Harvey lost much of his popularity by promulgating his views; and society is scarcely more able now than in the time of Harvey to decide justly whether they are crushing a meritorious practitioner by their censure, or bolstering up a quack by their encomiums. This uncertainty of receiving an intelligent award is a harder grievance than the absence in our profession of those rich prizes which are meted out so liberally to the successful in the sister faculties of Divinity and Law.

This passing allusion to the name of Harvey warns me once more to revert to the duty of the day, and suggests that I have scarcely borne the meed of honour due to his great memory. It was more than talent, more than devoted industry, which were needed to make up the complement of noble qualities by which a fame like his could rise and live. Modest, courageous, temperate, generous, and courteous—a brilliant catalogue of virtues!—these were his; and genial circumstances attended his career. Obstructions and neglect, we know, crossed him. When has the path of human life been trodden without meeting them? Yet, as regards his scientific labours, it may be questioned whether difficulties in the establishment of any new-found truth ought to be esteemed a hardship. New knowledge must be proved; and a too facile acceptance can be wished for only by promulgators of error. Harvey, no doubt, felt this; and, with his own peculiar patience, he waited for the triumph, and it came. His great discovery was fully accepted by his own generation; he was almost idolised by his profession; he was patronised by his sovereign; and he closed a long life revered by all.

If we take a brief review of the progress of English intellect during the last few centuries, and note the leading characteristic of each succeeding period, we may trace three epochs: first, that of English literature, which was in its zenith when our profession assumed a position in the scientific world. Real medical science struggled feebly onward during the literary epoch; but when Shakespeare's sun set, and Harvey's rose, the true scientific age of England began to dawn. Harvey and Newton unveiled a galaxy of light, in an epoch of single but most significant discoveries.

After another century or more, during which science remained all but stationary, the chief workers rather reviewing the ground obtained, than materially advancing,—we of this nineteenth century find ourselves in another scientific epoch. We are in the midst of labours extended in innumerable directions, in a measure that could not have entered into the imaginations of the earlier philosophers.

It is possible that future generations may not attribute to our age any one gigantic revelation, such as those which we owe to Harvey and to Newton; but a vista is opening which discloses the almost certain prospect that the results of inquiries now being pushed forward with so much vigour will concentrate in the discovery of some single comprehensive law, and that that law will be applicable to all that is now mysterious in the organic system of creation. As, in the former scientific period, the labourers were few and the topics of investigation limited, now, on the contrary, the labourers are many and the subjects diverse. In every department, the progress of one is applicable to the researches of the other; all are on the same track—all verging to one common end. Thus a series of thinkers and workers continually succeed one another, each in his turn throwing light on the mysteries of our living frame—

"Et quasi cursores vitali lampada tradunt."

In this, however, they are happily so far unlike the runners in the ancient torch-race, that the light of science which they pass onward is no flickering blaze, threatening instant extinction, and at best soon to die out in other hands, but a self-renewing flame, which finds its own fuel as its advances, and becomes more brilliant by transmission.

CHOLERA. Twenty fatal cases of cholera in a single day are reported this week from Rome.

TESTIMONIAL.—Dr. C. Swaby Smith, of Seaforth, Liverpool, has been presented with a handsome timepiece, bearing the following inscription. "Presented to Dr. C. Swaby Smith, upon his leaving Burbage, as a mark of gratitude from some of those who have benefited by his skill and kind attention. June 1867."

MORTALITY IN LONDON. The deaths in London last week were 1,118, which is less by 176 than the estimated number. Three deaths from cholera or choleraic diarrhoea were recorded. In the district of St. George, Hanover Square (Belgrave), at 89, Calverton Street, on June 25, a nursemaid, aged 19 years, "cholera (twenty-four hours)." St. Martin-in-the-Fields (Long Acre), at 1, Wilson Street, on June 22, a messenger at a brewery, aged 32 years, "hepatitis, choleraic vomiting, and cramps." East London (St. Botolph), at 4, Bell Square, on June 26, the son of a master tailor, aged three months and two weeks, "choleraic diarrhoea (twenty-four hours)."

CASE IN WHICH A PENNY COIN IMPACTED IN THE THROAT OF A CHILD WAS DISCOVERED AND REMOVED BY THE AID OF THE LARYNGOSCOPE.

By GEORGE JOHNSON, M.D., F.R.C.P.,

Physician to King's College Hospital; Professor of Medicine in King's College.

F. C. W., a fine healthy boy, aged a year and eight months, was brought to me on the 2nd May by his parents, who told me that, two days before, he had swallowed a copper penny. When the child was taken to his mother by a servant immediately after the accident, he was black in the face; his eye-balls apparently starting out; and he seemed to be in imminent danger of suffocation. These alarming symptoms soon subsided; and, when the medical attendant arrived, he supposed that the coin had passed into the stomach.

The child's father, feeling alarmed and anxious, took him to one of the hospitals east of Temple Bar, where the house-surgeon, after learning the history, said there was nothing to be done; but he desired that the patient might be taken to him again on the following day.

