In the case I have just related, there was no evidence of intellectual mania; professional business was attended to; medical directions were correct; there was no disposition to injure others; but the *res augusta domi*, pecuniary embarrassment, the unhappy and soul-thrilling reflection of the present, as well as future, circumstances of an affectionate wife and seven helpless children, crowded on his brain. His habits vary. He was addicted to stimulating liquors; self-control is destroyed, and on the very day when his difficulties chiefly pressed on him, he destroys himself. His self-control was lost by disease, and he required the control of others to guard and protect him.

It is a very strong ground for the extension of pardon to a prisoner, where all the members of the jury, who by the terms of their oath, are compelled to find him guilty, have concurred in recommending him to mercy.

In the case of the unfortunate Annette Meyers, not only did this recommendation run with the verdict, but we find that the Jury, before quitting the Court, reiterated their entreaty to the Chief Baron, that the life of one whom they term a guilty, yet deeply injured woman, may be spared.

Let us see the reasons the Jury assign for their recommendation.

After hearing the testimony of the witnesses delivered orally in Court, they arrived at the following conclusion:—"That she slew the man for whose murder she stands condemned," say the Jury, "admits of no doubt. The degree of deliberation, however, and premeditation used by her previous to the commission of the act, materially affects its nature. To make the slaying of a man 'murder,' there must be cool premeditation." The Chief Baron on the trial insisted on this point.

Now, the Jury in their letter to the Chief Baron, state that they find Annette Meyers guilty of murder, but without premeditation. They are of opinion that, *up till the very hour* in which the fatal act was committed, *her purpose was not fixed.*

"It was," say the jury, "the deliberate and atrocious contempt with which the guilty deceased treated the prisoner,—it was the last crowning act of cruelty and indignity, which drove her into a state of phrenzy and uncontrollable passion. In that moment of phrenzy she drew forth the pistol, and laid the worthless wretch dead at her feet. That she purchased the fatal weapon under the influence of strong feeling, there is no doubt; it might have been directed against her own life, or that of the deceased. It was the merest affair of chance which of the two should fall. She accosted him in the Park with no fixed intention of injuring him. The deliberate cruelty and determined baseness of the deceased at that moment, drove her to madness, and in her frenzy she slew him. The prerogative of mercy, therefore, is prayed to be extended to her."

I need not enter more fully on this important subject at present, as an opportunity will probably occur during the meeting of the Provincial Medical and Surgical Association, of offering my remarks in a more matured form, and collecting valuable opinions from those enlightened professional gentlemen whose views have been particularly directed to such subjects.

CASE OF PERMANENTLY SLOW PULSE.

By C. BARHAM, MD., Truro, Physician to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South-Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16th, 1847.)

In the *Dublin Quarterly Journal of Medical Science*, for August, 1846, there is an interesting communication from Dr. Stokes, on the connection of permanently slow pulse with repeated cerebral attacks of an apoplectic nature, though not followed by paralysis. Dr. Stokes has directed the attention of the profession to the subject as one requiring further investigation, and not hitherto much attended to, and he has himself collected only seven cases, in which the above combination of cardiac and cerebral phenomena was well marked. On this account I have thought it desirable to place on record, a decided instance of the co-existence of these affections, although I am not furnished with the precise results of any physical examination of the heart during life, neither was a cadaveric inspection permitted.

A lady, aged 69, the mother of a large family, having risen from her chair, and moved towards the bed, fell forward on it, and almost instantly expired. She was at the time apparently recovering steadily, though slowly, from an attack of hemiplegia, following an apoplectic seizure, which had occurred about six weeks before. Her usual pulse was 28 in the minute, but it had risen on the day of her death eight or ten beats, a circumstance which excited some apprehension in the mind of her medical attendant, who had visited her some hours before the fatal event.

The first decided cerebral attack occurred in Sept., 1834. Before this she was a remarkably good walker, and took a great deal of exercise in the garden, but from that date she was obliged to discontinue walking and stooping, which produced an uneasy feeling about the heart. The affection was decidedly apoplectic in its character, and life was considered in great danger for some hours, but the recovery was afterwards rapid and perfect, and there was no paralysis. A similar attack occurred in the following year, and another about Christmas, 1841. Sickness and gastric disturbance attended them all.

