REPORT ON THE DEATH OF THE EX-SULTAN ABDUL AZIZ KHAN.

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THE official accounts given of the death of the ex-Sultan Abdul Aziz Khan, and the statement drawn up at the inquest held on that occasion by the nineteen medical officers present, have been criticised in a disparaging manner.

The writer of one article, in order to strengthen his arguments, intimates that he knows a good deal about Mohammedan feeling; but, at the same time, he shows his utter ignorance of Mohammedan custom. He views the case of Abdul Aziz's suicide with English eyes; judges it according to English practice; and condemns it by English law. He forgets that England is a limited State; that beyond it there are other nationalities differing from it in race, language, creed, education, and feeling; and that what may appear monstrous to his Anglican notions may seem very different to those of a foreigner, especially to a native of the East, whose very essence, to use a common phrase, is in contradiction with his own. The writer justly observes that the body of the ex-Sultan, Abdul Aziz, had been removed from the spot where he died before the inquest was held on it. He moreover says, that the wounds inflicted at the elbow-joints might have been caused by the hand of an assassin; and, that neither the nature of these injuries, nor the amount of blood mentioned in the medical report, were sufficient to account for his late Majesty's death. He considers, moreover, the idea of destroying himself with scissors as puerile; and that the theocratic character of the ex-Sultan was opposed to any attempt to lay violent hands on himself.

All these reflections are the natural result of meditations made at a distance, and based solely upon the account of Abdul Aziz's death given in the newspapers; and, remembering the tragic end of many of his Majesty's predecessors, the recent *coup d'état*, and the critical circumstances of the moment, I must own that my first impression when invited to assist at the inquest was, that I was going to inspect the victim of an act of foul play. It was, therefore, only after having carefully considered all the facts of the case which came to my knowledge, that I became convinced that the death of Abdul Aziz was caused by his own hand, and in the manner described, though unsatisfactorily, in the official account given of that sad event.

In order to put forward all the facts of this extraordinary case in a brief and intelligible manner, I will blend the *circumstantial evidence* obtained on that occasion into one narrative with the *direct evidence* derived from an inspection of the body; an examination of the site where the lethal act was committed; and a consideration of the instrument exhibited to account for this act.

The *Times* of June 12th very justly observes, "that the late Sultan was more than half insane; his mental infirmity being imperfectly concealed by the exalted position in which the fortune of his birth and misfortune of his country had placed him". In fact, as far back as 1862, previously to his trip to Ismid, Abdul Aziz had shown signs of mental aberration, and had been visited by Dr. Mongeri, chief physician to the lunatic asylum at Scutari, at the request of the late Mehmed Ali Pasha, the Sultan's brother-in-law, and at that time Marshal of the Imperial Palace. Dr. Mongeri declared that his Majesty was suffering from *mania, with paroxysms of fury*. The sea-voyage, country air, change of scenery, and a few days' repose, restored his health to its usual standard. Again, so strongly marked were his mental hallucinations after his dethronement and removal to the Pavilion at Tchiragan on the Bosphorus, that every weapon with which it was thought he might injure himself was carefully taken away from him; but, on the morning of his death, he asked for scissors to trim his beard. This demand was referred to his mother, who, little thinking what use he was going to make of them, sent him her own scissors and a hand mirror to enable him to trim his beard. The scissors were very small, about four inches in length; very sharp, and very pointed; having the back of one blade blunt, and with a small knob near its point—such, in fact, as ladies use when making embroidery work. On receiving these things, he sent all his attendants (females) out of the room, closed the door, bolted it inside, and put an end to his existence.

