and coincide substantially with Mr. Cobbold's investigation, namely, ossification with presence of Haversian canals. Of this there can be no doubt, as the dissection was most carefully conducted by the late Mr. Toynbee of Savile Row, a great authority on aural diseases. That gentleman wrote to me in October 1859, stating that he was working at a book, to be brought out in parts, entitled *Illustrations of the Pathology of the Ear*, and asking for drawings and specimens of hæmatoma. In December of the same year, I had an opportunity of obliging him, and did so upon the occasion of the death of a patient, whose ear is engraved at page 223 of the *Review*, in the paper first referred to. The lunatic was the subject of acute dementia, admitted into the asylum August 1856. The alleged cause of insanity was the fall of a weight on his head two years previously, but it was subsequently ascertained that he had been intemperate in spirit-drinking. In June 1857, hæmatoma of the right ear supervened without the occurrence of violence. Three months afterwards, it began to subside, and ultimately the fluid became absorbed, leaving the ear shortened, narrowed, thickened, and inelastic. Two months prior to his death, in December 1859, from general paralysis, the left ear also showed signs of congestion and induration. The following is Mr. Toynbee's description of the dissected specimens, which he produced to the Pathological Society on 17th January, 1860.

"The right ear was so very much thickened as to have lost its normal appearance; the only portions of cartilage which were not greatly thickened, were the tragus and the thin narrow slip at the posterior margin forming the helix. Upon making a section of the cartilage, it was found in some places half an inch in thickness, but not harder than natural. This thick part of the cartilage did not present any appearance of a cyst, and under the microscope was observed to consist of hypertrophied cartilage-cells and intercellular matter. In some parts, this cartilage was converted into true bone, containing Haversian canals and well defined cells. This ossific matter was also found in the left ear, which was scarcely at all deformed, and had not passed through the cystic stage of the disease."

I may remark that I have never observed hæmatoma unless accompanied by disease of the brain or its membranes, and in no case upon the posterior surface of the pinna or in the lobule. Dr. Brown-Séquard has found that injuries to the corpora testiformia cause hæmorrhages of the external ear in guinea-pigs.

OBSCURE CASES OF SPINAL AND THORACIC DISEASE.

By WILLIAM JELLY, M.D., Madrid.

I WISH to place the two following cases before my medical brethren in Great Britain, in the hope of obtaining other opinions in reference to diagnosis and treatment.

CASE I.—There was brought to my "Consulta Publica", on September 1st, 1872, Elisa Catalá, aged 22, who stated that, during the Revolution of 1868, she was walking with her mother hurriedly through the Calle Arenal (one of the principal central streets of this city), when an artilleryman fired his gun or cannon close to them quite unexpectedly, their backs being towards the butt-end of the gun. She felt herself pinned to the spot in an erect position, not able to move one inch. She was carried to a cab and driven home. She felt no pain or discomfort in any way, only the lower limbs were rigid. Next day she got up all right and went about her duties as usual, feeling only a slight weakness in the left knee and leg. This went on gradually increasing, and the right knee and leg became similarly affected, so that, when her mother brought her to me, at the above date, her acts of progression were performed by a heavy awkward rolling or semicircular movement from side to side, she using all her energy and power to get ahead at all, but without pain in any part. When told to sit down, she dropped heavily on the bench. After some time, I told her to stand up, when she gave a most sarcastic laugh, and said "I can neither get up without help, or stand up without support". I found her utterly helpless in attempting to stand, or to be erect a moment without support. At the same time, I found she could get up with the smallest aid, viz., the tip of the little finger, and could remain erect some time with only the same little aid, and with it she rolled or ambled into the inner room. I had her stripped, and examined her most carefully. I found her well nourished, plump, and round in every part. Sensibility to touch was perfect in every part, from the soles of the feet up to the head on both sides of the body; there was no paresis of the bowels or bladder. The catamenia were most regular; the appetite was excellent; and she was bright, cheerful, and most lively in spirits at all times. On percussing the whole length of the spine rather severely, she said she felt a dullish obscure pain from the eighth dorsal as far as the third lumbar vertebra on each

side of the column. Both legs, from the knees downwards, and especially the ankles and feet, were intensely cold. These are the only two abnormal symptoms I can detect in her system up to the present day. Having seen, in various parts of the world, on land and board ship, numbers of gunners and artillerymen with lacerated tympana from atmospheric concussion, I diagnosed this case as rupture of the spinal meninges between the two points above stated from atmospheric concussion. I have treated it accordingly.

