the fluid of cysts connected with the thyroid body. Immediately after the escape of the fluid, the cyst filled with blood of an arterial colour. This hæmorrhage appeared to proceed from the vessels of the cyst, the pressure upon which had been withdrawn by the removal of the fluid, and not from any vessel having been divided. On placing the finger in the cyst, the innominate artery could plainly be felt, and was so isolated that a ligature could easily have been carried round it. The wound was stuffed with lint, and a pad strapped on it, which controlled the hæmorrhage. A poultice was substituted for the pad on the 23rd, but on the following day it was found necessary to renew the pressure, in consequence of bleeding following the removal of some of the lint.

On the 28th, however, it was found feasible to remove the lint, as bleeding no longer occurred. The cyst became filled with granulations, which were so abundant as to require repressing with the nitrate of silver; and on June 11th, she was well enough to be made an out-patient.

On the 26th, however, she was readmitted, in consequence of bleeding, which had occurred from the wound during her sleep. She had lost, it was said, half a pint of blood before being brought to the hospital. Pressure was now again made upon the wound, by stuffing it with lint and covering it with a compress as before, and no further bleeding has occurred. The cyst was daily emptied of its serous contents, and pressure reapplied, until she was again well enough to be discharged, when she occasionally attended as an out-patient. She was last seen on August 4th, when the wound had contracted to a minute sinus, and recovery seemed almost complete.

REMARKS. The above was an instance of a not very common form of bronchocele, viz., a sanguineous cyst in connexion with the thyroid body existing singly, and giving rise to some trouble in consequence of the vascularity of its lining membrane. The case also illustrates the important relations which such cysts in the neck assume in consequence of the facility with which they make their way among the great vessels. The peculiar odour of the fluid contained in these cysts of the thyroid body is a point worth bearing in mind.

KENT AND CANTERBURY HOSPITAL.

CASE OF CHOREA TERMINATING FATALLY: GENERAL REMARKS.

By ALFRED LOCHÉE, M.D., F.R.C.P., Senior Physician to the Hospital.

[Communicated to the East Kent and Canterbury Medical Society.]

I PROPOSE to call the attention of the Society to a few practical points connected with the malady known familiarly as the dance of St. Vitus, with the special object of relating the details of a fatal case of that disorder.

Such an event as death actually from simple chorea—i.e., a fair wearing out of the powers of life under the exhaustion consequent upon the continued convulsive movements which characterise the disorder—is, I apprehend, a very rare one in the present day, whatever may have been the case in former times, and under those peculiar circumstances which generated those remarkable nervous derangements marked by *increased efficiency but depraved direction* of the will, known as tarantism, leaping ague, etc. Such an issue to such a malady is, in fact, the only instance of the kind of which I have any personal knowledge; and I have, therefore, thought it worthy of being brought to your notice.

Ordinary cases of chorea Sancti Viti are of frequent occurrence in this locality, and the wards of our Hospital are seldom for many weeks together without one or more of them. They occur almost exclusively in young females between the ages of 8 and 20; they are usually attributed to, and probably are actually produced by, some sudden shock of the nervous sensibilities, as fright, etc.; whilst they are universally found to be connected with deranged uterine functions, with some kind of intestinal irritation, or with a morbidly excitable imagination. Those cases which come on after an attack of acute rheumatism I do not include in the present category.

These common cases are very amenable to treatment; the great majority of them being readily cured by any of the preparations of iron or zinc, preceded and accompanied by mild though active aperients, which last I hold to be a very essential part of the treatment. Probably, indeed, these ordinary cases of chorea, and especially those which occur in susceptible young children, from mental emotions, have a natural limit of their own, and would get well of themselves in a reasonable

time, under the influence of the change of association and the repose which are found in a place like this hospital; for I hold it to be a principle, that anything which makes a decided alterative impression upon the system, without impairing the strength, exerts a curative action in chorea.

On the other hand, some few of the cases we receive here are very rebellious to treatment; and that, too, without any apparent reason or appreciable cause for the difference. In these, the disorder seems to become habitual from the mere lapse of time; such patients always presenting more or less of the appearances of imbecility. As a rule, the muscular disorder is general in them; whilst a direct cause for the attack can seldom be assigned. In all of them, however, it will be found that the menstrual function has not been established, even when the age is sufficiently advanced for it to be so; whilst they present a flushed florid face, capillary congestion of the skin, with a weak pulse or feeble heart—all indicative of want of tone in the circulating and muscular systems. These cases, also, in my experience, for the most part do well, under combination of purgatives, tonics, and antispasmodics, long ago recommended by Sydenham for their treatment; or else they gradually recover, as it were, spontaneously, as the catamenial age comes on, and the menstrual discharge appears.

Such is the ordinary run of our chorea patients; but now and then, as rare exceptions, I believe, to the rule, we do meet with cases which are accompanied by a far graver train of symptoms—declaratory, in fact, of a large amount of irritation of the cerebro-spinal axis, and attended with that peculiar state of brain-excitement and nervous exhaustion which is so remarkable in the malady known as delirium tremens. I will give you a sketch of two such cases, which turned out well, as introductory to a third, which ended fatally.