When the child was brought to me, about fifty-two hours after the accident, I ascertained that, since the coin had disappeared, he had been quite unable to swallow solids, while the swallowing of liquids was attended with difficulty, and often excited coughing. Some water that I gave him to drink, made him cough. There appeared to be much irritation about the throat, and there was a frequent discharge of salivary mucus from the mouth; this discharge was occasionally tinged with blood. Respiration was attended with a moist rattling noise in the throat. There were frequent fits of coughing, which almost entirely prevented sleep; the child looked weary and anxious, and the distressing symptoms had gone on steadily increasing. With such a history, it could scarcely be doubted that the coin was impacted in the throat. Up to that time, the only treatment had been the administration of a dose of castor-oil.

Using a piece of soft wood to keep the mouth open, I endeavoured to reach the coin with my finger; but I failed to do so. Then, while keeping the mouth open by the wooden gag between the teeth, I introduced a small laryngeal mirror. At first, I found that the surface of the mirror became instantly smeared over and dimmed by the profuse mucous secretion from the throat, so that I could see nothing. I next swept the mucus out of the throat by a brush on a bent whalebone; then quickly introducing the mirror, I saw the coin sticking in the upper part of the oesophagus, the surfaces front and back, and the upper margin just below the opening of the larynx.

I have endeavoured to represent the position of the coin in the annexed wood-cut.

a. Opening of the glottis. b. Upper margin of the coin.

I then took a pair of long, slender, curved forceps, opening front and back, which I had purchased from Messrs. Weiss a short time before, and, guiding the forceps by the throat-mirror which I held in my left hand, I seized the edge of the penny and brought it out.

Immediately after the removal of the coin, the child retched and coughed violently for a few seconds. I then gave him some milk and water; and it was pleasant to see the eagerness and the ease with which he drank it. From that time, all symptoms of irritation rapidly subsided; but it was not until the third day after the removal of the penny, that he could be induced to swallow solids. When I saw him again, a week after his first visit to me, he had lost all his discomforts, and he looked a model of health and happiness. It is probable that the alarming symptoms of suffocation, which occurred immediately after the coin got into the throat, resulted from the partial closure of the larynx while the foreign body was sliding over the epiglottis on its way to the gullet. That the continued impaction of the coin in the gullet would have been speedily fatal by the extension of inflammation and swelling to the larynx, scarcely admits of a doubt.

It is commonly supposed that the larynx of a young child cannot be successfully examined by the mirror. Without doubt, a laryngoscopic examination is more difficult in the case of children than in adults; but I find that, with care and tact, it is possible to explore the throat of

even very young children. I have recently, on two occasions, in consultation with Dr. Arthur Farre, examined without difficulty and with complete success the larynx of an infant five months old.

EPILEPTIFORM NEURALGIA DURING THE PUERPERAL PERIOD: EPILEPTIC SEIZURES: PHLEGMASIA DOLENS.

By C. J. EVANS, Esq., Northampton.

C. Y., aged 22, married, a thin, pale, delicate woman, was delivered by me of her second child on December 21st, 1866; the labour being natural and quick. She went on well up to the 29th, when she was seized with most severe neuralgia of the left side of the face and head, the pain being of an excruciating character.

I ordered two grains of disulphate of quinine in a pill three times a day. The neuralgic pains continued, though the severity of them gradually abated; and, about the beginning of the first week in January, I was summoned to her in the night, the messenger saying she was in a fit. I went at once; and, although the fit was over when I reached the house, froth still issued from the mouth, and she had not wholly recovered consciousness. Cold was ordered to be applied to the head, and a mustard poultice to the back of the neck; the quinine to be continued.

She was reported to have had two more fits during the same night, but was quite conscious and sensible next morning, and they did not afterwards recur.

A new phase in the case now made its appearance. On Jan. 8th, 1867, there was noticed much feverishness, with tenderness of the right leg and thigh in the course of the saphena vein. She was ordered an ammoniated saline draught every four hours, with a grain of opium at night, and poppy-head fomentation (covered with oiled silk) to the limb.

At the end of two days, the whole limb, from the foot to the groin, was enormously swollen, and very painful to the touch. The pain in the head at this time was much less than it had been before. A blister, two inches wide and six long, was directed to be applied to the inner side of the calf, and a second similar one along the inner side of the thigh. The quinine and opium were ordered to be continued, the latter in double doses.

January 24th. The pain and swelling of the limb were greatly diminished; but the neuralgic pain in the head was again more severe.

By February 3rd, she was able to come down stairs, all pain, both in head and limb, having ceased; and the swelling of the latter gradually and entirely disappeared.

As far as my experience goes, neuralgia is a disease which is much on the increase, or is becoming more widely spread among the community. Very numerous cases of it, chiefly cranial or facial, have presented themselves to my notice during the last twelve months; but only in the case above detailed have I met with it in association with epileptic seizures—an association which gives a formidable appearance to the disease, and renders the prognosis more unfavourable.

The patient in this case was weak and delicate, and the severity of the pain she endured brought her extremely low; and she was, unfortunately, further reduced by the attack of phlegmasia dolens, from which, however, she made a good recovery.