A considerable time having passed without stir, the women who usually waited on him mentioned the circumstance to the Valide Sultana (his mother), who ordered them to enter the room and see what was the matter; but, finding the door fastened, and receiving no reply to their inquiries, they burst it open, and beheld the horrid spectacle of his Majesty lying upon one of the sofas in it weltering in

his blood. His mother, his wives, and his children were instantly there; a scene of the utmost confusion and dismay ensued; the women broke the windows to pieces, and screamed for help. Their cries were heard at a very great distance—even across the Bosphorus, on the Asiatic shore, and brought from thence to their rescue Hussein Avni Pasha, the Minister of War. The soldiers stationed in the guard-house close by, believing the alarm was caused by a fire, rushed also to their assistance, and the whole neighbourhood was astir, wanting to know what had happened. Medical men were sent for in every direction; but, seeing that the body of Abdul Aziz gave no signs of life, it was removed from the spot where it lay and conveyed to the said guard-house, in order to take it away from the women's apartments, where the greatest confusion prevailed, and thus allow more freedom of action to those who were endeavouring to restore animation. This endeavour, however, having failed, all that was now necessary, as the rule in Mohammedan countries, would have been to carry the corpse at once to a place where it could be washed, perfumed, and packed in a winding-sheet, and then buried in some consecrated spot allotted for the purpose. According to the *Hadis*, or Mohammedan traditional custom, this must be done before the sun which shone at the death of the person has set; hence the hurry attendant on all Mohammedan funerals.

Inquests, in the English sense of the word, are never held in Turkey—still less necropsies, on the bodies of Mohammedans; but the suddenness of Abdul Aziz's death, his exalted position, and a liberal-minded feeling on the part of his Majesty Sultan Murad and his ministers, decided them to call for a medical inquiry which would examine into the circumstances of his late Majesty's death, and give its testimony accordingly. The result is already known to the public; but, as it has not afforded general satisfaction, I shall relate the facts recorded on that occasion, as *observed, and appreciated by myself*.

The body of Abdul Aziz was dressed in a loose gauze-shirt with wide sleeves, and wide silk drawers; in fact, in his night garments. A muslin handkerchief tied round his face upheld the lower jaw; and a sheet of white calico covered his person. The sleeves and the drawers were soaked with blood. The fingers of both hands, especially round the insertion of the nails, were stained with blood. The arms presented two gashes; one at the bend of each elbow—in front. The direction of both these wounds was oblique, from above downwards, and from within outwards; and their edges were jagged. That on the *left arm* was deep. I passed my forefinger into it, down to the very joint. The skin, the superficial veins, and the deep-seated tissues were cut through, and the ulnar artery laid open, but not entirely divided. The wound on the *right elbow-joint* was superficial, cutting only across the skin and superficial veins. No other injury whatever was discovered on his person. The surface was cold; but rigidity had not yet supervened—there was hardly time for it to manifest itself, as the ex-Sultan died at about half-past nine in the morning, and the inquest was held at two o'clock in the afternoon. His skin was very pale, and entirely free from bruises, marks, or spots of any kind whatever. There was no lividity of the lips indicating suffocation, nor any sign of pressure having been applied to the throat. His features were placid, and resembled those of a person who has expired tranquilly; but his beard had been removed, leaving only the moustache on the upper lips untouched. Considering the veneration in which the beard is held by all Mohammedans, cutting it off can only be explained by an act of madness.

The room in which Abdul Aziz died is spacious and lofty. It has five windows; three looking over the Bosphorus, and one in each adjoining corner at right angles to them. The entrance into the room is from a door opposite to the three windows, and leading to a lobby above the staircase. A mat-floored, damask curtains, and a damask-covered triangular sofa, placed in each of the two corners near the windows, were the only furniture in the room when I visited it.

Close to the right-hand corner of the right hand sofa, on entering the room from the door, there was a large pool of coagulated blood upon the matting—I should say, considerably more than a quart in quantity. Upon the sofa itself, near this spot, there was a depressed hollow on the seat, soaked with blood; and a little way from it, towards the left, at about an arm's length distance from the depressed hollow, another but smaller stream of blood. The cushion against the wall, forming the back of the seat, at the place of the depressed hollow, was also marked with blood near its free edge. The scissors which were shown to us, as found upon this sofa, at the death of the ex-sultan, were exactly such as I have described, and were moreover stained with blood. No smell of chloroform, ether, alcohol, or other volatile substance was perceptible either on the ex-sultan's body, or in the room where the blood-stained sofa lay.

