ring shortly after puberty, with a predisposition to disease, might cause nervous affections to manifest themselves. The description the prisoner gives of his "fainting fits" is quite consistent with epileptic vertigo. Frequent throbbing in the head, without apparent cause, in a young healthy man, is consistent with epilepsy and is a common symptom of that disease. Involuntary micturition during sleep without cause was also met with in such cases, indicating an attack during the night. The neuralgic pains, especially the angina pectoris, sometimes accompanied epilepsy. The attacks the prisoner described must be one of two things, either epilepsy or ordinary fainting. From any single attack, it would be difficult from description to distinguish between the two. Assuming the statements of the prisoner to be correct, and taking the family history and the other nervous symptoms into consideration, the evidence appears to be in favour of epilepsy. It is quite possible that a crime might be done during an epileptic seizure. The fact that the prisoner was depressed and melancholic without sufficient cause, and his constant statements that he was miserable and anxious to "put an end to himself", indicated, in Dr. Bennett's opinion, an abnormal mental condition. The fit the prisoner had in court yesterday was, in Dr. Bennett's opinion, somewhat an anomalous one, but was of an epileptic character, indicated chiefly by the total unconsciousness and the dilated and insensible pupils.

Cross-examined.—In the ordinary acceptance of the term, the prisoner could not be said to be insane. While in a state of epileptic unconsciousness, a person might commit almost any act without knowing it. The attack itself did not generally last more than three or four minutes, but the effects of it might last several hours. Taking the attack which occurred last July alone, there would be nothing from the description inconsistent with an ordinary fainting fit. Epilepsy is a disease of the brain.

Dr. RHYS WILLIAMS, Superintendent of the Bethlehem Royal Hospital, had seen many cases of epileptic vertigo, and he corroborated the evidence of the last witness that this was an acknowledged form of disease. He described a case in which a gentleman, while sitting at breakfast, had assaulted his wife with a table-knife, and afterwards was not able to give any explanation for his conduct. He was subsequently under medical treatment for fourteen months with epileptic vertigo. Everything done by persons while suffering under attacks of epileptic vertigo was automatic; they were then mere machines, and would afterwards have no knowledge of anything that occurred during the attack. When he recovered, a patient might feel that he had done something, but he would not know what. The longest instance of unconsciousness of this kind he was acquainted with was one hour. The witness stated that all the symptoms that had been described in this case with regard to the prisoner were consistent with the idea that he was suffering from epileptic vertigo. He had seen the prisoner on the previous day in the cell below the court, and he found him perfectly unconscious, and the pupils of his eyes were dilated. He had no doubt that it was an epileptic fit combined with hysterical symptoms. He regarded epileptic lunatics as the most dangerous of all those afflicted with insanity; and such persons were most likely to commit acts of violence.

Mr. RICHARDS, Superintendent of Hanwell Asylum, had great experience in epilepsy; himself treating, on an average, one hundred and fifteen cases *per annum*. He had seen several cases of epileptic vertigo. He agreed in the opinion expressed by the two previous witnesses with regard to the nature of that disease. He had been several times attacked by patients suffering from epileptic vertigo. On one occasion, an epileptic patient was talking pleasantly to him when, suddenly, her eyes became vacant, and she hit out at him. She appeared to recover immediately, and he asked her why she had struck at him, and she said she did not know that she had done so, and appeared quite unconscious of what had taken place. A few days later, this patient had a violent attack of epilepsy. He saw the prisoner yesterday, when he was unconscious, and he was of opinion that it was an epileptic fit, with modified symptoms.

Dr. SMILES, Surgeon to the House of Detention, said the prisoner was under his care from December 18th to January 15th. During that time he was in good health, and never on any occasion exhibited any appearances of epilepsy. With regard to the attack of the previous day, he was of opinion that there was a good deal of hysteria mixed up with it. He heard a young woman, who had been examined as a witness, utter an exclamation, which evidently affected the prisoner and brought on the attack. He had no opportunity of seeing the prisoner, except from the court, and he did not go into the gaol. [It is to be observed that this witness was on the bench. The prisoner's attack took place on the floor of the dock, and chiefly in the cell below the court.]

