Numerous cases of this kind have fallen under my observation, but this is the only one of permanent recovery I have ever known; and although the maintenance of the general strength of the system may have assisted much in the cure, yet I attribute it chiefly to the local remedy so extensively employed and assiduously kept up.

CASE II.—A woman thirty years of age, who had been suffering from a disease of the leg, of considerable standing, which had resisted all the ordinary means of cure, and was condemned for amputation, consulted me on the propriety of having the operation performed. The limb measured twenty-two inches in its smallest circumference, and was become useless; there were sinuses on the inside, some of which were supposed to lead to diseased bone. I could not detect any with a probe which passed into diseased cellular substance; in fact, it appeared that the disease was confined to that and the integuments, which were hard, unyielding, and much resembling brawn. Baynton's plan of plaster and bandage was tried fairly without success, after which I made a large issue, containing between twenty and thirty peas on the outside of the limb, which in a month reduced it greatly, and, at the expiration of another, all the sinuses were healed, the leg had regained its original size, and the cure was completed.

CASE III.—A boy, eleven years old, was brought to my house, a distance of twelve miles, in a cart, with enlargement of the thigh-bone, and a small wound on the inner side of the limb, just above the condyle, which was suspected to communicate with a lumbar abscess. The disease had been of long standing, and the patient was much emaciated. To the great surprise of the friends, the femur was discovered on examination to be broken, and this was most probably occasioned by his removal; having been seen by the surgeon under whose care he had been the day before, who had not observed it. The diseased state of the bone explained all the symptoms, and as there was no evidence of any affection of the vertebrae, I directed a large issue to be made on each side of the fracture, and kept open for many months. The bone united firmly, and the boy recovered perfectly.

CASE IV.—A delicate lady, who had suffered so much from an affection of the chest as to make her friends apprehensive that her case might terminate in consumption, had an acute attack of inflammation of the lungs, from the effects of which she recovered so slowly, that the former fears of her family were considerably increased. She was advised to try the effect of counter-irritation as a precautionary measure, for which purpose an issue of the size of a crown-piece was made on the sternum, the good effects of which soon became apparent, and, by keeping it open for a year, the pulmonic symptoms gradually disappeared, and she regained her strength. Five years have now elapsed since the attack, during which time she has enjoyed excellent health, and appears free from disease. In this case a piece of Indian rubber was used instead of peas, and found less troublesome and more convenient.

Dr. Prichard coincides in opinion with me, that large issues are decidedly more beneficial in intense diseases than any other mode of keeping up counter-irritation, and recommends, in certain states of the brain, issues made by a long incision

in the scalp, over the sagittal suture. He says, "This remedy is not found in experience to be more painful than the more usual application of setons, and it is incomparably more efficacious."

In affections of the chest and trachea, and generally in all cases in which moderate counter-irritation is necessary, I have been in the habit of employing the following liniment with marked benefit:

Croton oil, one drachm;
Tartarized antimony, two scruples;
Rectified spirits, two ounces.

It is more effectual and less painful than the ointment of tartarized antimony, or any other counter-irritant with which I am acquainted.

September 1841.

FATAL CASE

OF

FREQUENTLY-RECURRING CONVULSIONS

IN

AN ADULT FEMALE,

COMPLICATED WITH INFLAMMATION OF THE
RIGHT OVARY, FALLOPIAN TUBES,

AND OF THE

UTERO-VAGINAL MUCOUS MEMBRANE.

By MARTIN HAMILTON LYNCH, M.D.

LATELY LECTURER ON THE PRACTICE OF PHYSIC IN THE NEW-
CASTLE SCHOOL OF MEDICINE.

