plained of. She was discharged *cured*, and has remained well up to the present time.

CASE II.

Ann Ragg, a stout, plethoric-looking woman, of, I believe, 21 years of age, who had never menstruated but once, was admitted by my colleague, Mr. Norgate, March 20, 1852, for an ulcer on the leg of some standing. After a month's treatment the ulcer showed but little disposition to heal; and under the impression that it depended upon disorder of the general health, Mr. Norgate transferred the case to me.

On the 26th of April, after having tried steel and aloetic purgatives ineffectually, I prescribed Ol. Sabinæ, gtts. viij; Mucil. Acac., oz. j.; Mist. Camph., oz. iij. M. Capt. quartam part., bis die. On the 3rd of May twelve drops were put into the mixture; on the 8th, sixteen; 10th, twenty; 15th, twenty-four; 19th, twenty-eight; 20th, thirty; 24th, thirty-four; 29th, forty; viz., ten drops twice a day. I began to despair of its doing any good, and thought of discharging her; but as her health had in no way suffered, and her leg was somewhat improved, I ordered, on the 1st of June, forty-four drops; on the 7th, forty-eight; on the 10th, fifty-two; viz., thirteen drops twice a day; and on the 11th the nurse told me the catamenia had appeared that morning. She was unwell, in a natural way, as to duration and quantity, and was soon after discharged cured, the ulcer being, I believe, also healed. This woman had the appearance of full health, cheeks full of colour, and body generally in good plight; but she suffered not the slightest ill effect, or indeed any appreciable effect, save that of the occurrence of menstruation, from the savine even in doses much larger than were stated at Mr. Pascoe's trial to be dangerous to life.

CASE III.

Sarah Ann Fisher, aged 15 years. Admitted an out-patient, March 20, 1852, complaining of palpitation and general weakness, with anæmic *bruit*, and amenorrhœa. General appearance that of anæmia, with inclination to fatness, with languid circulation and costive bowels. Ordered aperients and compound steel pills.

April 14th.—No better. Capt. Mist. Ferri. c. Omitt. Pil.

28th.—Has complained of headache since taking the mixture. Mist. Ammon. Gent. Omitt. Mist. Ferri.

May 5th.—Still no improvement, and I advised her to get an in-door recommendation, giving her, meanwhile, Decoct. Cinch. instead of other medicine.

22nd.—She was this day received into the hospital, and menstruation took place a day or two afterwards. I gave her no medicine until June 1st, and then only some æther and gentian for her stomach, intending to wait to see what would take place when she ought next to be unwell. She suffered less from palpitation, and seemed in better health.

June 7th.—She complained of uneasiness in her head and stomach, and of feeling very weak. The

bowels were also very costive.—R. Pil. Col. Rhei, Haust. Mag. Sulph. Steel pills.

25th.—Much the same.—R. Pil. Al. Rhei, Decoct. Cinch.

28th.—Pain in the back to day, but has not yet been unwell. Hip bath.

30th.—Same state.—Ordered croton oil, and Mist. Ferri Comp. instead of pills.

July 15th.—As menstruation had not yet taken place, I began the Ol. Sabinæ, in doses of a drop, twice a day. On the 17th the dose was increased to two drops, on the 19th to three, on the 20th to four, on the 22nd to five. Complaints of weakness, but less of pain in the head and stomach, and says her general health is much better. On the 25th she took six drops, bis die. On the 28th she took seven drops. In the night she had pain in the body, and seemed not so well, but I think it was occasioned by some opening medicine taken the day before, which had acted rather powerfully. On the 31st she took eight drops twice a day, on the 2nd of August nine drops; says she feels rather sick after taking it. Not thinking, however, from the absence of pain in the stomach, that her sickness was produced by the savine, I continued it, giving her on the 9th twelve drops twice a day, but on the 11th she told me she felt sick after every dose, and looked more out of health, so I thought it right to discontinue the medicine for a time, and made her an out-patient, no effect upon the uterus having been obtained from the use of the savine in this instance.

In the hospital I have employed savine only in these three cases at present, but they are sufficient to prove two important facts respecting the drug,—*first*, that it may be given with perfect safety in larger doses than those given in Mr. Pascoe's case;* and *secondly*, that, as it succeeded in two out of the three cases, it *ought* to be employed in obstinate cases of amenorrhœa, especially when other more usual methods of treatment have failed.

MY NOTE BOOK.

(No. I.)

By HENRY JOHNSON, M.D., EDIN.,

SENIOR PHYSICIAN TO THE SALOP INFIRMARY.

SILICIOUS DEPOSIT IN THE URINE, SUPPOSED TO BE FROM THE USE OF NEW SPONGE.

SILICIC acid is a well-known constituent of natural urine,† and of urinary calculi;‡ and it is always found in urinary concretions derived from brutes, according to Wurser and Lapaigne.§ But although, on the authority of these names, the occurrence of silex in urinary deposits and concretions may be deemed possible,

* Mr. Pascoe gave four drops and a half three times a day.

† Berzelius.

‡ Rayer and Dr. Yellowby.

