quently rubbed with a powerfully stimulating embrocation containing opium.

Oct. 1st. He is now going about, rapidly regaining strength, though still complaining of extreme tenderness about the muscles, especially those which were principally subjected to spasm; and the features have not regained their wonted appearance, inasmuch as he presents a peculiar *grin*, which gives him a highly ludicrous appearance.

Remarks. Although this case is to be considered a recovery, I by no means entertain the idea of its being a cure. There is nothing in the treatment but what has been practised over and over again. I must, however, confess my astonishment at the result, especially after my almost invariable ill success in these cases. The *vis vitæ* here was sufficient to sustain him until the violence of the morbid action was exhausted. In my practice, numerous cases of tetanus have come under observation, all of which, however, with the exception of this and another, have proved fatal. The other recovery to which I allude, occurred a considerable time ago to a girl who received a contused wound on the radial side of the forearm, near the elbow. In about three weeks after the receipt of the injury, a severe form of tetanus set in. After freely evacuating the bowels, I treated her on Dr. Elliotson's plan, viz., the admininistration of large doses of the sesquioxide of iron. On the fifth day, the malady had passed off.

A similar case occurred soon afterwards, and I adopted the same plan of treatment, but not with the same fortunate result: the case terminated fatally.

The cannabis Indica or Indian hemp, so highly extolled by Dr. O'Shaughnesey, I saw submitted to a fair trial in the year 1845, by the late Mr. Maurice Colles, at the Meath Hospital, Dublin. The patient was in the hospital for treatment of a lacerated wound of the leg, during which period tetanus came on; and, although the remedy had a careful trial, the case ran on rapidly to a fatal termination.

I have never used chloroform; and, from what I have seen of the practice of others, I feel no inclination to do so. In the Royal Infirmary of Edinburgh I witnessed its inhalation, but with no advantage further than a temporary alleviation of the spasms.

About two years ago, there was a vigorous young Irishman brought into the City of Dublin Hospital, in consequence of a severe injury of the hand, produced from the bursting of fire-arms. I was present at a clinical lecture given by Dr. Hargrave, Professor of Surgery to the Royal College of Surgeons, Dublin, also the author of a valuable manual on operative surgery, when he referred to this case, and spoke of its being a wound of that character in which lockjaw might supervene. In that institution, they have a remedy, which is designated their "anti-tetanic pill", the composition of which, if my memory serves me right, is colocynth, scammony, calomel, tartar emetic, and henbane: one of these pills is directed to be taken every six hours. Dr. Hargrave expressed his confidence in the prophylactic efficacy of the medicine, as it keeps up free intestinal action, besides correcting the secretions. The patient made a good recovery, without any tetanic manifestation.

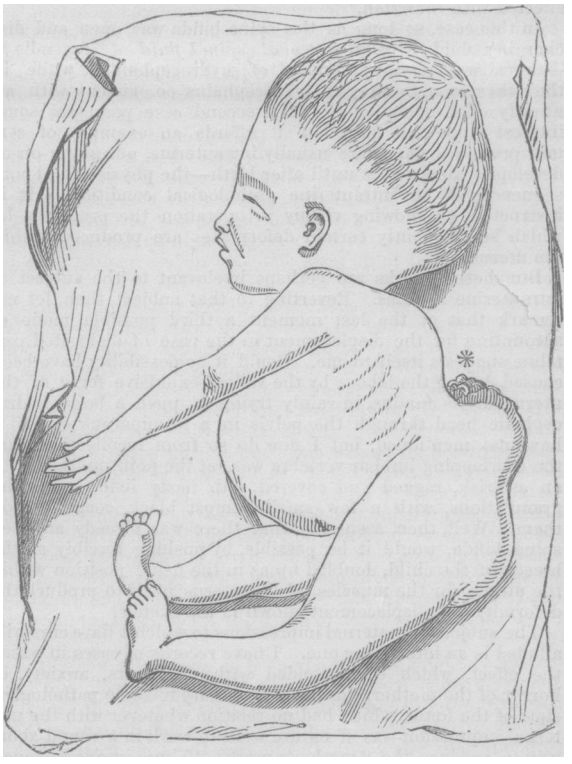
As to the inutility of attacking the spine with counterirritants, I may relate the following case:—A hale strong man, employed on the station of the London and North-Western Railway Company, got his hand jammed between the buffers of two waggons. The integuments of the hand were much bruised, and the muscles of the ball of the thumb considerably lacerated. When the poor fellow had almost recovered from the casualty, he became the subject of the severest attack of trismus and opisthotonos I had ever the painful opportunity of witnessing. I bled him to sixteen ounces, purged him freely, gave calomel, opium, and tartar emetic, with antispasmodics; turpentine dressings to the wound. On the day succeeding the attack (owing to the man being an old and trustworthy servant), his employers requested that I should take along with me a gentleman who at the time stood at the head of his profession in this town, but has since removed from among us. On being informed what means had been adopted, he concluded that he could only make one suggestion, viz., a free application of the actual cautery along the whole course of the spine. This was done about noon, and the formidable operation was borne with great fortitude. Immediately after the application of the cautery, the jaws could be more opened, and the extremities became more flexible. This state of matters, unfortunately, was but of short duration; the patient relapsed into his old state, and death put an end to his agonies about the following midnight.