Miss —, aged 23, and resident in the northern suburbs of Newcastle, although of the leucophlegmatic aspect, and very soft muscular fibre, had enjoyed good health until two months ago, when the menstrual discharge did not appear, and has been since absent. During these two months, she has laboured under various hysterical symptoms, globus, borborygmi, and hysterical laughter, sobbing generally succeeding seizures of hysterical syncope. She had been much better for some days, when (yesterday, 24th of June, 1838) she was attacked by convulsions, having the appearance of epilepsy, and recurring every five or ten minutes, from their invasion up to the time of my first visit, when I met in consultation Mr. William Dawson. The indisposition of the last two months was ascribed to intense mental anxiety.

June 25.—Having prolonged my visit for half an hour, I witnessed during that time five attacks of convulsions, very like the epileptic; the tongue was protruded and bitten, the mouth distorted, consciousness was lost, saliva was copiously discharged, but coma (even of the briefest duration) did not follow the paroxysms, and intelligence and memory returned the moment the convulsions ceased. Each paroxysm lasted from half a minute to a minute, and the interval between them varied from four to eight minutes. Immediately after the paroxysm, the pulse was 90, soft and compressible, and gradually fell to 84, until again quickened by a return of the paroxysm. Head rather hot, feet cold, rest of the surface moist, and of natural heat; pale urine was passed in considerable

quantity this morning; her eyes were not suffused nor injected, nor has she had headache, confusion of thought, or *tinnitis aurium*; bowels were freed by purgative medicine two days ago. She complains of distressing pain in the right iliac region.

One ounce of spirits of turpentine to be taken immediately, and, if necessary, followed in four hours by an equal quantity of castor-oil; head to be shaved, and cold lotion applied constantly; assafoetida enema. Mustard foot-bath.

Jars filled with hot water were ordered to be placed between and beside her feet and legs.

26, 11 P.M.—The bowels were yesterday well, and promptly emptied by the turpentine, and the other treatment was carried into effect without delay.

From three o'clock on Sunday afternoon to ten P.M. of the same day, she was comparatively free from convulsions, and had only three or four paroxysms. At ten o'clock she took twenty-five drops of Battley's solution, and slept tranquilly during several hours of the night. This morning, after awaking, she was again convulsed, but the intervals of ease are much longer than before the treatment commenced, varying from twenty minutes to half an hour, until half-past four this afternoon: pulse, felt about a quarter of an hour after the fits, varies from 80 to 85, and is very soft and small. At half-past four this evening, the intervals became as short as ever, and still remain so. No coma or loss of intelligence; pain in right iliac region still much complained of. During the forenoon and afternoon of Monday, the 26th, the bowels were again freely and easily moved, (by a mixture containing infusion of senna and Rochelle salts,) and the cupping was repeated. Pale urine passed freely. We have simply ordered that the cloths should be kept applied to the head during the night, and that she should immediately take half a grain of *mur. morph.*

From this period until the 28th, when she died, (about 68 hours after the first seizure,) the paroxysms recurred with the greatest frequency. The left arm was palsied for some hours before death, but there was no coma, and when roused from the extreme exhaustion produced by the often-repeated convulsions, she evidently understood all that passed around her, although the injured state of her tongue rendered it almost impossible for her to speak.

Necropsy.—Substance of the brain and spinal cord everywhere free from the slightest trace of vascularity, and presenting the natural colour and consistence. Dura mater healthy; pia mater covering convolutions presenting a very trifling vascularity, so trifling that it would have escaped notice, if the examination had not been very scrutinizing. No thickening or opacity of the arachnoid in the neighbourhood of the vascularity; very slight vascularity on the surface of the upper portion of the cervical cord; no fluid in the ventricles, or in the sheath of the spinal cord; mucous membrane of the vagina and uterus injected and softened; left ovary healthy; right ovary swollen and much injected; right Fallopian tube also vascular; left nearly as vascular. From each Fallopian tube and right ovary are suspended by pedicles oval sacs containing transparent fluid. The walls of these sacs exhibit a vascular arborization; hymen perfect. Lungs, heart, and abdominal viscera healthy.

REMARKS.

