last report. The pain in the back and left hypochondrium have also disappeared. The soreness in the epigastrium is diminished; but it and the throbbing still occur from time to time. Ordered to take a little light pudding, made with egg; and to substitute biscuit-powder for the ground-rice occasionally. For medicine, to take five grains of the citrate of iron thrice daily, dissolved in an ounce of water, with her food; and eight grains of the compound rhubarb pill, as an occasional aperient.

June 26th. No pain or vomiting since the last report. Still a good deal of soreness and tenderness to the slightest pressure.

July 6th. Fasted for five hours, and took a fatiguing walk. This imprudence was immediately followed by an attack of pain, having the same character as previously, and relieved by the recumbent posture. It was not increased by cautiously taking a small quantity of the customary food, but returned about three hours after this meal.

July 14th. Since the last report, was alarmed by a thunder-storm; and the mental agitation thus produced gave rise to an attack of pain in the left hypochondrium, which only went off after maintaining the recumbent posture about an hour. Has had no return, however, of the epigastric or dorsal pain; and the soreness in the former of these regions is much diminished. Ordered to take strong beef-tea in small quantities; suspending it if any pain or nausea followed its use.

September 4th. Has continued the same system of diet and medicine, with the very best effect. Is much fatter in flesh, and clearer in complexion. Has had no return of pain or vomiting. Has only once experienced slight nausea, about an hour after a meal, under circumstances of great mental agitation.

From this time she continued to improve. Her emaciation gradually diminished, and she gained a little colour. She was able to take a little fish or tender boiled meat. And finally, at the end of October, she discontinued her attendance, after having experienced no attack of pain or vomiting for nearly four months.

REMARKS. To those who are imperfectly acquainted with the clinical history of the gastric ulcer, there might seem to be a strange disparity between such a dangerous lesion of twenty-seven years standing, and the simple diet and remedies above specified as the means of its cure.

But while the above brief reports include all that is necessary to mention in a mere outline of the treatment pursued, and its gradual effects, they omit many details, which might perhaps be usefully alluded to in a clinical lecture, but must not be dwelt upon here. And they have the graver disadvantage of avoiding all mention of one of the chief conditions of the successful treatment of this, as well of many other maladies: namely, the character and conduct of the patient. The patient was an intelligent and educated woman, who not only understood the explanations given her respecting the plan of treatment to which she was to be submitted, but had sufficient self-control to yield an implicit obedience to the orders enjoined upon her. Added to this, she appeared to have been of temperate habits throughout life.

To illustrate the clue which these facts afford to the results of her treatment, I may refer the reader to another case of the same malady, reported by me in this Journal a few weeks ago*:—a case which, at the outset of its treatment, was certainly in a far more favourable condition for the operation of remedies. As regards appearance, colour, strength, and general health, the instance just referred to offered greater reason to hope for a cure than that now under consideration. But the details of its history shewed (what, indeed, we might well have expected) that in applying a treatment which consists of perfect rest, and a rigid system of diet, as well as of the administration of certain drugs, it is utterly useless to fulfil the latter element of the curative process, while neglecting the two

former; and that mental and bodily fatigue, and a mode of feeding which alternately starves the system, and distends the stomach, together frustrate all attempts at a cure, especially in a constitution previously shaken by free living.

Lastly, I need scarcely say, that it is impossible to answer for the permanence of even a cure like that described above. The removal of the symptoms for a space of four months, and the manifest improvement of the patient's health and strength which followed that removal, together leave no reasonable doubt that the ulcer had thoroughly healed. But it would depend very much on the nature and thickness of the cicatrix what protection it could afford against a re-opening of the lesion by any sudden or great distension of the stomach, just as it would be determined chiefly by the state of the constitution whether there would be any recurrence of the ulcerative process. And the practical conclusion that we may deduce from these well ascertained facts in the pathology of this disease is a most important one. It is only after the lapse of a very long period of perfect health that we are justified in suspending the system of diet that has effected the cure. Indeed, for years after, the patient ought to retain the habit of always taking food in very small quantities; of ensuring its proper pulpy consistence by the most careful cooking and slow mastication; and of avoiding hot food or drink, excess of azotized aliment, mental or bodily fatigue, and all substances which popular belief, or personal experience, afford reasons for supposing to be indigestible or unwholesome.