§ Urinary Deposits, by Dr. G. Bird, p. 213. 1844.

this event is at any rate extremely rare, and, unless under peculiar circumstances, would be ascribed to accident, fraud, or mistake. I have, however, seen it, where the parties were far above all suspicion of any intention to deceive, and where the patient was too young and girlish to be the subject of that morbid *pruritus*, which probably leads to the *voluntary* introduction of foreign substances per vaginam.

As every case is of importance which proves a fact, or points out an obvious source of error, I think the following history is worth recording:—

In 1850 I was desired to examine a small portion of white powder, which I understood was a deposit from urine; it had all the chemical characters of *silex*, and scratched glass with facility. I was informed, that notwithstanding every precaution having been taken to avoid error, more or less of this powder had been found at the bottom of the utensil for about a fortnight. I afterwards saw the patient. She was 11 years old, of spare habit, but tall for her age, and by no means strong. She was subject to sickness and anorexia; the bowels were torpid; the tongue was not clean; the *catamenia* had never appeared. At the time of my seeing her the silicious deposit had ceased. The urine was pale, had a specific gravity, verging from 1011 to 1031, there was a light mucous cloud in it, and it contained some prismatic crystals of triple phosphate, and on another occasion urate of ammonia and a large quantity of urea. The most distressing symptom was a constant desire to pass water, by day and by night, so that she could not rest, and if the desire was not speedily gratified, the urine escaped involuntarily.

There appeared to be no organic disease present in this case, and the patient ultimately got well without any remarkable symptom, or treatment. I feel quite satisfied that there was here no endeavour to impose upon her medical attendants, either on the part of the patient or her friends. The silicious deposit I have no doubt arose from the use of a *new sponge*. A silicious powder (quartz) is always found in sponge when new, and I have since seen a large quantity of this sort of dust, which had fallen out upon the shelf in a chemist's shop where these articles were kept. It is nearly pure *silex*, because sponges are prepared for sale by being soaked in dilute muriatic acid, which removes calcareous particles, and leaves such as are silicious.

Hospital Reports.

ESSEX AND COLCHESTER HOSPITAL.

CASE ADMITTED UNDER THE CARE OF P. MARTIN DUNCAN, M.B., LOND., F.G.S., PHYSICIAN TO THE HOSPITAL.

Disease of the Kidneys, accompanied by Severe Cerebral Disturbance; Cure.

A. P., a man about 46 years of age, of sober habits, had had good health until September, 1851, when he

began to suffer from wandering pains in his limbs, from loss of appetite, and general *malaise*. During the course of a week or two he began to lose flesh, became pale, and suddenly lost the power of motion in the right arm and leg. The sensation in these extremities remained intact, and in a day or two the mouth was drawn to the right. Headache then supervened, but gradually, under the judicious treatment of Mr. Pete, of Manningtree, this symptom lost its intensity, the paralysis slowly disappeared, and by Christmas he was able to walk, and soon after to return to his avocations.

On the 29th of April, 1852, he was admitted into the Essex and Colchester Hospital, under my care, with amaurosis of three days' standing. He informed me that early in March he began to lose flesh, to become pale, to lose his appetite, and to have some difficulty in walking in the evening, on account of slight oedema round the ankles. About a week ago his face, became puffy, and his eyelids particularly so. His sight on the 26th began to fail him, and on the morning of the 27th he found himself perfectly blind.

Present state.—April 29th.—A P. is a middle-sized well-made man, rather exsanguine and flabby in his muscular development; has perfect power of locomotion; has a tolerable mental capacity, but is perfectly amaurotic. There is oedema of the eyelids, conjunctivæ, face, scrotum, penis, and inferior extremities. The irides are perfectly paralysed, no stimulus affects them; no light is distinguished through the greatly-dilated pupils. He does not squint; there is no cataract, glaucoma, or evidence of any kind of organic disease in the eyes. He has no headache, and had none before his sight failed him; neither has he any subjective vision. Hearing, taste, smell, and general sensation, are intact, and he disclaims loss of memory and mental inaptitude of any kind. There is no unusual heat of scalp; the general surface, however, is rather harsh. The tongue is flabby, and rather foul; appetite gone; thirst slight. The lungs present nothing abnormal. The heart and liver, after careful examination, appear healthy. There are no enlarged superficial veins over the abdomen, which, although somewhat large, still appears to be simply oedematous in its parietes. He has no fulness over the renal regions, and has not, nor has he ever had, pain there. Percussion and careful manipulation fail to discover enlargement of either kidney. He has never suffered from vomiting, or from pain along the course of the ureters. He says that his urine has never been scanty nor high coloured, but that, as a rule, it is plentiful, and pale. The bowels are rather constipated; pulse 112, with a singular jerk; urine just passed—specific gravity 1012, acid; smoky-looking sediment; supernatant fluid clear, and straw-coloured; nitric acid rendered the urine slightly turbid: heat more so; a magnifying power of 200 diameters discovered many blood-corpuscles; numerous fibrinous casts of the tubuli uriniferi, some of which were transparent, and others rendered more or less opaque by the adhesion of blood-cells and epithelium; a few epithelium cells and crystals of uric acid.