CASE I. A young girl, aged 15, was brought to the Hospital on April 6th, 1858, from Ramsgate. The convulsive movements were general, and rather severe; she was said to have had no sleep for a week; she was pale and exhausted from her journey. The pulse was very low; the bowels were confined; the catamenia had not appeared. The attack had come on nine days before, without any known or apparent cause. She was ordered turpentine enema, and a combination of saline aperients with iron. As she was sleepless, and even at first disposed at times to talk wildly, she had an opiate at night. Things went on as usual with such cases, except that she very early showed signs of prostration, until the 24th, when she became wildly maniacal, and so violent as to render it necessary to secure her in bed, by means of a sheet folded across the body. This frenzied condition gradually merged in four days, under the influence of opium and blisters, into a state exactly resembling the middle stage of typhus; low faltering pulse; dull sensorium; sordes on mouth and teeth; muttering delirium when left to herself, and a tympanitic belly, the chorea also continuing. Ammonia, camphor, opium, wine, and counterirritants to the head and spine remedied this condition in about a fortnight; so that, by May 10th, oxide of zinc was given for the chorea, which was still nearly as bad as at first. Citrate of iron was given on the 31st; and she left as convalescent on June 23rd; which, albeit being the eve of St. John's day, is not supposed to have had any influence in her recovery.

CASE II occurred in a young woman, aged 18, a servant of "all work", which means always of very hard work. In her the chorea came on after she had been in the Hospital some weeks, she having been admitted in August with the customary train of nervo-hysterical symptoms, of which hyperæsthesia was the most prominent. The chorea came on gradually. We watched its advent, and prescribed accordingly; nevertheless, on October 3rd, it broke out into a violent frenzy, which necessitated removal into a separate ward, and the application of all sorts of contrivances to prevent her from injuring herself during her gesticulations, by striking her head and limbs against the wall and bedstead. As it was, she got several severe bruises. She ran on into the same state of typhoid prostration and low delirium as in the former case. The treatment was the same, and by October 26th, she was restored to simple chorea again. She took a combination of iron and zinc for a fortnight, and was made an out-patient at her own request November 30th, since which time I have heard nothing of her.

CASE III did not furnish the same pleasing result, and has induced me to lay this history before you. It occurred also in the person of a young girl, aged 14, who was admitted October 19th from one of our city parishes. At first sight, and for a day or two, it looked like an ordinary case of chorea; for, on

her first examination, nothing unusual was noted about her, except that she was "rather dull and heavy". The disorder was general, but not very violent. She had had it for three months; it was her second attack, the former one having taken place two years prior. She had never menstruated; the pulse was low; the bowels had been confined for some days; they were always torpid; the jactitations were said to continue during sleep, which was subsequently proved to be the fact.

In accordance with my usual plan of treatment, she was duly purged with our compound magnesia draught, had a turpentine enema, and then some form of iron.

On the 25th, she became much more violent in her muscular contortions, and talked wildly, though perfectly sensible to questions and making rational answers. This state, with the addition of pervigilance, continued with little variation for nearly a fortnight, during which time came gradually on those typhus-like appearances noted in the other cases; the prostration being, however, far greater in this one. So incessant were the involuntary muscular movements, that at the bend of the elbows the cuticle got chafed and abraded, and from this extended a bright superficial erysipelatous redness as high as the armpits. Nothing controlled for a moment the violence of the symptoms; night and day she writhed and jerked and twisted about. By November 5th, it was quite evident that she would sink from exhaustion, for up to that time she took stimulants and nourishment more easily than I was at all prepared for or can readily explain, since the muscles of the throat were affected with the rest. The low state of her vitality was further evidenced now by the appearance of a large slough on the sacrum, and a gangrenous hue on the abrasions at the elbows; and so her powers of endurance gradually wore out, and she died on the 12th. There was no stupor, nor other sign of cerebral effusion, until a few hours before her death.

REMARKS. It is apparent to me from the issue of this case, that both of the other ones I have related were much nearer to a similar ending than I at all supposed; and I am still at a loss to see how they escaped from it. As a matter of fact, until within a week or two of the end, this fatal case did not wear so threatening an aspect in some particulars as either of the other two, especially the first I alluded to.