It is worthy of note that, when the pain in the inflamed limb was at its height, that in the head was at a minimum, and *vice versa*. The one seemed, as it were, vicarious of the other. The patient had, a year before, suffered from a similar attack of neuralgia, which speedily yielded to quinine, and was not then associated with epileptic seizures or any other bad symptom.

In the *BRITISH MEDICAL JOURNAL* for January 5th, 1867, p. 9, is related an interesting case of "epileptiform neuralgia—epileptic seizures", under the care of Dr. Ramskill, with especial reference to the treatment by large and increasing doses of morphia, as recommended by Trousseau. In the present case, no special treatment was adopted for the epileptic seizures, the quinine being continued alone. It is possible, however, that the opium, which was subsequently administered for the relief of the pain in the leg, may also have relieved the neuralgic pain; yet, if so, it is difficult to understand how the one increased when the other diminished. If this or another similar case were to present itself, I should certainly feel strongly disposed to adopt the morphia treatment, and would have done so in the present instance, had the disease continued longer.

The idea that this form of the disease may be only a modification of genuine neuralgia, seems to be confirmed by a case related by Dr. Handfield Jones in the *BRITISH MEDICAL JOURNAL* for March 9th, 1867,

where, after stating that he regards "the alternation of prurigo (a hyperæsthesia of cutaneous nerves) with melancholia as an occurrence of the same kind as the shifting of a neuralgia from one part to another, the only difference being that a nervous centre is substituted for a nerve-tract," he sums up with the following pertinent remarks. "It seems to be of importance to have a clear conception of the possibility of nervous centres suffering in a quite analogous way to nerves, as the mind is thereby taken off from perpetually recurring, in all cases of cerebral disorder, to the notions of congestion and effusion, as it is so prone to do."

ON THE REPORT OF THE VENEREAL COMMISSION.

By HOLMES COOTE, Esq., F.R.C.S.,
Surgeon to St. Bartholomew's Hospital.

Too much publicity cannot be given to the following statement (in which I fully concur) made in the Report of the Venereal Commission: "Hard sores do not necessarily contaminate the constitution; while, on the other hand, constitutional symptoms occasionally follow the presence of a sore, which might have been regarded as a simple local sore by a practised observer." (P. ix.) It follows, then, that, for all practical purposes, the greater part of that which has been written about simple and syphilitic ulcers, about the pathological differences between indurated or infecting and soft or non-infecting ulcers, etc., is nearly useless, and in many points likely to mislead. As stated in the above Report, "too much caution cannot be exercised in giving an opinion as to the future safety of the patient." In short, an ulcer following impure connexion must always be regarded with suspicion by the surgeon; and I could not with certainty and at once name the time when the individual might regard himself as sound, however slight the primary symptom, even though it have been but a so-called excoriation.

The Report proceeds to say (page ix) that "the constitutional manifestations of syphilis follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average being about six weeks." But I presume it will not be denied that such manifestations often appear much earlier. I have at the present time under treatment a man who dates the primary sore, the bubo, and the cutaneous eruption, as simultaneous; I think that the average is less than six weeks, and is very often influenced by the habits of the patient and by his general health.

The sense of chilliness, followed by heat of skin, accelerated pulse, and general lassitude, which commonly precede the constitutional manifestations of syphilis, are often overlooked among hospital patients. Such persons are not always sensitive to symptoms. But, in private practice, it is noticed often enough. I have seen some of the best marked cases at the time when the poison was being carried along the line of the absorbents, and through the absorbent glands into the system. Mr. H. Lee inclines to the opinion that "neither experiment nor observation affords any proof that the virus is conveyed unchanged through these glands. All the evidence which we have on this subject," he says, "tends to an opposite conclusion." Hunter himself says: "We never find the lymphatic vessels or glands that are second in order affected. When the disease has been contracted by a sore or cut upon the finger, I have seen the bubo come in a little above the bend of the arm, upon the inside of the biceps muscle; and, in such, where the bubo has come in that part, none have formed in the armpit, which is the most common place for the glands to be affected by absorption." (Holmes's *Surgery*, vol. i, p. 392.)

I must be pardoned expressing my dissent from the above in the strongest terms; and will mention, in illustration, the following case. A surgeon contracted an ulcer on the forefinger of the left hand. No one could for a time pronounce upon its nature. However, the syphilitic nature at last became apparent. It was quite superficial, circular in form, and without a trace of induration. It secreted a small amount of pus. In the course of three to four weeks, the sore being still open and spreading, chilliness and lassitude were felt by the patient. He lost his appetite, looked careworn, and the glands above the elbow on the inner side of the biceps were so tender that he could scarcely bear the pressure of the coat-sleeve. Two days after this, the axillary absorbent glands became swollen, the general symptoms of chilliness being much more severe; and, almost immediately afterwards, but without any symptoms referable to the skin itself, he became covered from head to foot with the marks of syphilitic lepra. So tender were the axillary glands, that he wore the arm in a sling for a period of some weeks.

I cannot say that particular sores are followed by any one special form