had also paralysis of the sixth nerve, as he had no power of abducting the eye: also of the sentient portion of the fifth, as he had no feeling on placing the finger over the cornea, or around the eye and cheek; probably of the third and fourth cerebral nerves, as the globe was nearly or quite motionless, with inactive iris; the second nerve, also, was paralysed, as the eye was amaurotic, in addition to a dull yellow lens. The left eye, as to sight and movements, seemed pretty good. The result is unknown.

CASE IV. This case, in which a fatal termination occurred, afforded an opportunity of examining and judging as to the morbid causes of the affection.

Mary Whitlam, aged 21 years, residing at 22, Paris Street, near St. Andrews' Church, was admitted an out-patient of the Manchester Eye Hospital on January 10th, 1843, with the following symptoms:—

Both her eyes are almost covered by the palpebræ, the left quite so, and in the right a very small portion only of sclerotic and cornea is seen. On raising the palpebræ, she can see tolerably well with the right eye; and, even without raising it, there is sufficient pupil exposed for her to see a little. The pupil of the right eye appears direct, but that of the left is drawn outwards by the abductor muscle. The pupils of both eyes, but especially of the left, are dilated, and very little influenced by light. Both globes appear more prominent than natural. The sensibility of the integument around the eyes seems to be somewhat benumbed. She has occasionally considerable pain of the head. Pulse 108; tongue clean; bowels regular; appetite good. She is always thirsty, and cold, and sleepy. The catamenia have not appeared for the last two years, but she was always regular previously. She has latterly become somewhat fatuous, and cries like a child from slight causes. She is very weak in her limbs, hardly able to stand; tremulous, and unable to work. No cause for her complaints can be ascribed. She has applied previously to some medical institutions, without experiencing much benefit.

Sumat pilulæ hydrarg. gr. v 6tis horis. Habeat pulverem purgantem pro re natâ.

Jan. 29th. From the great weakness of her limbs, she has not been able to visit the Eye Hospital, and has become a home-patient of the Infirmary. On calling to see her, I found that her mouth had become sore from the blue pill. Her eyes were, perhaps, a little better, but she appeared very imbecile both in mind and body.

Feb. 23rd. She died this day. On a *post mortem* examination, there seemed to have been chronic meningitis. The pia mater was injected: the arachnoid was rather opaque, with effusion in the meshes between it and the pia mater. There were many bloody points on incising the brain. The lateral ventricles were distended with serous fluid, which was also found pretty copiously about the base of the brain and top of the spinal canal.

The autopsy in this case sufficiently revealed the cause of the various symptoms—the paralysis of the third pair of nerves; of the abductor probably in the right eye; of the impaired or partially paralysed state of the fifth pair; of her fatuous, semi-comatose state; and, indeed, of the debilitated condition of her whole mental and physical powers.

[To be continued.]

ROYAL INFIRMARY FOR DISEASES OF THE CHEST.

CASE OF COMPLEX DISEASE OF THE HEART: WITH REMARKS.

By R. H. POWELL, M.D. Lond., Physician to the Infirmary.

[Read before the Metropolitan Counties Branch, May 13th, 1856.]

THE case brought under notice is that referred to in the JOURNAL Feb. 9th, 1856, page 107, and may not prove without interest.

Frederick Merrett, aged 18 years, a machine ruler (copy-

book maker) by occupation, applied for medical relief at the Infirmary on January 11th, 1856. The lad was of comparatively low stature, seemingly not over 12 years old, of sanguineo-nervous temperament, spare habit, and pale complexion. His mother, still living, was affected with disease of the heart. He had suffered from violent palpitation and dyspnœa, succeeding an attack of rheumatism, three or four years ago; and, for the last six weeks, had been troubled with severe cough, frothy sanguinolent expectoration, and præcordial pain, with great nervous excitement, and considerable emaciation. His tongue was clean; appetite "too good", according to father's report; and bowels regular. The skin was cool, and no febrile movement present. The urine was high coloured, but clear and free; slight œdema at the ankles appearing subsequently. There was marked vermicular action of the carotid arteries, with visible and extensive præcordial prominence, and heaving. A physical exploration of the thoracic parietes gave extensive dullness on percussion over the region of the heart; *frémissement*, with a friction (chisel?) sound, most marked underneath and between the left nipple and sternum, and quite distinct from the valvular murmurs proper, though occupying much the same site, but being single, and disappearing after a week or two. An intense *bruit*, almost equally marked over the valvular and arterial track, accompanied the duplex cardiac action. It was audible to the right of the sternum, radiating towards the spine and epigastrium inferiorly; the "second" sound being most effaced, and the replacing *bruit* below the nipple being highest in pitch. There was slight dullness on percussion underneath the right clavicle, with moist crepitation. He was ordered to take a pill of conium with morphia every night.

