

confirmed phthisis, and rapidly sank under the exhausting effect of a psoas abscess in each groin.

But it is amongst the ill-fed children of the labouring classes that we shall most frequently find the depraved condition of the stomach here alluded to. In these, there will generally be a gnawing pain of the stomach and a morbid sense of hunger; but, although food enough is given to satisfy the craving for awhile, the body is not nourished by it. The aspect is pale; the nostrils in a perpetual state of irritation; the limbs attenuated; the muscles flabby and the abdomen tumid; the hair erect; and the digestive functions so weak as to allow of worms being generated in the alimentary canal, especially the lumbrici, several of which are frequently passed either by the bowels or the stomach. These are the symptoms which characterise this depraved condition of the stomach; and its pathology must be sought for in a disordered function of the ganglionic nerve. What that disorder is, it is not easy to explain; nor is it of much importance to do so, as the disease is not only readily diagnosed, but easily cured. If the patient be an adult, the pills (*a*) and the mixture (*b*) must be taken.

- a.* R Hydrargyri cum cretâ gra. xxiv; pilulæ rhei compositæ gra. xxx; syrupi q. s. M. Divide in pilulas xij, quarum sumantur ij tertiâ quâque nocte.
- b.* R Misturæ ferri compositæ ℥viij; decocti aloes compositæ ℥iv. M. Fiat mistura cujus sumantur cochlearia magna ij mane et meridiæ.

Should the case be that of a child over two years old, (*c*) and (*d*) will be preferable.

- c.* R Hydrargyri chloridi gra. ij; pulveris rhei gra. iv; pulveris cinnamomi compositæ gr. i. M. Fiat pulvis tertiâ quâque nocte in theriacâ sumendus.
- d.* R Vini ferri ℥ij. Sumatur ℥i bis quotidie.

I cannot state the reason, but it is certain that the vinum ferri is much more efficacious for children than any other preparation of iron, and at the same time more easily given, from its being palatable.

The depraved condition of the stomach which respects the quality of food is often manifested in unmarried chlorotic young females, in whom abnormal appetite leads them to crave after unnatural food, such as chalk, slate pencil, or even cinders; sometimes acids are preferred, and sometimes raw flour or coffee.

In this case, also, we find the signs of debility, probably from imperfect sanguification; the aspect is remarkably pale, and the lips colourless. The breathing and the heart's action are embarrassed by the least exertion, especially in ascending the stairs. The pulse is weak, and the extremities cold; there is great depression of spirits, lassitude, and inactivity; the catamenia are either unhealthy, deficient, or wholly absent; and, as the disease goes on, there is often cough, increased embarrassment of breathing, and cedematous legs.

The pathology of this case is also referrible to a morbid condition of the mysterious functions of the great sympathetic nerve; and to this cause, likewise, must be attributed that extraordinary disposition in some young females to feign diseases. A few instances of this kind have fallen under my own notice.

CASE XIII. A young woman, about the age of puberty, consulted me for a troublesome cough, accompanied with small quantities of blood in the expectoration. She affirmed also that, with the expectoration, she brought up occasionally some calculous concretions, and, upon examining some, which she shewed me, they appeared to verify her statements; but, having some suspicions, I requested her to call again, and to bring with her any other substances that might be expectorated. She returned in a few days, and brought a pill-box, containing all that, she declared, had come up; but, to my surprise, I found the box to be supplied with small gravel, which she had picked up on the shore!

CASE XIV. A young woman, who was in service as a maid-of-all-work, complained to her mistress of having a swelling on the left side of the lower jaw, for which she was ordered to consult me. On examining the tumour, it was found to consist of a wadding of brown paper stuffed between the cheek and lower jaw; and, having been there for some time, it was not a little offensive, and formed an excellent imitation of a true swelling.

Some young women affected with this condition of the stomach are liable to a cough of a remarkable character: it is dry and harsh, having a rasping or sawing sound; and it sometimes continues for weeks and months together, with scarcely any intermission, except during sleep: indeed, it is so incessant as to irritate and distract the acoustic nerves of all who reside within its range. In one instance, I was earnestly entreated

by the neighbours of the patient to subdue the cough as speedily as possible, as they had been so constantly disturbed and annoyed by it, that they could not tolerate it any longer. I have seen about six cases of it, all of which, to the best of my recollection, eventually got well under the use of morphia, alterative aperients, and preparations of iron. This result of the depraved condition of the stomach is easily explained by referring it to a disordered and irritated state of the laryngeal branches of the pneumogastric nerves, arising out of this cachectic condition of the gastric function.