Dr. Millingen, one of the court physicians to his late Majesty, was

among the first who saw the body of Abdul Aziz on the morning of his death; and he assures me that the ex-sultan's mother, his wives, his eldest son (Iusuf-Izzetdin Efendy), his daughters, and all the women and eunuchs of the harem, declared to him that his Majesty *had killed himself*; and besides, the Hazzadar-ustâ (the comptroller of the female household), gave Dr. Millingen, who had not yet seen the suicidal implement, another pair of scissors, and told him that they were exactly similar to those with which Abdul Aziz had destroyed himself, and which he received from his own mother; an act which the Hazzadar-ustâ considered, under the circumstances of the ex-sultan's position and state of mind, as highly imprudent and blamable.

From the foregoing statement, it is clear that no other inference can be drawn regarding the death of Abdul Aziz Khan, than that he committed suicide. All the testimony obtained on that occasion concurs in establishing this fact. The appearance presented by the body, and the nature and direction of the wounds found on it, show that these wounds were self-inflicted; and the position of the blood stains indicates that they were made while his Majesty was seated upon the sofa, resting his left arm on the edge of the back cushion; attacking that arm first, and afterwards the right arm, thus causing the stream of blood flowing from the left arm upon the matting to deviate into his lap. The other stain of blood marked upon the sofa was caused, I believe, by the flow of blood from his wounds when he fell exhausted on his right side upon the sofa. The implement found near him corroborates this explanation; and it is a fact well known to psychologists, that persons suffering from mental derangement, especially from *lypmania* of a religious or suicidal character, are *insensible to pain*, and that this spontaneous analgesia is as strongly marked in such cases as it would have been under the influence of artificial anæsthetics. The testimony of his own family, that of the other inmates of his household, and the unsettled state of his mental faculties, add a mass of evidence which no sophistic subtleties can shake. It now, therefore, only remains for me to refute the remark which has been made, that "the character sustained by Abdul Aziz, as the visible leader of the Mohammedan faith, would have rendered death by his own hand a heinous offence in his estimation", by remarking that, notwithstanding suicide is far more frequent amongst Christians than amongst Mohammedans, yet it is as sinful for a Christian to destroy himself as it is for a Turk.

BROMOHYDRIC ACID.

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THE utility of the bromide of potassium is now generally acknowledged by the profession, and its effects upon the nervous system are often of the greatest service. At the same time, it is not readily combined with several agents with which it may be advantageously administered, as quinine, for instance. Last year, I abstracted for the *London Medical Record* (April 20th, 1875), a paper by Dr. De Witt C. Wade on this agent, which appeared in the *Peninsular Journal of Medicine* in February 1875. He described there the usefulness of bromohydric acid, especially in obviating the headache which is produced in some persons by quinine. From what he said, I handed over his paper to the dispenser of the West London Hospital, and commenced to prescribe the new remedial agent. The formula is as follows, for the production of the acid in quantities of two quarts. Dissolve 3x, 3vi, gr. xxviii of bromide of potassium in four pints of water, then add 3xiii, 3i, gr. xxxvii of tartaric acid. The bitartrate of potash is precipitated, and the hydrobromic acid remains in a clear bright, almost colourless, fluid, possessing an acid taste and the ordinary acid properties, as well as the peculiar properties of bromide of potassium, as compared with any other salt of potash.

The accuracy of this last statement may be challenged by some readers. I will, therefore, briefly relate the conclusions arrived at after a twelvemonth's experience of the drug. It certainly does prevent the occurrence of headache, after each dose of quinine, in those who before had to desist from taking quinine for that reason. It is, perhaps, not invariably successful, but its power is very marked. It also prevents the fulness felt in the head by some persons, especially those labouring under cerebral anæmia, after doses of iron. It is also useful in nervous conditions, and, with quinine, is excellent in those cases where there is much nervous exhaustion from excessive indulgence in tea or in alcohol; this being tried in a case of nervous excitability and sleeplessness, where there had been much resort to chloral-hydrate.