Shortly after I had witnessed the progress of this very peculiar affection, I took the trouble of searching a vast number of the works or journals most likely to contain similar or analogous cases, but failed to discover one bearing the slightest resemblance to it; whether it be considered an extraordinary specimen of hysterical convulsions, (the view I am inclined to take of it,) or be deemed an instance of cerebro-spinal disease, somewhat like certain formidable and obscure cases mentioned by Abercrombie.

The very circumstance that it cannot be collated with any published reports, is sufficient to prove that positive and satisfactory inferences cannot be drawn from it, for medicine, as practised by the well-trained and cautious English physician, is a purely inductive science, not permitting its professors to jump to conclusions from the examination of an isolated fact, however carefully it may have been observed and recorded. Nevertheless, this case furnishes abundant materials for reflection and speculation; I shall, therefore, proceed to weigh the value and examine the signification of the symptoms, as it were, checking them by a reference to the dissection; and secondly, I shall make a few observations on the treatment.

That the patient did not suffer from epilepsy, was sufficiently shown by the absence of coma or stupor after the paroxysms of convulsions, by the previous existence of unequivocal hysterical symptoms, and by the extremely frequent recurrence of the convulsive attacks.

The following reasons go very far to prove that the disease did not consist in inflammation of the brain proper or spinal cord, or their membranes; there was no coma, stupor, or delirium; there was no pain of the head or back; there was no fever present; the urine from the very commencement was pale; and finally, the dissection exhibited the substance of the brain and cord perfectly healthy, and a very trifling and partial vascularity of the pia mater, as is often witnessed in the bodies of persons having died from diseases altogether unconnected with the cerebro-spinal mass: indeed, it is astonishing that the brain and membranes were not congested after the frightfully frequent seizures of convulsion. I have said that the urine was pale from the commencement, because I believe, that although the urine is sometimes pale in cases of myelitis or spinal meningitis, it does not present this appearance at the early stages of these inflammations.

Now, supposing the disease to have been hysterics, one cannot but be struck by several curious features which it presents when viewed in this light; it ended fatally in sixty-eight hours; there were unequivocal signs of inflammation discovered on dissection, in the right ovary, Fallopian tubes, &c., signs which suggest the following question: Did the inflammation seated in the genital parts, acting by means of irritation of the nerves supplying these organs, produce the convulsions, or was this inflammation simply coincident with the convulsions? The circumstance that the pain in the right iliac region was present from the beginning, is calculated to favour the former opinion, the admission of which tends to prove that at last morbid anatomy has thrown some light upon the uterine origin of hysteria, which has hitherto been accounted for by reference to symptoms alone.

I have already expressed my opinion, that the disease of Miss — was not inflammation of the brain or spinal cord, or of their membranes; and I believe the reasons I have assigned in support of my opinion are sufficiently numerous and satisfactory; I do not, however, on that account, hesitate to compare the case of Miss — with several cases related by Abercrombie, and termed by him cases of “a dangerous form of *meningitis*, which leave no trace but a vascularity of the membranes.” The comparison may prove useful, but, at all events, will be interesting, because, in Abercrombie’s cases and in mine, the patients, for weeks before the attack of actual disease, were in a similar nervous, excited, and almost sleepless state—a state which seems to be the cause of the disease in Abercrombie’s patients, whilst in mine, although not the cause, it gave the disease a peculiar and intractable character, perhaps demanding a special mode of treatment. Moreover, in some of Abercrombie’s cases, the vascularity was evidently such as we often see, when there is no cerebro-spinal disease, and in two or three there was no vascularity at all, so that there is room for doubting that this very distinguished physician was correct in calling all these cases *meningitis*.*

The affection alluded to by Abercrombie occurred in nervous excitable individuals, temperate, but by no means robust, male and female, and was usually preceded by days or weeks of mental anxiety and watchfulness; such had been the condition of my patient for two months before the fatal attack; and again, all Abercrombie’s cases terminated fatally, until he began to treat the disease by powerful stimulants, wine, &c., by means of which he was most successful—so in the case of Miss — I shall presently, in discussing the treatment, point out that there were some grounds for supposing that a decidedly stimulant plan would have been that best suited to the disease. These are the analogies between Abercrombie’s cases and that of my patient; in other respects they differ much: convulsions are very rarely observed in the class of cases referred to by Abercrombie, and when they are present, do not recur so frequently, nor at so early a period; the only disorder of muscular action observed in the majority of his cases was trembling, like that of delirium tremens. Besides, in Dr. Abercrombie’s cases, delirium and hallucinations were prominent symptoms, although not observed in the case of my patient.