Treatment. The treatment of abnormal appetite for unnatural food, and other effects of this condition of the stomach, is also simple and efficacious. The pills (*e*) and (*f*) are to be taken till the general health and the gastric and uterine functions are restored, which will usually be effected in a few weeks.

- e.* R Hydrargyri chloridi gra. vj; pilulæ aloes cum myrrha gra. xxiv. M. Divide in pilulas vj, quarum capiat unam alternis noctibus.

- f.* R Pilulæ ferri compositæ ℥ij. Divide in pilulas xxxvj, quarum sumantur ij ter quotidie.

Walking exercise in the open air, a nutritious diet, and one glass or two of white wine daily, will greatly assist in the cure.

Under this morbid condition, I will relate a remarkable instance of hypochondriasis, for which I was consulted not long ago, and which was probably caused by a morbid condition of the gastric nerves in their connexions with the cerebro-spinal nerves. I am not certain that it was the result of a depraved condition of the gastric function; but I am upheld by Watson in connecting it with *that function*, as he speaks of hypochondriasis in his lecture on *Dyspepsia*. He says: "In respect to all these feelings and apprehensions, there is commonly a most obstinate belief and persuasion."

CASE XV. An elderly gentleman, formerly member of Parliament, who had long and actively employed his mind not only as a county magistrate, but as a committee-man of the House of Commons, became at length so shaken and nervous that he believed he had no power to raise himself from the sitting posture. He was at the Dolphin Hotel when I saw him, and had come from an adjoining county for my opinion. Having requested him to raise himself from his chair, he *appeared to endeavour* to do so again and again; but all his seeming efforts were as unavailing as if he were trying to raise the beam beneath the floor; and, from his general appearance and the shaking state of his upper extremities, I really thought his lower limbs were paralysed. He then said that, if he "clapped his hands together," he could succeed. This he did smartly: when—up he jumped and walked around the room in quick time, to my utter astonishment, and to a severe trial of my risible muscles. The same experiment was made several times, with the same result; but, without the clapping of his hands together, he *believed* that he had no power whatever to rise from his seat.

In this case is clearly demonstrated that "most obstinate belief and persuasion" alluded to by Watson as sometimes occurring in hypochondriasis arising from dyspeptic causes. I believe Dr. Watson quotes the above from Cullen.

[To be continued.]

RADICAL CURE OF HERNIA.

By HENRY HANCOX, M.D., Wolverhampton.

THE operation introduced to the notice of the profession by Wutzer, for the radical cure of hernia, is one that is worthy of trial in all cases of inguinal rupture, no matter at what period of life the rupture may have occurred, as the following case will shew.

A. L., aged 12 years, had been the subject of rupture of the right side from birth. He wore a truss from eighteen months old up to a period of two years before coming under treatment, when he discontinued it: the rupture had been down since that time. His parents applied to me to measure him for a new one, when I suggested the operation for its radical cure, to which they readily consented.

The patient was very thin, pale, and of a decidedly strumous habit of body, and not by any means a good subject for the operation; but, there being a chance of its succeeding, and the pain of the operation being so slight, I determined upon performing the operation, which I did on November 4th, 1858. I proceeded in the usual manner, by passing the forefinger of my

left hand up the inguinal canal, pushing before me a portion of the integument of the scrotum as far as the outer pillar of the internal ring; then with my right hand I introduced the plug (smeared with a little ceratum cantharidis, for the purpose of producing inflammation). Withdrawing the finger, the plug being fairly within the canal, I pushed the needle through the integuments, and afterwards adjusted the cover wooden plate, fixing it by means of the screw.

November 5th. The patient was going on well. The plug remained in its proper place. He complained of no pain.

November 8th. There was a little redness, of about the size of a sixpence, around the place the needle entered, where he complained of slight pain. There were no constitutional symptoms.

November 15th. This day I removed the plug. There was slight sloughing where the needle entered; the invaginated portion still remained.