Brook Street, Grosvenor Square, Dec. 18th, 1855.

Worcester General Infirmary.

FIBRO-CELLULAR TUMOUR REMOVED FROM THE KNEE-JOINT.

Under the care of H. D. CARDEN, Esq., Senior Surgeon to the Infirmary.

[Reported by Erlin Clarke, M.B., House-Surgeon.]

MARY ANNE WILLIAMS, aged 30 years, a married woman, who assists her husband as a tailor, presented herself at the Infirmary, July 15th, 1854, with an enlargement of the right knee-joint. She is a pale delicate looking woman, and says she has always been nervous, but has otherwise enjoyed good health. Ever since she can remember, the right knee has been weak and affected by change of weather, with pains, which she has considered rheumatic; but about twelve or fourteen months ago, she first observed the joint to be larger than the other, and soon after she noticed a firm moveable body, apparently situated in the joint. At first, this state caused little inconvenience, but latterly the weakness and difficulty of walking have increased, and the leg has once or twice given way suddenly under her; but she has suffered very little pain when this occurred. She never received any injury to this knee, nor can she assign any cause for the disease.

On examination of the joint, it was found enlarged and distended with fluid, but neither painful nor tender; on the outer side of the knee manipulation discovers a firm body, which slips about under the fingers, and can be pushed upwards for some distance parallel with the outer edge of the patella; it appears to be loose in the cavity of the joint, and about the size of a date. The woman can walk with tolerable facility, but is anxious to obtain a permanent cure. Mr. Carden, under whose care the woman was placed, thought the substance was larger and less firm and resisting to the touch than the ordinary loose cartilage in joints, but it was determined to treat the case on this diagnosis. The woman being unable to remain in the Infirmary to-day, the substance was pushed upwards as far as possible from the centre of the joint, and fixed (an inch above the patella, in a line with its outer edge) by a pad of lint, with plaster and a roller; and she was directed to wear this constantly, and to keep as quiet as possible.

August 1st, 1854. She was admitted as an in-patient;

she had worn the applications without inconvenience, but wished to have the substance removed, if possible. Accordingly, on the 3rd, Mr. Carden, with the view of getting the body into the cellular tissue surrounding the joint, previously to its complete removal, made a subcutaneous division of the synovial membrane on the upper and outer side of the joint, the body being firmly pressed in the same direction; instead, however, of its starting from the joint, and lying in the cellular tissue outside, it appeared to be retained by some adhesion in its present position; and as it did not afford to the knife the sensation of cartilage, Mr. Carden withdrew the tenotomy knife he was using, and made an incision with a scalpel directly down to the substance; the opening into the joint was an inch or rather more in length, and in this way a body somewhat resembling in appearance the thyroid gland was brought into view and drawn out, great care being taken to prevent the admission of air into the joint; a narrow pedicle, three or four lines in length, found attached to the interior of the joint opposite the external lateral ligament had limited its mobility. The tumour appearing rather vascular, it was thought desirable to surround the pedicle with a ligature before dividing it, so as to prevent risk of hæmorrhage into the joint. The tumour was then removed, two or three drachms of synovia escaped, and the wound was brought accurately into apposition by plasters, the ligature hanging out; a roller was put on from the toes above the knee, and a cold lotion kept constantly to the part. The growth, lobulated and glistening on the surface, was of the shape of a kidney, the pedicle corresponding in position to the ureter; it was two inches and a quarter in length by one inch and a quarter in breadth, and about three-quarters of an inch thick; its general consistence, that of the thyroid gland, and in no part so dense as cartilage, of a reddish colour externally, paler within. Under the microscope it presented the aspect of very delicate transparent fibrous tissue, with minute cells, smaller than blood-cells, lying intermixed; in no degree resembling cartilage, but rather fine delicate areolar tissue.

In the evening she was restless. Pulse 100; tongue dry; considerable thirst; complained of nausea and faintness; some heat of the knee, but no pain.

Sumat liq. opii sed. ℥xxv.

Aug. 4th. Pulse 90; knee cooler; less thirst; she feels more comfortable; and the bowels have been moved during the night. She got no sleep.

Vespere. Continues easy; pulse 88, soft. No uneasiness in the joint; feels she shall not sleep.

Sumat liq. opii sed. ℥xxx.