R̄ Tinct. digitalis ℥v; vini colchici m̄x; potassæ acetatis gr. x; misturæ camphoræ ʒj. Fiat haustus ter die sumendus.

Sumat olei jecoris aselli 3 ij bis die.

Liniment. terebinth. cum acido acético pectori applicetur.

The diet to consist of nutritive unstimulating food and drink.

Jan. 18th. Cough, etc., relieved, but palpitation and pain over præcordia present, with feeling of great debility, and occasional vertigo; radial pulse jerking, small, rapid, and compressible.

Applicetur emplastrum lyttæ regioni præcordiæ.

R̄ Tincturæ ferri sesquichlor., tincturæ digitalis, aa m̄v; infusi quassie ʒss. M. Fiat haustus ter die sumendus.

Jan. 25th. He is much relieved as regards palpitation, but has severe griping pain and flatus after meals. Cough troublesome, with perspiration on slight exertion, and at night.

Sumat pilulam acidi gallici cum morphia unam omni nocte. Continuatur oleum jecoris.

Sumat misturæ magnesiæ cum rheo et aquâ menthæ piperitæ ʒss pro re natâ.

Sumat linctum acidi sulphurici, cum m̄v tincturæ opii et theriacâ, tussi urgente.

Feb. 5th. Much as before.

Repetantur oleum jecoris et pilula nocturna.

R̄ Tincturæ camphoræ comp. ℥x; tincturæ ferri sesquichlor., tincturæ digitalis, aa m̄v; aquæ menthæ piperitæ ʒss. M. Fiat haustus ter die sumendus.

Feb. 8th. Rough crepitation still present.

Repetantur pilula, mistura, et oleum.

Applicetur linimentum crotonis infra claviculas.

Feb. 15th. Symptoms persist, with severe tenesmus.

Sumat misturæ aromaticæ ʒss pro re natâ.

Repetantur oleum, pilula, et linctus.

Feb. 22nd. Vertigo, with violent palpitation; physical signs lessened in intensity; friction sound disappeared, or scarcely perceptible; and aortic *bruit* most prominent, with less extension of mitral and epigastric murmur.

R̄ Tincturæ digitalis m̄x; acidi hydrocyanici dilut. m̄j; misturæ camphoræ ʒss. M. Fiat haustus ter die sumendus.

Sumat pilulam conii comp. unam omni nocte.

Feb. 20th. Straining at stool, with vertigo, sweating, and much nervous excitement. Action of heart quieter, and lessened præcordial pain.

Sumat nocte pulveris lenitivi 3 ss pro re natâ
Sumat pilulam cannabis Indicæ, unam omni nocte.

R. Tincturæ digitalis, vini colchici, aa ℥v; misturæ acidi sulphurici diluti (℥x) 5ij. M. Fiat haustus ter die sumendus.

March 7th. Emaciation and anæmia progressive, with great debility, and continuous perspiration and cough. Repetantur pilulæ et oleum.

R. Misturæ oleosæ (olei amygdalæ, liquoris potassæ, misturæ acaciæ, aquæ carui) 3ss; tincturæ hyoscyami, vini ipecacuanhæ, aa ℥v. M. Fiat haustus ter die sumendus.

March 14th. Intestinal canal much disturbed; other symptoms not prominent, but debility, emaciation, etc., increasing.

R. Tincturæ lavandulæ comp. ℥x; tincturæ hyoscyami ℥x; misturæ aromaticæ 3ss. M. Fiat haustus ter die sumendus.

Sumat pilulam Doveri unam omni nocte.

Habeat olei ricini 3ij mane pro re natâ.

Applicetur linimentum anodynum abdomini.

From this date till the day of his death (April 16th) the lad was unable to attend in person, but had an alternation of the above medicines, etc., under the superintendence of a neighbouring practitioner. His father stated the lad got out of bed after 12 o'clock P.M. on the night of the 15th of April, to pass a motion, then staggered into bed, and expired with a "rolling of his eyes, and gasp."

POST MORTEM EXAMINATION on 19th April. The body was much emaciated. The lungs were found extensively adherent to the pleuræ on both sides, the connection being apparently of long standing; but they were, in other respects, healthy, except at the base of the left lung, where there was found a small tubercular deposit. The heart was considerably enlarged, and completely adherent to the pericardium. Its muscular walls, especially of the left ventricle, were thickened. When incised, they were observed to be dark in colour, but not degenerated. The columnæ carnea and chordæ tendinæ were unduly developed, and incruusted. The mitral and tricuspid valves were contracted, rigid, and exhibited commencing calcification. The left semilunar (aortic) valves, of which I present a preparation to the meeting, were clearly inadequate to their function, being puckered at their free edges, and rigid. No other part of the body was examined.

