patient, who was quite well. Dr. Radford sent me a drawing of the uterus you removed—a very interesting drawing; but, if I publish it, the last part of my essay, the treatment by excision of the organ, will be the place: therefore, no allusion to your case has yet been made admitting of the drawing." It seems that my patient did not continue to reside in Leeds; for, in answer to an inquiry which I made respecting her, the other day, Mr. Smith, of Park Lane in that town, kindly wrote to me, "I have by accident seen the person with whom your patient lodged when in Leeds, and found that she has removed to Huddersfield; and the address is, Mr. John Morris (her husband), Ginger-Beer Manufacturer, Zetland Street, near King Street, Huddersfield. Your patient is living, and in good health. I remain, my dear sir, yours truly, Samuel Smith."

This last letter, therefore, brings the information up to the present period—a space of upwards of eighteen years after the performance of the operation; and establishes without doubt the claim of this case to being ranked among the successful instances of removal of inverted uterus.

CASES ILLUSTRATING DISEASES ARISING FROM LONG CONTINUED RESIDENCE IN INDIA.

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ALL our experience and knowledge of the processes and phenomena of disease begins with individual cases; and the truth is brought nearer to our comprehension by collecting numerous examples under the greatest possible variety of circumstances. This can only be accomplished by the combined exertions of numerous observers. We are thus enabled to distinguish what has uniformly occurred in all cases, conjointly or consecutively, and what has not transpired, and finally to determine constant coincidences from those which are merely fortuitous.

CASE I. Atrophied Granular Induration of the Liver. The subject of this case was a lady aged 56, of regular and very temperate habits, whose constitution had been enfeebled by residing many years in Calcutta, and who had lately returned to England in an impaired state of health, having suffered occasionally from disorder of the digestive organs. Towards the termination of 1854, a marked declension in the state of her health became apparent; and when she placed herself under my care in January 1855, she was complaining of indigestion, abdominal pulsation, emaciation, debility, insomnia, and depression of spirits.

February 1, 1855. The face and body were generally pale; she had loss of appetite, considerable feebleness, severe and almost persistent epigastric pulsations, synchronous with the heart's action, no sense of weight or pain in the region of the liver; the entire abdomen was unaffected by strong pressure; the tongue was clean; the pulse feeble and somewhat irritable, 95; the skin dry; the urine high coloured; the stools natural and costive. No cardiac or pulmonic disease, or enlargement of the spleen, could be detected.

The progress of the affection was slow but continuous; from the commencement of March, the symptoms became more severe, and on the 11th of that month, jaundice supervened, and remained persistent until her death, which occurred on the 1st of October following. Simultaneous changes were now observed; the urine appeared charged with bile, and the alvine dejections were no longer tinged with dark matter, but became light and clay coloured. The new formation of connective tissue could now be readily distinguished by tactile examination through the exceedingly attenuated parietes of the abdomen, in the form of callosities, indicating a state of degeneration into granular atrophied induration of the liver; but the development of this callous tissue did not become apparent to the touch before the supervention of the jaundice. The symptoms resulting from the impermeability and obliteration of the secreting tissue, bore a certain progressive ratio to the degree of hepatic induration, and were chiefly characterised by tabes, anæmia, and (shortly before death) by ascites. Concurrently with the development of these symptoms, might be observed a dark yellow greenish tint of the skin pervading the whole body; the icteric urine was of such intensity of colour, as to assume a blackish or inky hue, and the biliphaïn in solution, tinged linen of a dark yellow dye. The usual tests failed to discover any trace of albumen. Towards the termination of the disease the symptoms became more complex and aggravated. There were occasional paroxysms of severe pain

in the liver, a constant bitter taste in the mouth, and almost daily, at an early hour in the morning, vomiting of bilious matter, occasionally complicated with hæmatemesis. The pulse now became very irritable, often exceeding 130 beats in the minute, and petechiæ appeared on the superior and inferior extremities. The extinction of vitality was very protracted, and accompanied by the manifestation of exalted reflex actions, the functions of the sensorium remaining unaffected until two days before death.

REMARKS. In the early stage of the malady, the dyspepsia was relieved by bismuth, soda, henbane, and prussic acid; and due action was maintained on the chylipoietic viscera by the use of mild mercurial and aloetic medicines. After the supervention of jaundice, the mineral acids, and various preparations of quinine and iodine were administered; and the nitromuriatic acid bath was persevered in for a lengthened period. The acids were employed with a view of acting on the absorbent and excretory systems, and arresting the hepatic degeneration; at the same time, that they might also serve to oxygenise the vitiated blood.