Mr. GIBSON, Surgeon to Newgate, said the prisoner had been under

his charge since January 15th. While under his observation, he had been in perfect health. Although the chief symptoms of yesterday's attack were those referring to a hysterical condition, the graver of them were of an epileptic character. There might be a distinct convulsive attack in those cases, without any premonitory symptoms. Strong efforts had been made to restore him after he was taken from the dock, and a quantity of snuff was blown up his nose, but was not followed by any effect. This morning, he had given the prisoner a pinch of the same snuff, and it caused him to sneeze violently.

The jury were asked to decide whether, at the time the prisoner fired the revolver, he was conscious and knew the nature of his act. They answered in the affirmative, and found him guilty. He was accordingly sentenced to death.

Such are the medical facts and evidence in this remarkable case. The jury have found Treadaway guilty; nor am I prepared in any way to question their decision. There was no defence whatever, except the question as to whether, as the prisoner stated, he was unconscious of his act. The judge admitted that no proof whatever could be obtained of any motive for the crime. In the interests of justice and humanity, it was, therefore, incumbent on those intrusted with the task to carefully collect all the statements and facts connected with the prisoner's health, and, in laying them before the authorities, it was their duty conscientiously to draw from them such inferences concerning the prisoner's condition as would assist the jury in the performance of their most responsible duty.

LARGE WOUND OF SCLEROTIC, THREE-QUARTERS OF AN INCH IN LENGTH, TREATED BY SUTURE: RECOVERY OF SIGHT.

By SIMEON SNELL,

Ophthalmic Surgeon to the Sheffield General Infirmary.

THOMAS W. PARKIN, aged 16, whilst at work on September 6th, 1876, was engaged cutting a piece of scrap iron with shears, when the portion he was cutting off, about two inches long, flew up and struck his left eye. Within an hour of the accident, he was brought to me. The eyeball was then collapsed and soft, and the aqueous chamber filled with blood. Just below the cornea, at its middle, commenced a clean cut wound, running obliquely outwards and downwards, and measuring not less than three-quarters of an inch in length. It involved the deeper tunics, was wide and gaping, so that a finger could easily have been thrust into it. A large quantity of vitreous had evidently escaped. The lower lid was slightly cut towards the outer commissure. Vision was reduced to perception of light.

As there was no evidence of any foreign body being in the eye, although apparently with little prospect of restoring useful vision, it seemed to me well to close the wound by a suture, and thus, at all events, attempt to leave the organ as little unsightly as possible. This was accordingly done at once by means of a single loop of very fine platinum-wire, uniting the edges of the wound at about its centre. On placing the speculum beneath the lids to introduce the suture, the wound gaped so widely that it seemed as if the eye would be turned inside out. A pad of lint, wetted, was applied by means of a bandage, and a two-grain solution of atropine in an ounce of water ordered to be dropped into the eye three or four times daily. It was directed, also, that the lint be kept constantly wet with cold water. The day following, the eye had resumed its normal shape; the edges of the wound were in good apposition, and apparently closed. There had been very little pain.

September 8th. The suture, after having been in thirty-six hours, was removed. The wound was quite closed; the tension of the eyeball nearly normal. There was some little œdema of the conjunctiva, but no pain. He saw fingers indistinctly; no reflex was yet obtainable with the mirror.

September 11th. The blood in the eye had cleared up considerably, some films floating in the vitreous body, but the fundus could be seen with the ophthalmoscope. He now read 16 Jäger.

The next day he resumed his usual employment.

Since this time, there has been further improvement in vision, and he reads with greater facility. The wound is now represented by a faintly greyish line, and, beyond a little dropping of the lower margin of the pupil, the eye does not differ in outward appearance from its fellow.