Before stating the treatment and results, I would ask whether my diagnosis is correct? If so, is the lesion of all the meninges, or of only one or two of them? If only of one or two, which of them? The family history is excellent. The patient is the youngest twin daughter of eight of a family. The father and mother were still alive, active, and healthy. The treatment consisted of five-grain doses of iodide of potassium with aromatic spirits of ammonia three times a day, with blisters over the suspected lesion, a fresh one being applied after the first had healed. With this she began to improve, and in four or five months lost the heavy rolling gait; her progress was somewhat more direct, but still she had no power to stand alone or trust herself to walk a single step. I then gave her iron and quinine, accompanied with faradisation. In a month she was as bad, if not worse than ever. I discontinued faradisation and gave iron and strychnia with shampooing, when she again plucked up somewhat, lost her ambling, and, when supported, could point her toes a little, but still the want of power and coldness in the legs remained. I sent her to the country, with arsenic and quinine to take, and to continue shampooing. She there fell into the hands of a horrible so-called magnetiser, and returned worse than ever, broken down in health and spirits. I ordered rest and quiet, and gave her solution of phosphorus for a month, without the least impression. I then empirically tried Dr. Harley's doses of succus conii without benefit, and then bromide of potassium in ten-grain doses three times a day for some time without result. I now fully began to feel my absolute impotence in this most interesting case. Every time she comes to see me, when I make the inquiry "How are you?" she, as all Spaniards do, shrugs up the shoulders, and, with a most courteous ironical grin, replies "Lo mismo" (Just the same); at this moment she is sitting before me smilingly happy. About two months ago, I drove her out a little way, and got her out of the carriage to try to walk her over a rough cobble-stone path. She fell twice in a peculiar way; she seemed to twist round on the heel of the left foot, making half a turn of the body, and falling on the right side. To get her again into the carriage was a great trouble; it took myself, coachman, and another, to place her in; she could not get in her right leg. I had to use all my strength to put her leg safely in; she felt no pain whatever, and rather seemed to enjoy the whole affair. Her sleep has never been disturbed a single night; and, with the aid of the tip of a finger and her eyes closed, she can stand or hobble along as if her eyes were open. If she sews a long time, her arms feel weak and her eyes fail, so that she cannot thread her needle. To sum all, I must express my deep regret at being able to do so little for this most interesting case. After twenty-eight months' constant care and supervision, the only improvement noticed is the loss of the heavy rolling side-to-side movement; when walking, she points her toes, but the exertion required in walking is all she possesses. Her health is now all that can be desired, but she has no power to stand or walk alone. I shall feel deeply grateful if some of my brethren in England could throw some light on this stubbornly obscure disease, and devise some plan or remedial measure that I could adopt for her relief or recovery.

CASE II.—On March 5th, Don Angel Muñoz, a student in pharmacy from Navarre, aged 23, came to my "Consulta" with the following statement. He had slight short cough. He said he had pneumonia six years ago, but felt otherwise quite well. His appearance was typically healthy for a Spaniard; he was fair, ruddy, tall, and stout, quick in movement, and in high spirits. He could walk eight or ten miles without fatigue, walk up hill, or take a day's shooting without inconvenience; but for the last four years, every day at 11 A.M., and during the hot weather at 5 P.M. also, he spat up, without coughing or vomiting, in one great mouthful, something which he said was sweet. Unless the same fluid came away every day, or if it should be retained an hour longer than the above periods, he felt rather uncomfortable, and could not eat his full meal. I examined his chest most carefully, and found it well developed in every point; there was a little bulging over the base of the heart; on measurement, I found the left side of the thorax an inch and a half wider than the right. The percussion-sound was normal in the back and front; breathing was perfect. The apex-beat of the heart was four and a half inches below the nipple, and a little to the right; the heart-sounds were normal. Nothing was revealed by auscultation. I told him to come to me the following day at 10.30 A.M., so that I might see him discharge his "sweet stuff". He