INTRAUTERINE INJURIES AND DEFORMITIES, WITH A CASE OF COMPOUND DISLOCATION OF VERTEBRÆ (?).

By R. U. West, M.D., Alford, Lincolnshire.

The perusal of the accounts of some curious cases of intrauterine fractures, recently published in the Journal, and especially of Dr. Barker's elaborate paper on the subject, reminds me of a case of some singularity, which I met with in my practice some years ago, and concerning which I have the following brief note and rude sketch in my register:—

"No. 967. November 10, 1844. Primipara. Delivery with vectis. Fœtus hydrocephalic, at the full time. Spinabifida; vertebræ quite dislocated; club feet; left knee stiff, and bent forwards. There was a considerable quantity of fluid between the chorion and the amnios. The child lived three days, with inability to retain urine or fæces."



To the above extract from my note-book, I may add from my recollection that the women present at the labour at once attributed the miserable condition of the child to repeated injuries received by the mother from its father, who had frequently kicked her on the back and abdomen. No doubt the complication of hydrocephalus, distorted knee and club feet, were of the kind frequently seen either associated with, or caused by, spina bifida. How far the spina bifida could be the direct effect of an injury or blow inflicted on the mother's *abdomen*, in the manner so distinctly described by Mr. Davies, of Pershore, in the account of his case, or the indirect effect of the mother's imagination after having been kicked on the *back*, must remain doubtful. After Mr. Davies's very distinct statement, and other analogous accounts, it would seem that it is just possible that the child *may* be wounded by a stroke on its mother's abdomen; while, on the other hand, examples of the effects of the maternal imagination on the fœtus are so numerous and so well authenticated, that we may perhaps, to some extent, admit the latter supposition as accounting for the injury to the child's back. A spina bifida once in existence, the distorted knee and club-feet are easily accounted for, being the effects of spinal irritation. But the coincidence of a large hydrocephalus, which this was, with an open and discharging spina bifida, is not so intelligible to me when I reflect on the following case; I again copy from my register:—

"No. 1353. May 9, 1848. *A natural labour at the full period.* Fœtus with spina bifida on lumbar vertebræ. The tumour had burst, and was partially covered with a thin, livid, unhealthy-looking skin. Inferior extremities paralytic; fæces and urine not retained. In this case, at the end of about two months, the opening in the tumour closed up; the skin over it, however, still retaining its livid appearance. Up to this time the discharge of watery fluid had been abundant. On the cessation of this discharge, consequent on the healing or closing of the opening, the head began to enlarge. For a long time the child appeared to be conscious of its sufferings; but as the hydrocephalus advanced it became more and more unconscious, although it was continually crying. At the end of the fifth month, the head being enormously enlarged, the eyes were found to be destroyed, partly through distension by excess of their fluid contents, the iris being no longer distinguishable, and partly because the integuments of the head were so stretched that the eyelids could not be closed. The child was about six months old, when it died—a miserable object. The feet were perfectly formed at birth, but gradually became affected with *inversion*."

In this case, so long as the spina bifida was open and discharging fluid—(qy. the *cephalo-spinal fluid* of Magendie?)—there was no development of hydrocephalus; while in the other case there was hydrocephalus co-existent with an already open spina bifida. The second case possesses some interest from the fact that it affords an example of certain processes which are usually intrauterine, not going on or developing themselves until after birth—the physiological consequences of an intrauterine pathological condition. It is instructive, as showing visibly in operation the processes by which so frequently certain deformities are produced within the uterus.