This lad's case shows how readily, under favourable circumstances, a very extensive sclerotic wound may unite, even though the vitreous body be largely involved. Two points, no doubt, contributed very materially to the good result obtained in this instance, which was

better, I think, than the most sanguine could have expected; firstly, the short period that had elapsed since the injury before the edges of the wound were reunited; and, secondly, the cleanness of the cut. Small wounds of the sclerotic are not unfrequently met with, and these, for the most part, unite readily without a suture.

Platinum-wire can be obtained of extreme fineness, as fine as hair; it is little prone to oxidise, and seems to be a valuable wire for suture. I have used the very fine wire as a substitute for hair in performing the old Celsian "hair-loop" operation, revived by Snellen, for ingrowing eyelashes.

THERAPEUTIC MEMORANDA.

ACTION OF SALICYLIC ACID.

IN the notices which have appeared in the JOURNAL with respect to the action of salicylic acid and its compounds, no mention has yet, I think, been made of drowsiness as a symptom induced by its use. Dr. Ransom, senior physician to this hospital, first directed my attention to the fact; and since then I have observed it in cases under treatment here to a greater or less degree, but markedly so in one now in the hospital. The patient was admitted on the 7th instant with acute rheumatism of a fortnight's duration, being the fourth attack since childhood (twenty years), with a double aortic murmur and a temperature of 103 deg. Fahr. Salicylate of soda was administered in twenty-grain doses every hour for seven hours, when the usual physiological symptoms became manifest, accompanied by drowsiness, with complete relief from pain, which was severe on admission. A fall of two degrees and a half in the temperature was also registered. In the succeeding thirty-four hours, six hundred grains were taken, the drowsiness becoming much more marked, the patient sleeping constantly unless roused by being spoken to. Twitchings of the muscles of the forearm also existed, and the secretion from the skin was quite suppressed. On the drug being withheld, this state gradually passed away; without, however, a return of the pain or increase in temperature.

Our practice also goes to show that, for its antipyretic properties, where admissible, salicylic acid is unrivalled, having been fairly tried with quinine and digitalis; but, beyond this, in chronic rheumatic arthritis, marked benefit has accrued. As a febrifuge in cases of febricula, it has proved very serviceable; although in typhoid fever the success has not been what was expected, great care having to be used in its administration, on account of the tendency to produce diarrhoea and sickness. Salicin has also had a fair trial, but without success. Salicylic acid, if used by us, has been found to be more successfully administered in thin water-arrowroot than in any other way, this method being suggested by Dr. Ransom. The soda salt has, however, been returned to, because it can be given without so much fear of diarrhoea, etc., usually caused by the acid.

L. W. MARSHALL, M.D., Resident Surgeon,
General Hospital, Nottingham.

INJECTION OF AMMONIA INTO THE VEINS IN COLLAPSE.

ON a recent occasion, I injected ammonia in a case of collapse from scarlet fever. The patient had been unconscious for some time, and at the time of injection there was no perceptible pulse at the wrists; the respirations were about six to the minute; the arms up to the elbows were livid and cold, as were also the nose, lips, and ears. After five minims of the liquor ammoniæ fortior had been injected into the median cephalic vein (previously laid bare and separated from surrounding tissues), the patient gave a cry and threw up his arms; the pulse returned to the wrists; the natural hue and temperature to nose, lips, etc.; and consciousness returned, so that he could hear, understand, and give intelligent replies to my questions. Three hours afterwards, he was again in a state of collapse; and this time I injected eight minims into the median vein, with the same result as before. In an hour and a half, he was again in a state of collapse, and died before I could find a vein to inject. In this case, the undiluted liquor ammoniæ was injected, although Dr. Halford recommends now to dilute with equal or two parts of water. The effect after each injection was almost instantaneous—certainly under one minute after each. Although life was not saved, it was prolonged for six hours; for I am satisfied that the patient would have been dead within five minutes of the time I first injected.