February 19th, 1859. Up to this date, the rupture has not descended; the sloughing sore is quite well; and he is able to run and jump about, without any fear of its again coming down.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, MARCH 5TH, 1859.

DIPHTHERIA: STATISTICAL RETURNS.

We propose to publish a collection of cases of this disease in a tabular form, embracing the principal points in the experience of the London and country hospitals, and of our associates in general. We shall be greatly obliged if those members of the Association who have met with cases of diphtheria, and preserved notes of them, will forward abstracts to the office of the JOURNAL.

The points to which we propose to direct principal attention, are the following:—

1. The *Age and Sex* of the Patient.
2. The *Hygienic Conditions* under which he had been living; *e.g.*, occupation, supply of food and clothing, purity or impurity of atmosphere, etc.
3. The *Meteorological Conditions* prevailing in connection with the spread of the disease, in its increase or decline.
4. Evidence of the presence or absence of *Contagion*.
5. Had the patient had *Scarlatina* or not? Was scarlatina prevalent in the neighbourhood?
6. *Appearances and Symptoms* when first seen.
7. Time at which the *Leathery Membrane* appeared; and its situation.
8. Presence or absence of *Fungus* in the membrane, as shewn by microscopic examination.
9. Presence or absence of *Affection of Internal Organs*; *e.g.*, of *Kidneys*, as denoted by albumen in the urine.
10. *Treatment and Progress* of the disease. Under the latter head, special attention to be directed to the state of the trachea; and, as a part of this subject—
11. The indications for and success of *Tracheotomy*.
12. *Duration and Event* of the case.
13. *Post Mortem Appearances* in the fatal cases.

THE PROPOSED NEW LUNACY BILL.

WE publish in another page the new Bill of pains and penalties directed against all persons engaged in the private treatment of lunacy: for such this Bill, as it comes from the hands of the late Home Secretary and Mr. Hardy, undoubtedly is. It really would seem as though the Government looked upon the proprietors of asylums in much the same light as the public look upon the swell mob, as a class of people banded together to prey upon their fellow men—a set of outcasts to be watched and dogged in their ingoings and incomings, and in every way prevented, as far as possible, from torturing and defrauding Her Majesty's lieges. Public opinion, always too prone to confound the old and cruelly coercive treatment of lunatics with the present eminently humane method, has, indeed, been reinforced of late by the absurdities of the *Times*, which only a week since, spoke of the “whitewashed cell of the lunatic,” just as though we were living in the middle of the last century, when Bedlam was a name of terror, and Pinel, Conolly, and other reformers had not lived.

Under these circumstances, we were prepared for further restrictions upon the practice of the alienist physician, but certainly not, after the remarks of Mr. Walpole in the House of Commons, for a Bill stained with such abominable clauses as the one before us. We have hitherto, as Dr. Winslow remarked at the meeting of proprietors of asylums on Monday last, been taken by surprise by those who have legislated for lunatics; but we must see that we are so no more, and we must be prepared to deal not only with the present Bill, but to review all past legislation upon the subject. We must see if we cannot throw some of that protection around the proprietors of asylums, which is at present reserved entirely for the insane patient.

At the meeting before alluded to, which was very numerous attended, the clauses of the new Bill, which provided for the appointment of District Medical Examiners—men not necessarily conversant with lunacy, to act as spies and censors of their brethren who have been bred to the speciality—was very loudly and properly denounced as un-English, and grossly unfair to the proprietors of asylums. If more inspection is needed, it was very justly argued that we should have an increase of the present staff of Commissioners, chosen for their acknowledged conversance with the speciality, and not at hazard from among the friends of those in authority. It was also urged—fairly, we think—that a proportion of such new Commissioners should be chosen from the proprietors of private asylums, a class rendered ineligible by the present law, which does not allow of their being appointed until they have purged themselves for two years of the moral dirt supposed to hang about them in consequence of their previous occupation.

Clause xv, which enacts that no persons wholly or partly proprietors of any licensed house *shall sign any certificate for the reception of a patient into any licensed house whatever*, is another specimen of the suspicion which is hurled against the asylum proprietor, and of the determination to prevent his practising the ordinary duties of his profession outside the walls of his house. It certainly must strike Mr. Walpole, on a more careful consideration of this clause, that its effect will be to throw the duty of consigning lunatics to an asylum pre-