But these remarks are perhaps irrelevant to the subject of intrauterine injuries. Reverting to that subject, then, let me remark that at the last moment a third possible mode of accounting for the displacement in the case of dislocated vertebræ suggests itself to me. Could it by possibility have been caused during the labour by the violent expulsive force of the uterus at its fundus, in vainly trying to push a large hydrocephalic head through the pelvis in a primiparous case? I have not mentioned, but I now do so from recollection, that the overlapping lumbar vertebra was, at the point marked with an asterisk, ragged and covered with nasty livid, unhealthy granulations, with a few small, almost black, coagula upon them. Well, then, assuming that there was already an open spina bifida, would it be possible, by pushing forcibly at the breech of the child, doubled up as in the usual position within the uterus, for the muscles of the uterus itself to produce the deformity and displacement shown in the sketch?

The subject of maternal impressions to which I have cursorily alluded is an interesting one. I have records of cases in which the effect, which corresponded with the fears, anxiety, or horror of the mother, was itself secondary to some pathological state of the fœtus, which had no relation whatever with the maternal impression—as if nature went to work in a round-about way to produce the "mother's mark". Thus, in one instance, where the mother had been frightened by an owl, she was confined prematurely of a monster with eventration of the *abdominal viscera*—absence of skull and eventration of *brain*—absence of spinous processes and other parts of vertebral column, exposing, and producing eventration of, *spinal marrow;* all this conducive to, or coincident with, a face exactly like an owl's.

Surely, when we see all this complication of arrested development merely subsidiary to a certain owl-like appearance of the whole face and figure of the fœtus in question, which alone could be connected with the maternal impression, we may doubt altogether the influence of these impressions. The subject is, however, one for study and reflection.

I append a more full description of this monster as it stands in my note book:—

"No. 1607. May 30th, 1850. Still-born girl. An 'exencephale' monster. Premature. *Note.* There was eventration of all the abdominal viscera, though a round opening in front, and towards the right side of the abdominal walls. The sac of the eventration had burst, and all the viscera were exposed, the most conspicuous being the liver, very much rounded. But perhaps the most remarkable anomaly consisted in the condition of the brain and spinal marrow, constituting the monstrosity named by St. Hilaire 'exencephale' (*Anomalies de l'Organisation*, tome iii, p. 313.) Thus, there was absence of the whole of the cranial vault, commencing just above the orbits, the whole of the occipital bone being wanting, with the upper parts of the parietal and frontal bones. The brain was consequently exposed, and from want of support was very large, and the two hemispheres widely separated. The right hemisphere was covered only by its pia mater; the left was enclosed in a loose bag of dura mater, which hung to one side like a night cap. The cerebellum and medulla oblongata were wanting, the large cerebral hemispheres resting immediately on the spine, which was, itself, much distorted, and as far as the sacrum, was so far deficient that the spinal marrow, or the rudiments of it, was exposed. This rudimentary spinal marrow consisted merely of two columns of membrane separated widely from each other and containing a reddish fluid; but the nerves were seen proceeding from it and passing through the theca vertebralis to their distributions. The double origins of these nerves were beautifully distinct, with the ganglion on the posterior root of each of them. The theca vertebralis itself was open posteriorly, thus more effectually exposing the abortive vertebral columns. The bony spine consisted of nothing, therefore, but the *bodies* of the vertebræ with a sort of gutter posteriorly. It was much widened between the shoulders, and at that part projected backwards like a hump, so that the head and face were sunk deep between the shoulders, and the front of the throat thrust forward to a level with the chin and sternum. At this hump-like portion of the spine the medulla was still more rudimentary, being reduced to a few scattered nervous fibres continuous with the brain, which lodged upon it, and most likely prevented its development by pressure. The fœtus itself was very small, about a foot long. Both feet were distorted—inverted. The placenta was the largest I ever saw. The funis was not more than two and a half inches long, and was inserted into the edge of the placenta. It was given off from the left side of the ventral opening, the eventrated viscera lying on the right side of it. The sac of the eventration seemed to have consisted of one of the coverings of the funis, which had burst on the right side. The liquor amnii was amazingly redundant, and the birth of the monster was followed by considerable hæmorrhage. The fœtus and placenta were expelled in one mass some few minutes before my arrival.

