of various modes of treatment fallacious. Another period, equally fallible, is the time of return to occupation, which often varies with the indigence of the party. But the most uncertain and worthless of all standards is, the date of discharge from hospital. We know well that working men with families mostly leave hospital too soon, while persons without home-ties stay over long. Perhaps some of the difficulty may be met by marking two periods of convalescence, viz., incipient and complete—the incipient denoting the period when the fever has quite abated, and the march of the disease stopped—the complete, when the lung has quite returned to its pristine state, a period in different cases very variable in time.

Until, therefore, writers come to a definite agreement upon this point, tables of the duration of the disease under different modes of treatment are not to be depended on. I have myself, from time to time, employed nearly all the known modes of treating pneumonia; and I have never met with any which has afforded me such unvaried satisfaction as that which I have just described, and for which I solicit a patient trial from the profession.

In conclusion, our warmest thanks are due to Professor Bennett for his strenuous opposition to the exhausting systems of treating pneumonia formerly in use. It is but justice, however, to state that the leading physicians of the day have arrived at nearly the same conclusions by a different route, accounting for the great change in its active treatment upon the empirical theory, that we have passed into one of those cycles of asthenic type in which the use of the lancet is rarely allowable. This view has been ably supported by Professor Law, the President of the Section, to whose instructive lectures on diseases of the thorax, I and many others are deeply indebted. Dr. Bennett explains his practice on quite different principles, upon which I do not think it necessary to enter.

NOTE ON REGIONAL PALSY AND SPASM.

By J. HUGHLINGS JACKSON, M.D.,

Physician to the National Hospital for the Paralysed and the Epileptic; Assistant-Physician to the London Hospital; etc.

I FEEL much indebted to Dr. Bastian for drawing attention, in his very important paper in the JOURNAL for December 14th, to certain views I have put forward on Arterial Regions of the Brain. I have not, however, applied the speculation of spasm limited to the branches of the middle cerebral artery to the explanation of cases like the one he has related, but to cases of unilateral convulsion which might or might not be followed by temporary unilateral palsy.

I first thought (*London Hospital Reports*, vol. i, 1864) that, just as permanent starvation of nerve-tissue of the corpus striatum consequent on complete mechanical blocking of the middle cerebral artery led to permanent hemiplegia, so temporary contraction of the whole of the branches of this vessel might produce temporary disorder of the same muscular region, hemispasm. And I supposed that, when palsy followed the seizure, the spasm of the vessels had been complete enough or long enough continued to produce so great a break in the nutrition of nerve-tissue, that minutes, hours, or days, would be required for its restoration. I did not suppose that the contraction of the vessel was continued beyond the paroxysm. The speculation has undergone further developments; and I will briefly state how it chiefly stands at present. I may also refer to recent Hospital Reports in the JOURNAL, and to the number for September 22nd, 1866, p. 329. The apparent dogmatism in what follows is not real. I am bound to write very briefly, as I am at present publishing on the same subject elsewhere.

1. There is an unilateral spasm, the counterpart of the unilateral palsy which damage to the corpus striatum produces.

2. In both, the faulty internal region is the same.

3. In hemiplegia, nerve-tissue is destroyed. In hemispasm, nerve-tissue is simply unstable.

4. The hemiplegia, therefore, is permanent; the hemispasm is occasional.

5. The local disorderly expenditure of force may occur: (a), as the failure of the unstable part in a general arterial wave throughout the body. We see a semi-paralysed arm become spasmodically affected in a general emotional condition. (b). The unstable part may fail from local spasm; for, although the arterial system is an unit, it is no doubt an unit of units. In support of this second possible manner of failure, I have, I confess, very little to say that is sufficiently definite to be said briefly. If diseases are to be studied as departures from health, the point is to be studied as part of the much wider inquiry, What is the

share the arteries take in regulating nutrition and developing function?

The thing of most importance is the positive study of convulsive paroxysms, regardless of the vested rights of certain clinical entities; and this may be done independently of any theory. I admit that there are many difficulties. The chief apparent discrepancy is accounted for by Dr. Broadbent's valuable hypothesis on centres for unilateral and bilateral motion. (See *Med.-Chir. Rev.*, April 1866.)

NOTES OF A PECULIAR CASE OF EPILEPSY.

By WILLIAM T. GREENE, M.B.Dub., etc., Moira, co. Down.

ON the 29th of August last I was called in to see a young girl, 16 years of age, the daughter of a well-to-do tradesman, who, whilst dressing herself that morning, had suddenly fallen down in what the parents termed a "fit," and which, from the description they gave of it—viz., "a sharp cry at the moment of falling, convulsive movements of the limbs, foaming at the mouth, flushing of the face," and, finally, "recovery after some minutes without any recollection of what had taken place"—I concluded to have been an epileptic seizure; the more so, that the patient, a well-grown but anæmic girl, had for some time menstruated irregularly, and for the last two months not at all. I further ascertained that my patient's bowels were irregular, though not particularly so, and her appetite capricious; but she slept well, and complained of nothing except an occasional "dull feel," as she described it, at the back of her head.