In forms of excited action of the heart, connected with general nervous excitability or nervous exhaustion, hydrobromic acid is most useful. Given with quinine (of which it is a capital solvent) and digi-

talis, it gives better results than the bromide of potassium and digitalis; this is a favourite combination with me at both my hospitals, and is agreeable as well as effective. In all hysterical conditions connected with ovarian excitement, it seems to have all the properties of the bromide of potassium. It is equally useful in the vomiting of pregnancy, and seems to exercise quite as powerful an influence over acts of reflex origin as does the bromide. It is especially adapted for the relief of menorrhagia associated with sexual excitement, and is even more effective here than the bromides themselves. It is also of use in whooping-cough, and combines conveniently with quinine, forming an effective measure in this troublesome affection. With spirit of chloroform and syrup of squills, it forms a most agreeable and palatable cough mixture of no mean potency. It is also of use in case of cough of reflex origin. Where there is gastric irritability, it is the most useful of all acids, possessing the usual properties of acids generally and of the bromine as well.

The dose of the acid, prepared as above, is one drachm as a full dose. Half a drachm is the dose I ordinarily employ. Bromohydric acid has the further advantage of not producing the troublesome eruption so often the result of doses of the bromide of potassium, at least so far as my experience has yet extended. There are many qualities about this acid to render it an useful member in our therapeutical *armamentarium*.

Dr. Wade states that it is useful in the treatment of fever. It would seem the acid *par excellence* where there is much cerebral excitement in pyretic affections, but of this I have no personal experience.

SURGICAL MEMORANDA.

UNUNITED FRACTURE OF FEMUR.

THE case of ununited fracture recorded in the *JOURNAL* of to-day (June 24th), leads me to report a somewhat similar one which came under my observation in July 1873. A male, aged 27, apparently in good health, broke his right thigh, while hunting, about its middle. The limb was put up in the usual way, but, after seventeen weeks, union had not taken place. Under these circumstances, I saw him. It was agreed, in consultation, that the whole limb and pelvis should be enveloped in starched bandage, the patient be put upon crutches, and sent to Margate. There he was under the care of Messrs. Curling and Hicks of Ramsgate. In about two months he returned to town, union having taken place. He has ridden many a race since. This gentleman was of an active restless disposition, and doubtless constantly disturbed his splint and fracture.

Another case, more recently under my care in the London Hospital, came home from sea, in a similar plight. Starched bandages were used; and several months elapsed before union occurred.

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CONTRACTION OF THE PALMAR FASCIA.

IN the Remarks on Glaucoma by Mr. Jonathan Hutchinson in the *JOURNAL* of June 17th, he states that "the contraction of the palmar fascia in finger-contraction is irremediable". It may be interesting to Mr. Hutchinson and the readers of the *JOURNAL* to be informed that Dr. Otto Madelung, of the University Hospital at Bonn, has treated these cases successfully by means of an operation which he describes in a pamphlet published by Messrs. Triebner and Co. The operation consisted in laying bare the palmar fascia, and carefully dividing the contracted fibres. Dr. Madelung adduces several cases in which the treatment was permanently successful.

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DISLOCATION OF THE HIP, IN A GIRL AGED EIGHT YEARS, REDUCED BY MANIPULATION WITHOUT CHLOROFORM.

FROM its extreme rarity, the peculiar accident, and the mode of reduction, induce me to publish the following interesting case.

On the evening of Tuesday, April 25th, I received a message requesting me to see a daughter of Mrs. W., residing some distance from my house, who had received a severe injury to the hip. I was unable to see the case that night; and requested my assistant, Mr. W. B. Boughton, to do so, who, immediately on seeing the case, diagnosed it readily. It appears that this child was being pursued down the street by two boys, with iron hoops. She entered a passage dividing two