REMARKS. This case presents numerous points of interest, upon which time will not permit a lengthened comment. The rare coexistence of tubercular and cardiac disease is noteworthy. An accurate diagnosis was exceedingly difficult, if not impracticable. The manifest cardiac obstruction reacted upon the bronchial and pulmonic circulation, so as to induce mechanical hyperæmia, and thus simulated incipient tubercular deposit, especially at the right apex, where crepitation was most marked; the general symptoms, for the most part, coinciding with such an opinion. The treatment, however, may have removed primary (tubercular?) congestion, leaving the cardiac sequence still in operation. The previous history of the case accounted for the very conspicuous cardiac disease, and seemed, at that time, of comparatively secondary importance. The diagnosis, as regards special lesions of the heart's mechanism, was extremely involved, and more a matter of curiosity, in a physiological point of view, than suggestive of any practical application. The *post mortem* results, however, corroborated the perceived acoustic interpretations, at least as regards the *site* of the perspective lesions. The case was from the first deemed all but hopeless, and the treatment was mainly directed to relieve prominent symptoms, and at the same time to promote, if possible, reparation, and to arrest simulative disorder. The therapeutic indications were not seldom conflicting. How to lessen the violent and distressing action of the heart without unduly lowering the circulatory and nutritive functions, became a question. The various sedatives and narcotics

were well borne at first, and the cod oil appeared useful; subsequent increasing debility called for the superaddition of a preparation of iron, in combination with sedatives, derivatives, and eliminatives. The troublesome vertigo and tormina, possibly aggravated, if not induced by the digitalis and opiates, though given in small doses, suggested a modified treatment, which, towards the close, was simply palliative and sustaining; the severe organic lesions, and their consequences, being insusceptible of permanent improvement and removal.

Hospital Gleanings.

DERBY RACE ACCIDENTS: COMPOUND DISLOCATION OF THE ANKLE-JOINT: VALUE OF CHLOROFORM.

A POOR man, recently admitted into St. Bartholomew's Hospital under the care of Mr. STANLEY, with what appeared a simple sore leg, of no particular moment, gave this excellent surgeon an opportunity, a few days ago, of making some very seasonable and important clinical remarks at the bed-side of the patient. The history of the case was very suggestive and remarkable. The man stated that exactly eleven years ago, on the Derby day, he was flung off a horse, and suffered what Mr. Stanley now finds, by reference to his notes, *compound dislocation of the ankle-joint*. This is an accident of very frequent occurrence at race courses, and one, as the present case fully demonstrates, of the most serious and tedious character; the accident, however, is now better understood, and, where chloroform can be obtained in country parts, it is more amenable to treatment. Mr. Stanley said that before Sir Astley Cooper's time all such accidents were treated by amputation of the leg, and that this case, in the absence of chloroform, would have been best managed also in that manner.

In the present instance, the poor man stated he had now been something like ten years in constant pain, and going on crutches, expecting from year to year to improve, till at last he had made up his mind to come to Mr. Stanley again; he was accordingly admitted, more under an impression, we believe, of losing his limb, and getting rid of the excessive pain, than anything else.

The original wound, it was first observed, had never healed; and previous to deciding on amputation, Mr. Stanley passed in a probe to examine the parts, and thought he observed something black, when he drew forward, by enlarging the opening, the entire end of the tibia, a huge piece of bone, the size of a small closed fist. This piece of bone, consisting of the entire end and malleolus, of the usual quadrilateral shape, had, in fact, taken ten years to exfoliate, so that it would have been much better to have amputated at first; indeed, Mr. Stanley told the man he regretted ten years of his life had been lost from a misplaced confidence in conservative surgery.

As to the manner in which these very severe accidents are brought about, Mr. Stanley stated that, at first, when pitched from a horse or carriage, the individual alighting on the foot breaks the fibula, twists the foot, and the line of the weight of the body, or axis of the force, is thrown on the inner malleolus or tibia, which is unable to resist the shock, and we have either fractured tibia, or torn lateral ligaments; in nine cases out of ten the tibia is broken; in one case in ten the ligaments give way. Now what is to be done? asked Mr. Stanley. Formerly amputation was the remedy; then the end of the bone was sawed off; but at that time we had no chloroform: now, the chief obstacle to the surgeon is the spasm of the muscles of the calf and leg; all this is readily overcome by section of the tendo Achillis, if necessary, and by placing the patient fully under chloroform. Mr. Stanley recited three other cases of this kind which he had met; in one the skin was nipped in, and prevented osseous union; in another the astragalus was also