As to simple atrophy of the heart, it can occur, I should say, very seldom as an idiopathic disease. I allude here to simple atrophy or pure wasting, and exclude at present from consideration those other forms of atrophy, which are due to replacement of tissue, such as fat for muscular fibre, &c., and which shall be ranked under the head of degeneration. The laws of nature have in general so guarded such vital organs as the heart, that they are the last to suffer from mere loss of nutrition, as in this case of simple atrophy. The only local causes that could induce such a state are the presence of tumours, or other forces pressing against the organ, and so cramping its motions and promoting its absorption; or, on the other hand, an ossification of the coronary arteries, whereby the natural supplies of blood are stopped, and the tissues consequently diminish. In general, however, this cardiac atrophy is only an ultimate result from some long-standing and exhausting disease, such as interferes with the whole constitutional nutrition, or drains off the supplies to other morbid channels. Such are typhus fever, phthisis, diabetes, albuminuria, and cancer, in all of which maladies the heart is usually discovered to be very small, pale, and flaccid, provided there was no opposite condition of it before. In most of these cases (too numerous to mention) the pulsations will be very rapid, say to the amount of 140 or 160, as in phthisis, typhus, and cancer, in others it may not be above 100 or even less, up to the period of death, as illustrated in a remarkable manner by the cases of Eliza Sleuth, and Sarah Binion, the former sinking under the extreme of tubercular degeneration, and the latter under a very violent form of uterine carcinoma, and yet their pulses seldom being above 92 or 96, and generally only 80.

This seems to depend on the degree of general irritability, and also on the condition of the lungs, bowels, and brain—more than on any discoverable peculiarity in the organ itself. Several instances of this variability of the pulse, will be found in the cases above alluded to, especially in the phthisical ones, where the rise or fall seems to depend on the firming or softening of the tubercle. As to treatment—setting aside its connection with the other affections already named—that must consist simply in increasing the nutritive powers. The patient will be generally observed to be small, shrivelled, and blighted, as it were, in his natural growth, inasmuch as the atrophy is very often congenital; but if it be an induced affection in after life, the body will have become lean, the pulses will be faint and languid, and the surface and extremities will be inclined to cold. In either case, stomachic bitters, such as calumba and biberine, should be given to promote the appetite. When that is excited, it ought to be satisfied with light nutritious food. A fair amount of open air exercise should be enjoined, and he should, further, take muscular tonics, such as quinine, and the carbonate or muriate of iron, but more especially the latter. Under such management, the accidental form of atrophy may be arrested, and the patient restored to pristine vigour; but the congenital kind will usually defy every effort, as we cannot restore

that which never existed. These constitute the puny and withered little men and women that appear like magnified embryos during their whole lives, and who only continue to exist at all by the nursing care of a civilized society.

ON THE
MANAGEMENT OF WOMEN AT, AND AFTER
THE CESSATION OF, MENSTRUATION.

BY E. J. TILT, M.D.,

Senior-Physician to the Paddington Free Dispensary for Diseases of Women and Children, and Physician to the Farringdon General Dispensary and Lying-in Charity.

As the track of the peasant in crossing a field is never a straight line, but is made up of a succession of undulations, so the pilgrim in his journey over the plains of scientific research seems to be constantly describing zigzags between extremes. The history of blood-letting well illustrates this oscillating tendency of the human mind. The profession has sometimes used this most valuable of remedial measures to a disastrous extent, while at others they have neglected it altogether; this partly depending no doubt on a variation in the epidemic medical constitution, but still more on the remembrance of the previous excesses, or on the influence of fashion. If Dr. Holland were to rewrite his "Medical Notes and Reflections," he would no longer say as he did years ago, that "current opinions and prejudices are wholly on the side of bleeding," and "that a physician needs all his firmness to decline the practice." Now, on the contrary, the tables are turned, and those who, in their dogmatic writings, advocate the utility of bleeding in certain well chosen cases, conforming in practice to popular prejudice, never bleed; and would, I doubt not, add their testimony to that of a distinguished member of the profession, who told me lately that in the space of four years' attendance in private and hospital practice, he had only bled one patient.

Is it not probable that by totally neglecting blood-letting in inflammatory affections, we deprive ourselves of the means of making calomel, antimony, and other remedies exert their influence so speedily as they would, if their employment were prefaced by bleeding? Without stopping to discuss the subject, bleeding must undoubtedly be considered valuable in active hæmorrhage, and must exert its influence by its mechanical or hydraulic as well as by its dynamic effects, and it seems to me that the careful perusal of my last paper warrants the conclusion that the redundancy of blood which nature has no means of disposing of at the demise of the ovarian function, is the principal source of the disease of cessation, whence the following corollary, that blood-letting, so often effected by nature in these diseases, should not be overlooked by those who pride themselves on understanding and on imitating her proceedings.