Thinking it probable, from the girl's age (the menses had made their first appearance more than a year before), and the fact of this being the first attack of the kind she had ever had, that it might be due to the interruption of the catamenial flux, the result of the anæmic condition in which I found her, and too close confinement to the house, I ordered three grains of citrate of iron and quinine in water three times a-day, and some aperient pills to be taken occasionally. Her mother then took her to the sea-coast for change of air, and I did not see her again until the 16th of the ensuing November, when her father came for me. He stated that, after taking my medicine for some time, the girl had improved very much; so much so, that he was in hopes there would be no repetition of the attack; but that upon the previous evening (November 15th), whilst sitting at the piano, his daughter had suddenly uttered the too-well remembered cry, and had then fallen in a fit, which, however, had lasted much longer than the first.

Upon seeing the patient herself shortly afterwards, I found that she had grown exceedingly fat in the interval; so much so, that I thought, at first, her face must be swollen; but she had more colour and seemed livelier than when I first saw her in August. The mother informed me that, after taking the iron and quinine mixture for a couple of weeks, her daughter had menstruated twice, at an interval of three weeks, but that there had been no "change" since then; and that for some days previously to the second seizure the girl had complained of the "dull feeling" at the back of her head, of which I have already made mention as precursory of the first attack. Considering that the attacks were due to the derangement of the uterine system alone, I ordered regular exercise in the open air, and ten grains of bromide of potassium in an ounce of infusion of cinchona three times a-day. This she continued to take for two months with manifest benefit; the heavy bloated look gradually disappeared, the catamenia returned, the action of the bowels became regular, the appetite normal; and I congratulated myself upon her recovery, which I, not unnaturally, attributed to the influence of the bromide of potassium. One day, however, after the patient had been about two months under treatment, I called to see how she was getting on; and, after speaking with the mother for some time upon different subjects, she said, just as I was leaving the house, "By the bye, doctor, I always forgot to tell you that Kate" (her daughter) "was in the habit of taking 'flowers of sulphur' for her complexion; you know young people are so foolish." "Indeed," I exclaimed, "in what quantities, and for what length of time?" "Why, she tells me she took a teaspoonful every night for a considerable time, she cannot exactly remember for long before the first attack, and began it again soon after our return from the shore; that is, about a month before the second."

Here was food for reflection. Was this sulphur-taking at the bottom of that derangement of the system that eventuated in the epileptic seizures which I had attributed to the disordered state of the uterus and ovaries, due itself, in all probability, to the introduction into the blood of the large quantity of sulphur which my young patient had been taking for the improvement of her complexion? At any rate, as well as I could ascertain, the irregularity of the catamenia dated from the time at which

the ingestion of sulphur began; and, though I cannot positively connect the two facts as cause and effect, I have little doubt of their standing in that relation to each other. Wishing, as far as possible, to clear up the matter, I then and there laid a positive interdict upon the use of "flowers of sulphur," let the complexion suffer ever so much in consequence; ordered the bromide mixture to be discontinued, and, recommending plenty of out-door exercise, took my leave, convinced in my own mind that I had discovered the *materies morbi* of epilepsy in this case at least. I have only to say, in conclusion, that there has been no recurrence of the attacks since; that Kate—continues in the enjoyment of perfect health, all her functions are performed with healthy regularity, and her complexion is far more brilliant than when she was taking the large doses of sulphur to improve it.

CASES IN SURGERY.

By THOMAS BROWN, M.R.C.S., La Poile, Newfoundland.

Wound of the Left Hand.—William Ellis, a trapper and furrier, was firing a gun at some game, when it burst in his hands near the muzzle, inflicting a severe wound, fracturing several of the phalanges of the thumb and index finger, also some of the metacarpal bones. There was also considerable displacement in others; the dorsal ligaments were seriously injured. At the time of the accident, the man was far away from surgical aid; and it was several weeks after the accident occurred when he came for my advice. At this time, the wound presented a very repulsive appearance; sloughing of the soft parts had been going on for some time, and several of the displaced metacarpal bones were necrosed; exfoliation had also to some extent taken place. The gangrenous aspect extended to the wrist. The man suffered excruciating pain; and he earnestly requested the removal of the hand. I acceded to his wishes at once (*solus*), and amputated the hand at the lower third of the forearm, under the effectual influence of chloroform. A good stump, covered with a fair cushion, was the result; and in six weeks my patient was following his usual occupation.

Strumous Degeneration of the Knee-Joint.—Sarah Matthews, aged 21, living at Petites, on the western shore of this island, consulted me for disease of the knee-joint, resulting from the disastrous practice of cleaning floors in the bent position. It was gathered from the history of the case, which had been in existence some years, that violent and repeated attacks of inflammation had terminated in suppuration within the joint. Various applications had previously been employed; but, in the absence of rest in the recumbent position, no reparative operation, such as ankylosis, could reasonably be anticipated. On examination, I found extreme tumefaction; neither flexion nor extension could be employed. On manipulating the limb, I could produce slight motion, but it was attended with considerable pain. Several small eliminating abscesses presented themselves near the patella and over the internal and external condyles. The patient's appearance was haggard in the extreme; there was hectic fever, rapid atrophy of the tissues, and a very short and miserable existence alone remained for the patient, if surgical assistance were not at once resorted to. In compliance with her importunate request, I amputated the leg (under the influence of chloroform) by the flap-operation, midway between the diseased joint and the head of the femur. Cicatrisation was complete in one month, and robust health was the result.