The case is instructive from a medico-legal point of view, for there was perfect return of consciousness after the somewhat prolonged

period of perfect unconsciousness; and this might be an important thing in the case of signing wills, identifying murderers, or giving last instructions to relatives summoned from a distance, etc.

There was no appearance of sloughing, although the undiluted liquor ammoniæ fortior (*B. P.*) was used; and I am convinced that the danger of sloughing need never be an impediment to its use in ordinarily skilful hands; and if, after baring the vein, a few drops of oil be poured over the wound before inserting the nozzle of the syringe, that danger is reduced to a minimum.

My case was a lad aged 15, weighing over 11 stone and measuring 6 feet 1 inch. He died on the seventh day of the fever. The eruption had been well marked; but on the fifth day it began to assume a livid hue, and severe jactitation set in. There was no suppression of urine at any time, and the throat was unaffected. The highest temperature recorded in the case was 103.4 deg. Fahr.

R. D. PINNOCK, M.B., Melbourne, Victoria.

OBSTETRIC MEMORANDA.

INFLUENCE OF MATERNAL SMALL-POX ON THE FÆTUS.

A CASE reported in the JOURNAL of February 10th, of variola in the later months of pregnancy, in which the infant appeared not susceptible to vaccination, reminds me of some cases that have occurred in my practice of a similar character, but with a different result to the infants.

The first case occurred at a period when there was no epidemic of the disease in the city, and was in the person of a married actress who had been moving from place to place, but was not aware of having been exposed to the infection of the disease. She had been vaccinated in infancy, but had not been re-vaccinated. She was the mother of several children, and was in the eighth month of her pregnancy. The disease, although presenting numerous pustules, was not confluent; it assumed a modified character, and was not attended by secondary fever. She made a good recovery, and was convalescent when delivered of a healthy vigorous child at the full term. The infant presented no evidence of the disease, but continued healthy, and was successfully vaccinated at the age of six months.

The second case occurred during an epidemic of the disease in this city, and was in the person of a young married female in her first pregnancy at the seventh month. She had been vaccinated in infancy, but had not been re-vaccinated. The disease was distinct and modified; and she made so good a recovery as to be about her household duties at the time of her delivery at the full term. The infant was strong and healthy, and did not appear to have suffered from its mother's disease. It was successfully vaccinated at the age of three months.

The third case occurred to a mother who was nursing two of her children with confluent small-pox. She had been vaccinated in infancy, but not re-vaccinated. The disease attacked her within a week of her confinement at the full term, and was fully developed at the time of her delivery; it assumed a modified form, and was unattended with much fever, except at the premonitory stage. She made a good recovery, and was able to support her infant with an average quantity of breast-milk. The infant when born was vigorous and quite free from any integumentary, but within a few days was afflicted with an erysipelatous eruption, but without pustules, which continued more or less severe for three or four weeks; it ultimately, however, recovered and was successfully vaccinated at the age of between three and four months.

The fourth case occurred to a married woman about seven months advanced in pregnancy, whose children had lately suffered from the disease; it assumed a modified character, and the patient made a good recovery, delivery taking place at the usual time. The child was vigorous and apparently unaffected; it was successfully vaccinated at the age of three months.

The fifth case occurred during an epidemic of the disease in this city, but the source of infection could not be satisfactorily explained. The patient had not been vaccinated since infancy, and was eight months advanced in pregnancy. The disease assumed a modified form, and perfect recovery was obtained before delivery, which took place at the usual term. The child was vigorous and apparently unaffected; it continued to thrive, and was successfully vaccinated before the fourth month.

The sixth case was in a mother who had lately been nursing some of her children with the disease, her own brother having recently died from it in a neighbouring cottage. She had not been vaccinated since infancy, and the disease assumed a modified form. She was expecting