Having had abundant time for turning over in my mind all the circumstances of this very difficult case, I do not hesitate to say that, in my opinion, such a case should be treated by wine and opium, exactly as if it were atonic delirium tremens. My reasons for thinking so may perhaps be guessed from what I have advanced in pointing out the resemblance between the case of Miss — and those of Abercrombie; but, to prevent misconception, I shall now briefly state the arguments in favour of this mode of treatment.

Miss — was, for two months before the attack, excited, nervous, depressed in mind, and deprived of sufficient sleep,—a state exactly resembling that observed in the majority of Abercrombie’s cases, which had proved so fatal, until the stimulating

treatment had been adopted; the case of Miss — resembled those of Abercrombie, also, in the circumstance that the circulation was not excited, (indeed, rather depressed,) and the skin cool; and lastly, the only improvement that occurred during the rapid progress to a fatal event, was during a few hours on Sunday afternoon, when she must have been under the stimulating influence of the turpentine, which had been administered immediately after our visit.

Although I thus confess that the treatment adopted was inefficacious, I believe that it was the best that could be adopted by medical men, uninstructed by morbid anatomy, and not having it in their power to derive information from previous experience of a similar malady.

I cannot conclude without availing myself of this opportunity, in order to express my admiration of the perseverance and honourable enthusiasm in the pursuit of morbid anatomy, of my friend Mr. Dawson, whom I have so often seen, setting at nought the physical exhaustion consequent upon the fatigues of an extensive practice, exert himself to remove the obstacles opposed to dissection by the prejudices of relatives, and pursue the examination with equal zeal and patience.

London, September 22, 1841.

ACADEMY OF MEDICINE.

PARIS.

INSTRUMENT FOR SEPARATING THE EYELIDS.—M. Velpeau read a favourable report on an instrument invented by Mr. Kelley Snowden, for the purpose of keeping the eyelids open during operations on the eye. M. Velpeau had employed this instrument in more than 150 operations for strabismus, and found that it was much superior to any other which he had seen.

OPERATION FOR SQUINT IN THE EIGHTEENTH CENTURY.—M. Velpeau also read a note from M. Ribail, containing an extract from “the Transactions of the Academy of Rouen, 1743.” In one of the memoirs presented to the academy, Lecat described the feats of a charlatan, who operated before a numerous body of spectators. The following is Lecat’s description of this operation:—

“Having fixed the globe of the eye, by means of a needle threaded with a silk ligature and passed through the conjunctiva, he divided with a scissors the fold of conjunctiva, which was thus raised up; he then covered the sound eye with a plaster, the squinting eye became straight, and the spectators regarded the cure as miraculous. On Lecat’s interrogating him on the object of his operation, he answered that squint depended on unequal action of the muscles of the eye, and that to cure it, one of the muscles should be weakened.”

EMPLOYMENT OF DEUTO-IODURET OF MERCURY.—In the year 1821, M. Coindet of Geneva employed the preparations of iodine in the treatment of scrofula. In 1822, Professor Brera of Padua introduced them as a remedy in syphilitic affections; at a somewhat later period, M. Bielt employed them at St. Louis for various diseases of the skin, and drew attention particularly to the proto-ioduret of mercury.

In 1836, M. Gibert made some experiments at

* I have beside me at the moment of writing, Gendrin’s French Translation of Abercrombie’s second edition, but it is sufficient to refer to his last few pages on *meningitis*.