravasation into the muscles around the seat of injury, but no clot effused.

Chest. There was extravasation into the right pectoralis major. The sternum was fractured obliquely upwards from left to right, about an inch from the *incisura semilunaris*, between the second and third ribs. The third, fourth, and fifth ribs, on the right side, were broken irregularly midway between the sternum and spine, the pleura being perforated, and the fractured extremities lacerating the anterior lobe of right lung. About eight ounces of fluid blood were found in the right pleura, and two or three ounces in the left. The lungs were collapsed, especially on the left side, so that the anterior surface of the pericardium was quite uncovered. There was effusion into the areolar tissue of the posterior mediastinum. The heart weighed ten ounces; it was firmly contracted and empty, apparently healthy.

Abdomen. The right lobe of the liver was torn through its whole substance nearly from the superior border to its lower margin. The torn surface was granular, rugged, uneven, and much darker than sections made elsewhere. There was no injury of the vena cava or of the aorta. Between forty and fifty ounces of fluid blood were found in the peritoneum. The

uterus was virgin, and healthy. The ovaries were in a cystic state (multilocular), especially the left; each was of about the size of a walnut; the left rather the larger. Limpid fluid escaped on section. Other organs were healthy. The state of the catamenial functions could not be ascertained.

REMARKS. The foregoing case is detailed, as it offers one or two points worthy of comment. 1. As an example of fracture of the axis from indirect violence. 2. From the disease of the ovaries, which were almost symmetrically affected, and would, I presume, have precluded impregnation. This young woman was remarkably comely and well proportioned, and seemed, as regarded her physical appearance, unexceptionably fitted for the conjugal state. Nevertheless, the morbid alterations in the sexual system, unusual at her early age, would doubtless have entailed permanent sterility. To medical jurists this is interesting, as, if diagnosticable during life, it might furnish grounds for release a *vinculo matrimonii*.

CASE OF ANEURISM OF THE INNOMINATA.

By JOHN WATSON, M.D., Southampton.

ON October 12th, 1858, I was asked to visit John K—t, a gardener, aged 84. I found him complaining of pain in the lower part of the abdomen, which he attributed to having eaten an apple the night before. He has never entirely kept his bed, though for some months past his strength and spirits have been failing, and for two or three years he has had a swelling in the right side of his neck, to which my attention was now directed.

Its *history* was, that some four years ago he suffered a severe shock from the sudden death of a nephew, which brought on a violent tremor; and that shortly afterwards he began to complain of pain at the lower part of the throat, and difficulty of swallowing. No cause for these symptoms could be discovered; but a blister was applied across the throat, with partial relief. Subsequently, the pain extended to the right side and back of the neck, and was then called rheumatism. A swelling now (two years and a half ago) gradually presented itself in the situation in which I found it; but for many months its growth, if any, had been very slow. Its *present condition* was that of a hard globular tumour, the size of an orange, extending upwards and backwards, from beneath the clavicle, and occupying the clavicular part of the posterior triangular space of the neck. Its pressure caused considerable turgescence of the veins of the neck and sternum. It pulsed synchronously with the systole of the heart, and this pulsation was attended with a loud *bruit*. The action of the heart was irregular, with great impulse, and its first sound accompanied with a distinct *bruit de scie*. A sense of constriction at the upper part of the chest was complained of, and much shooting pain was felt at intervals in the back parts of the head and neck. The breathing was stridulous; he required to be propped up in bed; and there was a pretty copious expectoration of frothy mucus. His voice was clear; swallowing was difficult, and described as if the food or drink passed from the left to the opposite side. No difference was noticed between the pulse in the two wrists.

The old man died on October 17th, apparently from debility, the state of the heart and arteries having only an indirect influence on the cause of death. I was disappointed at being refused permission to make any *post mortem* examination; but though the case is thus left imperfect, it is not, I think, altogether without interest—illustrating, as it does, the mechanical effects of a somewhat infrequent form of disease; and shewing also, what is of more frequent observation, the power of retarding morbid changes which the system acquires in advancing life, so that long-standing disease of a vital organ is perfectly compatible with death from other causes.

TESTIMONIAL TO T. H. BARKER, M.D. The meteorological contributors to the Registrar-General's Quarterly Returns, and others, have presented a handsome striking skeleton clock to Dr. Barker of Bedford. The subscriptions were limited to five shillings each, and the following inscription sufficiently indicates the occasion of the testimonial:—"Presented to Thomas Herbert Barker, M.D., F.R.C.S., by the officers and members of the British Meteorological Society, and others, as a memorial of their esteem, and a recognition of his successful exertions in obtaining for them the re-circulation of the Reports of the Registrar-General, which had been withdrawn by a Treasury minute."