came; and, at 11 A.M., I got him to perform. He put a basin which I brought him on the floor, inclined his body forward, and discharged easily, at one large mouthful, about three and a half ounces of healthy pure pus. He never has had a rigor or chill, or ague, nor sweats. Whence can this pus come, with such regularity every day for four years, the patient being without cough, or vomit, or wasting, but in the best of health? Can it be abscess in the œsophageal tube? It is assuredly not in the bronchial tube, or any of its appendages, above or below.

ON PERCHLORIDE OF MERCURY IN THE DIARRHŒA OF TYPHOID FEVER.*

By T. L. WALFORD, M.R.C.S.Eng., Reading.

CASE I. On November 27th, 1873, Matthew F., aged 20, was admitted into the Fever Hospital of the Reading Union, with typhoid fever, having been ill one week. The treatment consisted of acetate of ammonia and a chloral draught at bedtime, milk and beef-tea, a poultice over the ileo-cæcal region, and five grains of powdered rhubarb, with two and a half of soap, in two pills at bedtime. The symptoms of typhoid fever were distinct; the relaxed condition of the bowels and the character of the stools being such as are commonly observed in the disease.

On the 29th, he had four grains of blue pill at night, and a draught of rhubarb and sulphate of potash the following morning.

On December 3rd, he took a few grains of the bicarbonate of potash, instead of the acetate of ammonia, the relaxation suggesting the alteration. On December 5th, he had diarrhœa mixture, without opium, four times in the twenty-four hours. On December 6th, he had it only twice.

On the 7th, it was omitted. The semifluid condition of the alvine discharges had given place to a more solid state. But the quantity seemed enormous—large in form, and as if passed through the canal without having been acted on. His state otherwise had so much improved that he was allowed fish, middle diet, milk, and beef-tea.

On the 13th, diarrhœa mixture was ordered once in the twenty-four hours.

On the 17th, he had ammonia mixture twice, and was allowed to be dressed and lie outside the bed.

On the 21st, he was ordered to bed again, in consequence of pain and swelling in the right leg, with tenderness on pressure of the calf towards the bone; and a poultice was applied.

On December 27th, he was ordered bark mixture twice, and was allowed to get up again. On the 29th, he was again confined to bed, as the left leg now became affected with swelling, tenderness on pressure, and pain. Once in two nights he took the rhubarb and soap pill, the quantity of large solid stools leading to their use.

On January 2nd, two drachms of castor-oil were given; it being hoped thereby to clear out the bowels and bring about a more healthy state of the excretion. It may be remarked here that the natural order of stools had not been observed. On the 6th, he was permitted to get up again; but on the 8th, the condition of the limb was such that the poultice was removed. The quantity passed from the bowels being so large, it appeared to me desirable to find some means of acting upon the mucous membrane of the intestines, and, calling to mind the ulcerated condition of the lower end of the ileum or the colon, I resolved on trying one drachm of the liquor hydrargyri perchloridi every twelve hours. This was on the 8th. On the 10th and 12th, it was continued. On the 14th, it was suspended; and on the 16th, he was allowed to get up. Two days after the commencement of the perchloride, the stools altered most manifestly. The quantity was nothing like so much; there was no appearance of undigested food; the fæcal odour returned, and he went on uninterruptedly to regain his strength, and in due time left the house to earn his living.