The setting in of this insidious and dangerous affection was marked by dyspeptic symptoms of a very intractable nature, together with considerable marasmus. At this early period of the disease, there existed no abdominal pain; but the comparative benignness of the symptoms was of short duration, and the development of hepatic disease soon became patent and determinable. It is a remarkable circumstance that the system should have been surcharged with bile for a period of eight months, and that, in spite of the protracted duration, there was an entire absence of coma or any cerebral complication, until forty-eight hours before death. In accordance with that vicarious but conservative law of nature, observed sometimes in diseased conditions of the system, the kidneys became the excreting emunctories of bile-pigment, and to a certain extent compensated for the loss of vital power in the peccant organ.

In this instance we have an exemplification of the system tolerating the presence of a noxious agent with impunity for an unusually long period. Cholemia in this respect differs from uræmia; the concomitant circumstances and influences are too complicated, and the importance and office of each individual agency are not sufficiently known to enable hæmatologists to determine the causes of this divergence and variation in the symptoms. Perhaps the fact of urea containing more nitrogen than any other animal product, may serve in some measure to explain its pernicious effects; how frequently is cephalœa attributed to derangement of the liver, when the cause may be found in functional disorder of the kidneys; the *materies morbi* depending on excess of uric acid in the blood, too often induced by sedentary habits and over stimulating food. Werner asserts that bile, added to fresh drawn blood, prevents its coagulation; and to its presence in the living body may be ascribed in some measure that condition of system frequently terminating in dyscrasial anæmia, marked as in the present case by the appearance of petechiæ on the surface of the body.

The obstruction and interruption to the flow of blood through the liver frequently induces disease of the heart, but in this instance there was no hypertrophy or valvular lesion. The peculiarly excited pulse was partly due to the constant effort of the heart to propel the blood through the indurated and almost impermeable hepatic tissue, to cardiac irritation set up by the presence of bile in the circulating fluid, and also to sympathetic reflex action induced by the formidable nature of the hepatic lesion.

To climatic influences we must in this instance ascribe the origin of this incurable form of disease. It is seldom the practitioner meets with an example, so complete and well defined in all its stages of progressive development, frequently one or more of the important symptoms are absent, but in this case all the salient points necessary for the purpose of accurate diagnosis, present themselves to our notice.

CASE II. Chronic Dysentery. Mrs. B., aged 40, of spare habit, after a residence of many years in India, returned to England in July 1855. She first complained of dysenteric symptoms on board ship in the Bay of Bengal, March 1855; and the disease had now continued for twelve months without any intermission. During the last nine months, she had resided in Scotland; but finding the climate ungenial, and her disorder increasing in severity, she removed to London.

March 31st, 1856. Her symptoms were excessive emaciation and prostration of strength, dryness of skin, anxious countenance, sallow complexion, pulse 90, small and feeble.

Pain was always induced by food, and continued until the food had passed through the bowels. She had twelve loose stools on an average daily, occasionally as many as twenty, consisting of muco-purulent and sanguinolent jelly-like mucus, without feculent matter; at other times, of excrement, mingled with the former in a fluid state; defecation was unaccompanied by griping or tenesmus. She had great tenderness of the abdomen, and pain on pressure. The tongue was coated with brownish deposit, and dry. The urine was normal. She was ordered to take acetate of lead, in combination with opium, three times a day.

April 8th. The alvine evacuations were now reduced to five or six daily, with less hæmorrhage; and the pain in the abdomen was not so severe.

April 22nd. The diarrhoea was less frequent, and the strength had increased. The sulphates of copper, iron, and quinine, in combination with opium and conium, were prescribed.

May 2nd. There was very marked improvement. The pulse was natural; the bowels acted twice daily; there was no hæmorrhage; and little tenderness of the abdomen. She was ordered to take dilute nitric acid, with infusion of simaruba and cod-liver oil.

May 12th. No hæmorrhage had occurred for some time; the bowels were costive; scarcely any tenderness of the abdomen remained. Extract of nux vomica, the occasional use of clysters, and olive oil as a laxative, were prescribed.

Since the healing of the ulcerated surface of the intestine, and consequent suspension of the liquid loss by stool, bronchial flux has supervened.

REMARKS. The textural alterations must have extended to a large extent of surface, the purulent sanguinolent exudation indicating follicular affection with penetrating destruction of tissue. Long continued atonic inflammation and suppuration of the intestinal coats had produced a state of passive dilatation. The absence of tenesmus may be explained by the disease not having invaded the lower portion of the colon and rectum. Notwithstanding the duration of severe dysenteric symptoms for a period of twelve months, under the treatment adopted the patient recovered in six weeks.

The case is interesting as affording an illustration of bronchial flux supervening on the suppression of a long continued discharge from the ulcerated surface of the colon, the one flux becoming substituted for the other; as the patient was not exposed to the influence of cold, the bronchial attack was probably the result of determination of blood from the intestines to the lungs; hence the necessity of due caution in not arresting a long continued discharge too suddenly.

Another circumstance worthy of note was the declension of muscular power in the coats of the bowels, as marked by the severe constipation which followed the chronic inflammatory action and ulceration; to restore the tonic of the fibre, and relieve exhaustion, extract of nux vomica, with nitro-muriatic acid and cod-liver oil, were prescribed.