The pathology of this case, and of all similar ones, is a point of great interest; for what are the structural changes, if any, or the morbid appearances, discoverable in the cerebro-spinal axis from such a disorder? I cannot say what they were in the case before us, as a *post mortem* examination was peremptorily refused. I do not imagine, however, that we should have found anything more than serous effusion into the arachnoid, and possibly into the ventricles of the brain; and even that most probably merely as the result of disordered vascular action a few hours prior to death. We shall have no right, I think, to assign to any particular portion of the nervous centres any particular lesion or structural change as the exciting cause of the symptoms; whilst seeing what the symptoms were from first to last, we shall have still less right to expect to find any of the products of pure inflammatory action. The important practical fact which I deduce from the case is, that simple brain-irritation, prolonged, it may be, to the spinal marrow, apart from any inflammatory action either in themselves or their meninges, may induce some of the same physical results, and that exhaustion consequent upon long-continued nervous excitement and spasmodic muscular actions may kill a patient with St. Vitus' dance, just as it does in hydrophobia, or some of the forms of tetanus.

in health, only eight teeth fully cut, but no redness or tenderness of the gums nor flushed cheeks. The tongue was rather white at the back, moist and clean at the tip. She had slight thirst. The abdomen was not distended, nor very hot. Profuse discharge of puro-mucus flowed from both nostrils, which, as she tried to breathe through them, her throat being obstructed by enlarged tonsils, caused her to respire with difficulty, but not rapidly. This difficulty was much increased during sleep.

Thinking I had to treat a mere feverish cold, I prescribed a mercurial aperient and a saline pectoral mixture, which was continued for five days. The cough and fever had at the end of this time subsided, though the discharge from the nose was rather worse, and there was a complete disgust to food of every kind. I ordered iron wine, with infusion of orange peel, which, after three days, was discontinued, as her mother thought it did her no good, and confined her bowels. I then, finding that she still took no food, urged the use of wine, which she took in very small quantities, and with great reluctance after the first day; and, thinking it was possible that the discharge from the nose (which had now become decidedly purulent and very offensive, and had caused small pustules outside the nostrils) might be a cause of the anorexia, I had the nostrils injected with a solution of the nitrate of zinc, which in two days completely stopped the discharge and dried up the pustules, but without any improvement to the appetite. This was on August 19th, and I advised the resumption of the iron wine. On the 20th, I found the hands and feet swollen and cold, and the child restless, rubbing its head with its hands; the abdomen, however, being quite contracted. I then inquired whether it had passed urine, and learnt that for some days it had only passed it once in twelve hours. I therefore ordered it a stimulant saline diuretic, of which it took a portion, but without any effect, and died, rather suddenly, at 5, A.M., on the 20th.

As the symptoms described above, viz., the fever, attended with discharge from the nose and sorethroat—the former persisting after the cessation of the fever and being followed by retention or diminution of urine—with swelling of the hands and feet, seemed to resemble the course of scarlatina, I inquired whether any eruption had been observed at first; but this being denied, I thought it might still be a case of scarlatina without eruption; but a *post mortem* examination cleared up the mystery by shewing that it was a case of typhoid fever. No other organs than the Peyerian glands of the ileum, and the mesentery, were affected; the former being ulcerated, and the latter greatly enlarged.

As to the origin of the complaint, as the child never went off the premises previously to her illness, and there are no houses within forty yards, the only causes I can suspect are that the child would often stand with her nurse near the sink in the scullery, which is often offensive, and that there is a muddy pond on the same side of the road, about sixty yards distant. The occurrence of a purulent discharge from the nostrils is certainly to me a novel feature of typhoid fever; and, together with the absence of fever after the first fortnight, rendered the case so obscure, that I think it may be fairly placed among the instances of latent typhoid fever.

CASE OF POISONING BY POTATOE-BERRIES.

By THOMAS MORRIS, Esq., Merford, Gresford.

ON Tuesday, the 7th of August, about six, P.M., I was summoned to attend Miss M. E. H., aged 14, the messenger stating she had eaten the berries of the potatoe plant, portions of which she showed me.

On arriving at the bedside of my patient, I found her labouring under the effects of a narcotico-acrid poison. She was tossing to and fro in bed; the skin was bedewed with a cold clammy perspiration, and of a rather livid colour; respiration was hurried; the pulse was exceedingly quick and feeble; the teeth for the most part were closed, and she was constantly spitting, through the closed teeth, a viscid frothy phlegm. She was speechless. She would, after repeated asking, put out her tongue, which was covered with a brown, moist fur. She occasionally asked for drink, and begged her mother not to leave her. The eyes for the most part were open, and the pupils were not very much dilated. The expression was anxious. She occasionally slumbered for a few minutes, and again was restless.

From the history of the case, it appeared she had been slightly indisposed the week before; but was better on the

Original Communications.

ANOMALOUS CASE OF TYPHOID FEVER.

By T. OGIER WARD, M.D., Winkfield, near Windsor.

ON August 7th, I was requested to see a delicate female child, about 2 years old, one of a family of six children, four of which, boys, had died from teething at about the same age. I was told she had had a bad cold for a week, attended with cough and violent running from the eyes and nose, and slight sorethroat. She had lost her appetite, was feverish, and disinclined to quit the arms of her mother or the nurse. She slept badly, with slight occasional delirium; but this was only evinced by her striking her mother on one or two occasions when disturbed at night. Her bowels were rather confined. I found her shy and fretful, with a quick pulse, a little more heat of skin than