Bleeding is in some cases the best mode of relieving

the inflammatory affections, the general plethora, the flushes, the perspirations, and the persistent headaches, by which women are so tormented at this time, but great discrimination is of course required, for of two patients suffering in an equal degree from the same symptoms, one will be injured and another benefitted by bleeding as in the following instances :—

Case.—In 1844 the rage for bleeding, developed and fostered by the passionate eloquence of Broussais, had subsided in Paris, but it was still often possible to test the ill effects of this pernicious system. About that time I was consulted by a lady, aged 51, tall, thin, with a pallid complexion, dark hair and eyes. She had first menstruated at 15, and the function had never been interrupted except by three pregnancies, the amount of secretion was moderate and the discharge subsided gradually, being performed for the last time at the age of 48. For some months she felt no inconvenience, but afterwards was much troubled by flushes and perspirations. She consulted an eminent French physician, who ordered her to be bled to ten ounces. A slight improvement followed, but the same symptoms soon returned, which were again interpreted as signs of plethora, and another ten ounces were withdrawn from the arm. This second bleeding did not in the least relieve the patient, and when I saw her the marked ill effects of the treatment made me think it might have possibly been injudicious. I found the pulse at 75, but as it not unfrequently becomes raised with advancing age, that rate alone could not warrant bleeding; besides, it was neither hard nor full. Not being able to explain the pains in the head, the flushes, and perspirations by plethora, I thought the nervous constitution of the patient might in some measure account for them, and I gave anodynes and mild purgatives, and advised a more strengthening diet. The patient rapidly improved, and in future relapses derived benefit from the same plan of treatment.

Case.—I was lately consulted by a lady aged 53, of middling stature, sanguine complexion, brown hair, and hazel eyes. She menstruated abundantly for the first time in her 13th year, and the function has since been pretty regularly performed, the discharge being usually abundant. While the function was ceasing she was twice seized with flooding, and felt better in health afterwards. Menstruation ceased at 51, and was soon followed by diarrhoea, which came on at irregular intervals, but did not interfere with the appetite and strength of the patient. When that supplementary discharge subsided, heaviness of the head, with giddiness, came on, together with flushes of heat and drenching perspirations. For these distressing symptoms she had consulted several medical men, and had taken large doses of quinine, acetate of lead, and gallic acid, but without benefit. I ordered her to be bled to twelve ounces. The vertigo, flushes, and perspirations abated considerably. I next recommended that the bowels should be kept open by Seidlitz powders; several glasses of effervescing lemonade to be taken in the course of the

day, and a tepid bath for an hour every week. Meat once a day, no beer or porter, and one glass of sherry at dinner, and more exercise to be taken in the open air.

In a month all the painful symptoms had completely disappeared, and the patient remained well for several subsequent months, when, without any apparent cause, the same symptoms broke out again, as with a sudden burst. I ordered eight ounces of blood to be withdrawn, and prescribed the former treatment, with similar good effect; and I should do so again (diminishing as much as possible the quantity of blood to be withdrawn) whenever a neglect of the prescribed diet, or some unforeseen nervous excitement, should bring on a relapse.

The symptoms experienced by both these patients were similar, but their constitutions were very different. In the last case the patient was of a strong constitution, accustomed to lose considerable quantities of blood, and was relieved by the occurrence. The rigour of her constitution was well proved by the strong impulse of both heart and pulse, replacing the weak and flaccid condition of those of the first patient. The one was relieved by sedatives and a strengthening diet, the other principally by bleeding; and I may add, that I have seen bleeding remove these symptoms when it was not indicated by a strong constitution, but by the previously-contracted habit of losing a considerable quantity of blood; as, for instance, in women of a slender make and slight delicate appearance, and in those whose nervous susceptibility is great, and in whom, as I have previously shown, we must admit a hæmorrhagic diathesis.

If the utility of venesection is proved in cases similar to the one last related, in which, in these days, its employment would be scarcely thought of, it stands to reason that the same means, combined with other remedial measures, should be resorted to when the temporary plethora produced by the change of life has given rise to inflammatory affections of the womb, or other organs.

At first sufficient blood should be taken away to make a decided impression on the system. The effects of the bleeding should be aided by the regimen recommended in my last paper, for doubtless the necessity for bleeding even plethoric women, would be considerably diminished if it were not so difficult to persuade them to break through accustomed habits, and if they would consent for a time to diminish the quantity of their food and reform from what we have shown to be otherwise prejudicial to them. The effect of a first bleeding may also be maintained by the remedial measures already mentioned or to be hereafter described, but it may become necessary about the second or third month again to take a little blood from the patient, and in some rare cases it may even be a third time advisable to resort to it, but a still smaller quantity should be withdrawn.