"Compare with case 1405, which gives an example of what may be the first step of abdominal eventration. Compare also with cases 967 and 1353 for distorted feet depending on spinal irritation; and with case 1041 for hypertrophy of placenta as coincident with imperfectly developed fœtus; also with cases 1254 and 1134 for redundant liquor amnii, coincident with disease or death of fœtus."

Now, in this case I made a blacklead pencil sketch of this monster before leaving the house of the patient; and on getting home I found I had sketched a *fac simile* of one of St. Hilaire's plates, where he gives a portrait of an "exencephale", that being the term applied by him to the peculiar exposed condition of the brain shewn in my monster: the owl-like character of the face being the usual physiognomical characteristic of that kind of eventration, and being therefore *secondary*. And yet *that* was the mother's impression. In another instance, which was still more remarkable, we had not only the effect of the maternal impression secondary to a previously existing pathological condition, but we had that effect developing itself only after the birth of the child. I again extract from my note-book:—

"No. 768. September 16th, 1842. A natural labour. *Note.* The child's eyes had a strange staring unwinking appearance; so much so, that I apprehended convulsions. None, however, came on. When I called on the woman again, no remark was made to me about the child's condition. About five weeks after, as I was riding past, I was called in to look at the child's eyes, and was horrified to find them both quite disorganised. A portion of the iris was hanging out of one of them, and they both seemed to have burst. Luckily, the child did not live many days after this. I was told that the child had never closed its eyes from its birth. The lids appeared to be natural in conformation. The mother attributed the misfortune to a species of fright. On one occasion, while pregnant, when she was milking, the cow had lashed its tail across her eyes, causing great pain, and a sensation that her eyes were destroyed."

We had thus, as I have said above, visibly in operation, after the child's birth, the process by means of which the imitation of the maternal impression was produced. It was the extra-uterine development of an intrauterine pathological condition—the latter having no resemblance to the maternal impression. Indeed, the effect was one which could be produced by such a cause only after birth, being the inevitable result of a constant

exposure of the eyes to the light, similar to what took place in the second case of spina bifida quoted in this paper, in which the scalp was so distended by the development of hydrocephalus, that the eyelids could not be shut.

But I am wandering again from my immediate subject. I will wander still further, concluding by observing, *à propos* of the circumstance mentioned in the description of the case of dislocated vertebræ, viz., that there was redundancy of fluid between the chorion and the amnios observed during the labour, that I have on other occasions observed a similar coincidence of redundant fluid in the ovum, with a dropsical condition of some part of the fœtus.

TREATMENT OF CYNANCHE MALIGNA.

By W. A. BRYDEN, M.D., Mayfield, Sussex.

THE invariable success which has attended the following method of treating an epidemic, of a very severe character, that has for some time been raging in this neighbourhood, induces me to communicate it to my professional brethren, in the hope that it may, in their hands, prove the means of saving many a valuable life. Out of between twenty and thirty cases of the disease, I have not lost one, where I have had an opportunity of putting this plan of treatment into execution.

The symptoms presented by the majority of cases were those described by Fothergill, Bretonneau, and others: varying from slight diphtheritic tonsillitis to nearly complete obstruction of the throat, with whitish or gray coloured specks and patches on the palate, tonsils, and uvula; accompanied by fever of a low typhoid type, and great prostration of the powers of life. In only one of the cases did I notice any rash, and in that it was of a papular character.

The treatment which I have found most successful has been to give powdered guaiacum in combination with chlorate of potassa; to support the strength with beef-tea, mutton-broth, etc.; and to cause the patient to frequently gargle the throat with a solution of chlorinated soda; or, if he be too young, or unable from any cause to use the gargle well, to cause his throat to be mopped or sponged with it. The secretions, of course, must be attended to; and in the later stages of the disease, tonics, such as quina, or bark, and nitric acid, will be beneficial.

I was led to use the guaiacum in this disease from having frequently seen the benefit derived from it in the ordinary cases of cynanche tonsillaris—a circumstance which, if I mistake not, was first pointed out by Mr. J. Bell, of Barhead, twelve or fifteen years ago. The more *sthenic* character of the cynanche tonsillaris, however, renders the addition of nitrate of potassa to the guaiacum preferable to the chlorate.