AN UNUSUALLY LARGE HYDROCELE.

By F. W. GIBSON, M.D. Lond.,
Assistant Medical Officer, State Asylum, Broadmoor.

THE case is one of unusually large hydrocele occurring in a man aged 61. Its origin dates as far back as 1857, at which time the patient was an inmate of Bethlem Hospital; and it was caused, according to his account, by a kick on the right testicle.

On his admission into Broadmoor Asylum in 1865, the tumour reached a little below his knees; its greatest circumference was thirty-two inches; it contained two cysts, and, on the right side, a large hernia. Until August 1866, it was tapped frequently, the greatest amount of fluid obtained on any one occasion being eleven pints; but at that time the walls of the cysts had become so thick that further operative measures were not deemed advisable. He suffers considerable inconvenience, both from the weight of the mass and from irritation of the skin of the scrotum caused by the constant dribbling of the urine from the completely buried urethra.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. GEORGE'S HOSPITAL.

THREE CASES TREATED BY LISTER'S METHOD WITH CARBOLIC ACID
CLINICAL REMARKS.

(Under the care of Mr. HOLMES.)

THE three following cases, of which we give short details, were the first treated by Mr. Holmes in the hospital on Mr. Lister's method. In a few clinical remarks, Mr. Holmes entered fully into the principle involved in the plan carried out by Mr. Lister, not only to apply a detergent, slight stimulant, and antiseptic to the exposed surface, but also to exclude air from the part, and thus prevent sloughing and suppuration, which, he believes, are produced by minute organisms floating in the atmosphere. He said that, since the employment of carbolic acid in this manner, Mr. Lister had not suffered in his hospital practice from pyæmia, phagedæna, and the like. Mr. Holmes had followed out the treatment in a very limited number of cases; far too small, however, to form any conclusive opinion. One of the cases had proved very unfortunate, and would, he believed, have done better without Lister's method. The others had done well; but he thought they would have turned out as satisfactorily by simple means. He thought the method confined the part too much; and that it was impossible to ascertain what was going on below the dressing, which, from the first, ought not to be removed. Considering, however, the high authority who introduced this novel method of applying carbolic acid, and in whose hands it had proved so successful, he intended giving it a full and fair trial.

CASE I.—A boy was admitted on November 1st with a wound on the inner malleolus. The lower end of the malleolus and astragalus seemed denuded. There was a good deal of swelling around. His foot was placed on an outside splint, which at first caused pain. The wound was put up thoroughly according to the directions given by Mr. Lister. On the 4th, he felt sick, and the heel was tense and swollen. The swelling had increased by the 7th; there was a blush up the veins; the skin over the malleolus had given way; and a quantity of pus had collected in a bag at the heel. The carbolic acid treatment was discontinued. The soft parts sloughed away. The leg was amputated; but the case terminated fatally.

CASE II.—This was an injury of a similar nature. The patient, aged 25, was admitted on November 15th with a large lacerated wound commencing about an inch above the external malleolus and extending down to the point of the heel. The lower end of the fibula and os calcis were exposed, but not denuded of their periosteum. There was considerable hæmorrhage; but no vessel required to be tied. After the bleeding had ceased, the wound was treated after Lister's method. Next day, there was burning pain over the inner malleolus, and slight oozing of blood from the wound; which was followed, on the 17th, by a little redness around the wound, extending a short distance up the leg. The pulse was natural. The leg was raised and put in a Salter's swing. Two days afterwards, all signs of inflammation and discharge had disappeared. The oozing appeared again, however, on the 21st, without fetor or pain; and continued more or less copious and purulent, with occasional puffiness of the foot until December 3rd, when the dressings were removed, leaving a healthy and granulating wound.

CASE III.—A boy, aged 16, was admitted on November 15th, with a large lacerated wound extending round the ball of the thumb, out of which the lacerated ends of muscle were protruding. He had, however, fair motion of the thumb. There was considerable hæmorrhage. Both bones of the forearm were fractured, and considerably displaced. The wound was dressed on Mr. Lister's plan, and the fracture set with a pistol-shaped splint applied to the back of the arm.

Next day, he complained of pain in the wound. The arm and hand were swollen. He was ordered three grains of calomel on the 17th, followed by black draught; and, on the following day, the œdema of the arm was less, but there were shooting pains in the hand. The puffiness round the wound had increased, and the pulse was 100. However, he slept well, and his appetite was good. On the 19th, there was no oozing or fetor about the wound. Pulse 116. A small vesicle, discharging serous fluid, appeared on the 23rd, at the back of the hand; and there was a slight discharge of pus from under the dressing. The