Aug. 5th. Quite easy; slept well.

Aug. 6th. At 12 last night had a rigor, which lasted about ten minutes, and subsequently vomited. Pulse 112; no pain in the knee; ordered effervescing salines every four hours.

Aug. 7th. Dressings removed from knee; wound united; no inflammatory action apparent; the joint is smaller than before the operation. Pulse 90; slight shiverings.

Aug. 9th. The ligature came away to-day; light dressings were kept applied to the knee for a few days; and on the 19th, she was discharged cured, being directed to wear an elastic knee-cap for a short period.

a fatal termination, serous effusion within the head, caused by chronic change in the membranes of the brain, acute mania, and mental imbecility. Consequences of this kind, as is well known, occasionally develop themselves after suspicions of ulterior injury have been allayed, and at times, probably, when perseverance for a longer period in precautionary discipline might have prevented such serious results. With a view of recalling, or of fixing, the attention of practitioners to these considerations, I offer for your acceptance some particulars of a few cases which I take from my note-book.

About three years ago, my attendance was summoned to the case of a gentleman who, in a railway collision, "had been greatly shaken;" there was no bruise, no fracture, no dislocation; he complained mostly of stiffness in the back. With rest, and very simple treatment, he seemed to be recovering from all effects of the accident, when suddenly, at the expiration of ten days, he was seized with hemiplegia, coincidently with symptoms of cerebral congestion; these latter were soon completely relieved, and the former were considerably mitigated in a few weeks; but at the end of six months, when I lost sight of the patient, there was every reason to conclude that paralytic debility of the affected side would, to some extent, be permanent. There can be no reasonable doubt that, in this case, the resultant hemiplegia arose from the shock sustained in the railway carriage.

Some time ago, Mr. A. B. was thrown from his horse; besides experiencing general concussion, he sprained his ankle somewhat severely; this latter circumstance alone engaged the attention of the attendant practitioner, the patient, and the friends. All practical inconvenience from the sprain was soon at an end; but the gentleman, in three or four weeks, became nervous and excitable; excessive and unwonted irritability soon ensued; but these phenomena were neither connected with the previous accident nor regarded as morbid. He was engaged to be married, and impatiently hurried on the ratification of the engagement. He was married, and every symptom became seriously aggravated. Furious and ridiculous jealousies were displayed, vehement and thoroughly unnatural outbursts of temper were exhibited towards his bride, and shortly after the honeymoon he was "quite beside himself." The malady was recognised as "excessive nervousness", and he was sent to a hydropathic establishment, from which, in about ten days, he was brought home a raving maniac, about ten months after the fall from his horse. At this period he became very patient. He has been under my care for about five months, and at this time has greatly improved. His treatment has consisted negatively in the withdrawal of both physical and moral excitement, and positively in regulation of the stomach and bowels, the warm bath, and occasional counter-irritation to the nape of the neck, and moderate doses of the iodide of potassium. I cannot doubt that, in this case, cerebro-spinal concussion initiated all the subsequent mischief, which might probably in great measure have been obviated, if due regard had been had to this circumstance in the early management of the patient.

In my work on *Psychological Medicine*, I have recorded the case of a youth, nineteen years of age, who, after a leap, felt simply a slight stiffness of the back, which passed off in a few days. At the expiration of a fortnight, this youth became restless, excitable, and eccentric in his conduct, and was unable to sleep. After two or three days' continuance of these symptoms, delirium supervened, with heat of scalp and flushed face; but there was no great elevation of the pulse. Under ordinary treatment, the acute symptoms were subdued in three or four days; the appetite for food and the strength returned; periodic and refreshing sleep also; and the patient was able to take exercise in the open air. But he was left a rambling maniac, babbling all sorts of nonsense in the most incoherent manner, and exhibiting grimace and other absurdities of demeanour. He was for three months under my care, and completely recovered; he has ever since—a period of three

ORIGINAL COMMUNICATIONS.

CEREBRO-SPINAL CONCUSSION.

By DANIEL NOBLE, M.D., Manchester.

THE mischievous consequences of cerebro-spinal concussion are familiar facts. The proximate result of this accident cannot very well escape the practitioner's observation; but I have reason to think, that attention is not always duly fixed upon the more remote effects that are liable to ensue, such as hemiplegia, cerebral softening, and abscess, having