CASE OF MALIGNANT DISEASE OF THE LIVER.

By W. NEWMAN, Esq., Fulbeck, near Grantham.

THE following case of malignant disease of the liver may present some points of interest.

M. N., a female, age 59, applied to me in January 1857, with various symptoms of hepatic derangement, dyspepsia, etc. The treatment adopted gave but little relief; and hence accurate examination showed the existence of a hard lobulated enlargement of the liver, occupying the right hypochondrium, and encroaching on the middle line.

The swelling increased rapidly, especially in the epigastric region: ascites supervened, and, as there was much suffering from dyspnœa, etc., paracentesis abdominis was performed in May 1857, and nine gallons of thick albuminous fluid were drawn off with much relief. The removal of the fluid showed that the tumour had increased much; it occupied the whole of the epigastric, and part of the left hypochondriac regions: encroaching on the umbilical region, and reaching nearly to the crista of the ilium. It was softer in some parts than in others; and was singularly lobulated throughout. The fluid collected again, and six weeks after the tapping, a repetition of it was proposed, in June 1857. Before any time was fixed the cicatrix of the puncture gave way during a sudden movement, and the fluid escaped from the abdominal cavity through this opening. The puncture remained open, and from that time, up to the patient's death, in Sept. 1857 (a period of nearly four months), a discharge of serous fluid, to the extent of a pint or more, took place every, or every other day. This of course was a great relief after the prior distension, dyspnœa, etc. She sank at last from complete exhaustion.

An external *post mortem* examination showed the tumour occupying the whole of the abdomen on the right side, extending downwards quite into the pelvic cavity; and also encroaching on the left side: it was hard and lobulated in parts, soft and very yielding over the region of the liver: the puncture opened direct into the peritoneal cavity, and was still patent. I could not obtain leave to make any more accurate examination.

The history points to the case as one most probably of soft cancer. The existence of the peritoneal fistula is, to say the least of it, a novel feature, and induces the idea that the case may on that account deserve a record.

Reviews and Notices.

TRANSACTIONS OF THE MEDICAL SOCIETY OF KING'S COLLEGE, LONDON. Vol. I. Winter Session—1856-7. Edited by ALFRED MEADOWS, House-Physician.

WE have perused this volume—the first publication of a Students' Discussion Society which has existed for more than twenty years—with much interest, and, we are bound to say, with considerable satisfaction. The society is, as it would appear, almost limited to students, or those who have recently passed some examining board, and are serving as resident officers in the hospital. Hence the same mastery in treating, and freedom in selecting, their subjects can hardly be expected from the authors of the papers before us, as from the distinguished men who are contributors to *Guy's Hospital Reports*. What they profess to do, however, they have done well; and that is, to give a careful and clear statement of the practice and teaching of the school to which they belong, supported and illustrated by cases under the eyes of their audience at the time. The principal feature of all the papers is this, of practical hospital work; so that, of the nine papers of which the body of the work is composed, only one is devoted to other than a clinical subject ("The Voice," by Mr. Meeres); and even this has a direct bearing on anatomy and physiology.

We would especially call the attention of those interested or engaged in the management of such societies to the paper of Mr. Lawrence on the Morbid Anatomy of the Heart, as a model of what such papers ought to be, treating an every day subject in a lucid and matter of fact manner, and illustrating every point of the description by a reference to cases which the hearers are or ought to be in the daily habit of visiting. The importance and advantage of such a society to the education of the student for the time being cannot, we think, be spoken of too highly.

If the further question be asked, whether it is advisable to print and publish such collections, our answer would be in the affirmative. It may be true that they contain little that has not been said before, and nothing that may not be known by the accomplished medical practitioner (though we, for our own part, are not ashamed to own having derived several new facts from the little volume before us); but we must remember that all medical practitioners are not accomplished, and that to the juniors and the students a publication which in a small compass gives the results of the practice and teaching at a large London school for a year, together with a record of the most important cases which have occurred in it, is of no small value. Besides, even if such a publication contained no other interesting or important fact, it proves this at least, which is neither uninteresting nor unimportant, that one of our chief schools is worthily performing its highest function—that of leading its students to the wards of the hospital, and teaching them how to recognise and how to treat disease. Admission into the *Transactions* is also a stimulus to study and elaborate the subject of the paper; for no paper is received without a report in its favour from referees.