Reviews and Notices.

NOTES ON THE SURGERY OF THE WAR IN THE CRIMEA; WITH REMARKS ON THE TREATMENT OF GUN-SHOT WOUNDS. By GEORGE H. B. MACLEOD, M.D., F.R.C.S., formerly Surgeon to the Civil Hospital at Smyrna, and to the General Hospital in Camp before Sebastopol; Lecturer on Military Surgery in Anderson's University, Glasgow, etc. pp. 439. London: Churchill. 1858.

It has ever been an honourable task to enrich surgery from the opportunities afforded by war; to turn the experience gained from these lamentable occurrences to the best account, so as, perchance, out of present misfortune, to devise future mitigation of suffering, and even the means of preserving life and limb. In the performance of this duty have laboured many, whose names stand forth in the first rank when one strives to muster in the mind the noble army of surgeons. Ambroise Paré, Larrey, Hennen, Dupuytren, Guthrie, Stromeyer—these, and others, are names “familiar in our mouths as household words”. He who would be a companion of such men has no small task to perform to prove himself worthy of the honour. Yet it would be a pity that any

should shrink back from a feeling of unworthiness. The opportunities of the military surgeon are so precious and yet so rare, as to require to be seized on at once; and if some diligent and modestly ambitious Æsculapian—such as the author of the work before us—does not earn for himself the full reputation of a Guthrie or a Larrey, he yet may have the gratification of reflecting that he has done his best, and of receiving the acknowledgments of his brethren, that they have derived advantage from his labours.

Dr. MACLEOD'S work consists of twelve chapters and an appendix. The chapters treat of, i. History and Physical Characters, etc., of the Crimea: ii. Drainage and other Hygienic Arrangements, and their Effects on the Health and Diseases of the Soldiers; Hospitals; Distribution of the Sick; Nursing; and Transport: iii. The Campaign in Bulgaria, and its Effects on the Health of the Troops: iv. Distinction between Military and Civil Surgery; and some Peculiarities in the Wounds and Injuries seen during the late War: v. The “Peculiarities” of Gun-shot Wounds, and their General Treatment: vi. The Use of Chloroform in the Crimea; Primary and Secondary Hæmorrhage from Gun-shot Wounds; Tetanus; Gangrene; Erysipelas; Frost Bite: vii. Injuries of the Head: viii. Wounds of the Face and Chest: ix. Gun-shot Wounds of the Abdomen and Bladder: x. Compound Fracture of the Extremities: xi. Gun-shot Wounds of Joints; Excision of Joints, etc.: xii. Amputation. The appendix consists of articles on (a) the Geology of the Crimea; (b) Thermometric Observations; (c) The Weight and Nutritive Value of the Soldier's Ration; (d) Return of Duty in the Crimea; (e) The Routine of Duty in Particular Regiments; (f) Table of Weight of Balls used by the Belligerents; (g) Tables shewing the Mortality following the greater Amputations for Gun-shot Wounds and Accidents; (h) *Resumé* of M. Scrive's Work on the French losses in the Crimea; (i) *Resumé* of the Report of the British Government on the Surgery of the War in the Crimea.

On these important subjects, Dr. Macleod has given much valuable information in a readable and instructive style. We make an extract or two from his expressions of opinion on some of the topics which have most recently engaged attention in reference to the treatment of the sick and wounded of an army.

FEMALE NURSES. To the practicability and usefulness of employing female nurses in military hospitals, if conducted with discretion and caution, Dr. Macleod gives his entire adhesion.

“In military, more than in civil hospitals, is the kindly sympathy and gentle care of a woman required. The soldier has no crowd of anxious friends or relatives to visit his sick bed; but, oppressed by a sense of loneliness in a foreign land—a feeling of which he is little conscious when in health, but which comes upon him with overpowering weight when the silence of the sick room gives him time for reflection,—he clings to those gentle offices of kindness which a woman can alone bestow. To the surgeon a good nurse is of incalculable service. His medicines and splints cannot cure unless those many trivial and apparently insignificant points connected with the management of a sick bed, which are more than half the cure, are attended to. The surgeon has enough to occupy all his scant time in the greater and more serious duties of his service; while those nameless, constantly-recurring necessities of a sick room, none can minister to like a woman. To perform such duties aright seems part of a woman's mission on earth. The patience and gentleness which are such inestimable qualifications in a nurse, we cannot look for in a strong and vigorous man, nor yet that sensitive recognition of a sick man's wants which so distinguishes a woman. Charles Lamb well expresses this idea when he says, ‘It is not medicine, it is not broth and coarse meats served up at stated hours with all the hard formality of a prison,—it is not the scanty dole of a bed to lie on, which dying man requires from his species. Looks, attentions, consolations, in a word, *sympathies* are what