There is nothing new in this plan: it was that of our medical ancestors. It was that of Tissot, who seems to have paid great attention to the subject. It was followed

by Hufeland, and still commended by him at the close of his patriarchal career, and it is still advocated by Meissner to whom we must accord the credit of improving the state of medical practice in Germany. A plan sanctioned by such great names commends itself; also by the facility of understanding that the well-timed subtraction of a small quantity of blood from the veins of women accustomed for more than thirty years to lose periodically some of the same fluid, is the best means of preventing or curing diseases originating in the cessation of menstruation, until the constitution has lost the habit of making so much blood or acquired some safe means of disposing of it.

Having shown the utility of bleeding, I now proceed to discuss briefly the different modes in which blood may be taken from a patient.

The effects of venesection are :—

1. To diminish the mass and plasticity of the blood, and thereby the amount of caloric produced by the processes of nutrition.
2. To slacken the energy with which it flows to some particular organ—its momentum.
3. To diminish the congestion of some particular organ.
4. To diminish the intensity of the vital powers.

The effects of leeches are similar to those of general blood-letting, but while they subtract from the system the best blood contained in the capillary system, they cannot give that shock to the system produced by its sudden withdrawal of blood from its vessels. Local blood-letting, or the application of leeches to the womb, or to the labia, or even to the anus, are modes of relieving the congestion of the ovario-uterine organs which first suggest themselves, and these applications are often highly valuable in some of the forms of menstrual suppression, but to have recourse to them to relieve the symptoms depending on the cessation of the function, would in general be injudicious, for their employment would tend to maintain a discharge, for which the term has been fixed by nature. It can only be in some very rare cases that the application of leeches to the womb at that time can be sanctioned, as in the following instance communicated to me by a medical friend :—

Case—The lady's maid of a patient of his, 45 years of age, complained of violent pain in the loins, for which Dr. Bennet ordered a mustard poultice, but as it persisted, he recommended a blister to the lumbar region. This application was immediately followed by paraplegia, and a neighbouring practitioner, who was immediately sent for, did not hesitate to give it as his opinion, that the application of the plaster in a case of lumbago was an extraordinary proceeding, which he would never have thought of adopting; and although this assertion was contradicted by another medical man, who had been subsequently called in on account of the persistence of the paraplegia, my friend received several letters from the solicitor of the family menacing him with an action, but as he set them at defiance he heard nothing more of this attempt to make him pay

for an occurrence impossible to foresee. The patient went home to her friends, and a country practitioner, more clear sighted in this instance than the eminent men of London, putting together the circumstance of the patient's age and the irregularity of menstruation, applied leeches to the womb. The result was a gradual diminution of the paraplegia, and now the patient is able to walk with perfect ease. Thus the local application of leeches may be useful to cure a disease of cessation, but in general when it is necessary to draw blood, it should be from the arm.

Older practitioners assert that the effects are very different if drawn from the arm or from the saphenous vein; at present, however, we look upon such distinctions as hair-drawn. It was formerly the custom to draw blood from the vena saphena, in cases of suppressed menstruation, requiring venesection; but during pregnancy a practitioner, fearful of producing abortion by following the same course, used to bleed in the arm. When suppression of menstruation takes place in plethoric women, I have often seen the menstrual flow return most favourably after bleeding in the arm; and thus far I think the dogmatists of a former period have overstated their position, but I would rather be guided by their opinion in the treatment of those terrible cases of suppression, determining symptoms of cerebral congestion of the greatest intensity, and often speedily followed by death. Instead of bleeding in the arm, I would apply leeches to the labia, and bleed in one or both legs, in addition to other treatment. I mention this incidentally, reserving for another time the facts on which I would ground the practice. At present I treat of diseases of cessation; and with regard to the employment of venesection, there is no disagreement amongst those who sanction the practice. All recommend the blood to be taken from the arm, thinking that by so doing they not only diminish the quantity and plasticity of the fluid, but even diminish the tendency to congestion of the abdominal organs. Blood-letting has detained us too long to admit of our now discussing the other modes of treatment applicable to diseases originating in the cessation of menstruation.

CASE OF POISONING BY OXALIC ACID.

By J. DEANE, Esq., CHATTERIS.

POISONING by oxalic acid is rare. The pain produced by it is too instantaneous, and too severe, to make it the resort of the suicide; and these very reasons, together with the rapidity of its fatal results, conspire to make it ineligible for the stealthy wickedness of the manslayer. The cases met with are, for the most part, accidental.

There is considerable discrepancy among toxicologists in their description of the symptoms of this form of