There were thus, altogether, at least four seizures of this kind. But in the intervals between these, her family were many times alarmed by the occurrence of what they designate "fainting fits," which came on especially after dinner, when she would often appear quite oppressed, and sometimes talk in rather an incoherent manner. This was more particularly the case towards the latter part of her life, when cupping on the nucha, which had always relieved her, was repeated about once in three months. On the last two or three occasions, however, the benefit derived from it was very transient; the blood was always thick and flowed tardily. She was often obliged to have recourse to aperients, but their action produced no effect on the head symptoms, or rather seemed to aggravate them. The appetite was always good. Cold weather increased the affection of the head, and occasioned her severe suffering. In her latter years the breath became very

short on exertion of any kind, so as to oblige her to stop several times in mounting a flight of stairs, and the feet and legs becoming œdematous, she was limited to carriage exercise. In her earlier womanhood she was subject to very severe headache, which recurred at intervals, and sometimes confined her to a darkened room for two or three days. The Bath waters were of more service than any other remedy in obviating these attacks, and she subsequently derived much advantage from the use of porter. This was exchanged for brandy and water about fifteen years before her death, and she habitually took this with her dinner and supper. Diffusible stimulants were also administered from time to time for the relief of the feeling of faintness. Depressing influences, physical or mental, were always injurious, and the more severe attacks appeared to be generally attributable to circumstances which had occasioned considerable grief or anxiety.

It will not, I think, be doubted, that the heart was the organ chiefly in fault in this case, which presents a marked similarity in symptoms and the effects of treatment to those detailed by Dr. Stokes.

Another instance of the same combination of symptoms, though the slowness of pulse is not equally extraordinary, has been mentioned to me by my friend Mr. Spry, in an elderly patient of his in this place, who has had an apoplectiform seizure without paralysis, and several attacks of transient leipothymia, and has been greatly benefitted by the use of brandy and water, now continued for two or three years. His habitual pulse was 50, and is now 56.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE II.

UNUNITED FRACTURE.

Joseph Roden, aged 22, painter, of pale anæmic appearance, was admitted into the Queen's Hospital, October 27th, 1846, under the care of Professor Cox. He states that about nine hours since he fell down from a ladder, and broke his arm. He was attended by a surgeon, who put the arm in splints. Has come from Weedon, a considerable distance, by railway, and must have necessarily been much shaken by the journey. The arm was found broken in its upper third; the ends of the bone were in good position.

November 14th. On examining the arm no union had taken place, nor was there any evidence of any callus having been thrown out. His health is good; appetite tolerable. The arm was well bandaged, and put into splints. On minute enquiry no syphilitic taint could be discovered. Extra meat. Mist. tonica.

Dec. 24th. No union has taken place, nor has any callus been thrown out. It appears that the lower end of the bone is drawn rather upwards and inwards by the action of the deltoid muscle. The ends of the bone were placed in the nicest apposition, and firmly rubbed together; the arm was then put in splints, and evenly bandaged. Appetite good; bowels costive. A pint of ale daily. Continue Mist. tonica. Pil. Extr. Coloc. Co. (Palmeri,) ij., pro re nata.

30th. The arm appears in good position; general health improved. To be made out-patient.

January 14th. The arm was examined this morning; the ends of the bone are pretty firmly united; health improved. An apparatus was contrived by which the fore and upper arms were retained at a right angle to each other, and the ends of bone kept in apposition by pads and light bandaging. R. Pot. Iodid., dr. ss.; Mist. Cascariæ, Oss. Sumat unciam ter die.

29th. Firm union has now taken place, and he can raise his arm well; health continues good. Continue the medicine.

Feb. 8th. Can now move his arm well in all directions; the bone is perfectly straight, and its ends firmly knit. Discharged cured.

1. *A few remarks upon the circumstances under which fractures do not unite.*—The non-union of fractures sometimes happens from the anatomical structure of the parts, as when the neck of the thigh-bone is broken within the capsular ligament; in other bones it occurs from the want of proper apposition, from constitutional disorder, or disease of the bones themselves; sometimes from careless treatment, but more frequently from meddlesome conduct on the part of the patient. A piece of muscle may by chance get between the extremities of the bone, and prevent that apposition which is necessary for union.

2. *The most probable causes of slow union in this case.*—Continual disturbance of the parts was, in this case, the most probable cause of slow union, as the patient was constantly in the habit of undoing the bandage at night, and stating in the morning that it had slipped off of itself, or that it was too tight, and prevented him from sleeping.

It was the opinion of Mr. Cox that union would take place if the bones were kept in a state of perfect repose, and for this purpose the apparatus mentioned above was contrived; and there is no doubt that by means of the steady pressure, fresh action was induced, and the bones in a manner grew together, provisional callus on the outside being exceedingly small.

CASE III.

INFLAMMATION AND SLOUGHING OF THE SHEATH OF THE TENDONS OF THE GREAT TOE: INFLAMMATION OF THE LYMPHATICS OF THE LOWER EXTREMITY.

Thomas Cole, aged 50, wood-turner, admitted Oct. 1st, 1846, under the care of Professor Cox. He states that about twelve years ago the second toe of the right foot swelled, and the sinew sloughed; about twelve months after the middle toe swelled and inflamed, which inflammation was followed by sloughing of the tendon; the sheath of the tendon of the fourth, and