CASE II. On January 8th, 1874, Charles W., aged 29, was admitted with typhoid fever, having been ill seven days. He had acetate of ammonia mixture and fever-diet. On the 10th, he took four grains of blue pill and one and a half of ipecacuanha, followed by the sulphate of potash and rhubarb draught in the morning. The bowels were cleared out, and that is all that could be said. On the 13th, no improvement having taken place in the quantity passing from the bowels, and there being hepatic fulness and tenderness on pressure, four leeches were applied, and a grain and a half of calomel with four grains of blue pill, followed by the above-mentioned draught, were given. The leech-bites bled freely, and the medicine acted well, with evident relief to the febrile symptoms, but without any impression on the quantity and

number of the alvine discharges. He was ordered the potash mixture; and on the 16th, he wanted something solid, and was allowed some bread and butter and some rice. On the 17th, 18th, and 19th, the general condition was improving, but the bowels continued to discharge the same unnaturally large amount of ill digested excreta as in the former case. We had arrived at the eighteenth day of the case, but the radically typhoid condition of the intestines seemed no better. Remembering the happy termination of the first case, I ordered one drachm dose of the solution of perchloride of mercury every twelve hours; and continued it through the 20th, 21st, 22nd, 23rd, and 24th, when it was taken only at night, and discontinued on the 26th. He had taken twelve doses, and it was reported that there was no evacuation yesterday, and one this morning, natural. On the 24th, he was given fancy diet. On the 28th, he had the acid mixture, which, after two days, had to be suspended. On February 1st, there being a slight return of the diarrhœa, he was ordered the perchloride for three doses. On the 7th, he was sent to the General Infirmary, and in due time left the house well and able to work.

Such are the facts which I think it right to bring before you. I am aware they are but *two*—some may say they are not facts at all. I can only, in reply to such a denial, say, that time of administering the perchloride was a very fortunate hap for me, if its use were not the cause of the change which followed. I must, however, be permitted to add, that I see nothing unreasonable in the reasoning which led to the adoption of the practice. We all admit the special properties of different drugs and chemicals, whether we be solidists or humoralists, and this surely involves the capability of the different structures of the body being acted upon by the special properties of drugs.

At any rate, I hope the practice will not seem so unreasonable but that gentlemen will make trial of it. I have only to remark that, should any be induced to try it, they should not do so before the third week. Should experience allot it any value, then the propriety of giving it earlier may come to be considered.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. THOMAS'S HOSPITAL.

CASES UNDER THE CARE OF DR. MURCHISON.

We are indebted for these notes to Mr. DONKIN, Resident Clinical Assistant.

Typhoid Fever: Death from Perforation of the Bowel at the End of Seven Weeks.—A stout woman, aged 44, was admitted on December 12th. She stated that she had suffered from "winter cough" for ten years, but that otherwise her health had been good. She had been ailing a little about two months, but only took to her bed about three weeks before admission, complaining of fever, aching in the limbs, insomnia, and rapidly increasing weakness. Her bowels had been relaxed, at first six or eight times a day, but less often lately. During the last fortnight, she had wandered at night, and latterly had become deaf.

On admission, the patient was deaf and stupid; pulse, 110; temperature, 102.8 deg.; tongue furred and dry; sordes on lips. There was a moderate amount of bronchitis, and a mottling of the skin over the abdomen, but no distinct rash.

A few days after her admission, the fever began to abate; and on the 18th, her temperature was normal, and the patient felt much better.

On December 28th, she was complaining of hunger, and was evidently in process of convalescence.

On January 2nd, as she continued to improve, she was allowed meat diet. During this time, she was troubled with constipation, and required occasional doses of castor-oil; there was no tenderness anywhere in the abdomen.

On January 7th, the patient was not so well. Pulse, 100; temperature, 104 deg. (at 11 A.M.); tongue furred. The bowels were somewhat relaxed; they acted three times on the 6th. She did not complain of any pain.

Next day, she was again worse; the tongue was dry and furred; the bowels were still relaxed; and she had great pain in the abdomen. Vomiting next supervened, and the patient gradually sank, and died on the 13th.

At the necropsy, signs of general peritonitis were found, most intense at a point nearly under the umbilicus. On injecting water into the duodenum, a small perforation of the small intestine was found near this spot. On opening the bowel, about twenty ulcers were found

* Read before the Reading Pathological Society.