will start from the lancet, or the application of ice; and he possesses some power to move the muscles. Nothing of all this happens in solar asphyxia. Effusion of blood upon the brain, extravasation into its ventricles or substance, as well as congestion, are much more gradual in their effects. The depression of large portions of the skull, and the presence of enormous clots of blood upon the brain, do not destroy all sensibility. In trephining the skull, while the patient seemed in a deep, snoring sleep, I have sometimes found it necessary to cause his hands to be held down, as he evidently felt pain from the operation.

The worst cases of apoplexy last from twelve to twenty-four hours generally; solar asphyxia, as many minutes. Apoplexy affects one side, or half of the body, with palsy, and sometimes is attended with convulsion. After the apoplectic fit goes off, the palsy often remains; sometimes permanently. Nothing of the kind occurs in solar asphyxia. In the former, the breathing is infrequent and snoring; the pulse is slow and hard: in the latter, the breathing is quick and rattling; the pulse rapid and gaseous. The former happens to the rich, the luxurious, the sedentary, the corpulent, the plethoric, those who have thick, short necks; the latter happens to the poor, the labourer, the exposed, who undergo hardships. The former happens in cold weather and in hot, in the day time and at night; the latter only in hot weather, and during the day. Solar asphyxia has no premonitory symptoms, except a sudden heat, and dryness of the skin; neither headache, scintillations, or any cerebral affection. Apoplexy has well known premonitory symptoms. The following passage is taken from the April No. (1841) of that treasury of medical science—Johnson's Med. Chir. Rev.—and is illustrative of this position. "Napoleon, who dreaded apoplexy, asked Corvisart, his first physician, for some information respecting this disease. Sire, replied Corvisart, apoplexy is always dangerous; but it is *always* preceded by certain symptoms; nature seldom strikes the blow without giving warning. A first attack, which is always slight, is a *summons without costs*—*sommatton sans frais*;—a second, *summons with costs*—*sommatton avec frais*;—but a third, is an *execution on the person*—*prise de corps*. Corvisart himself afforded a melancholy proof of the truth of his assertion."

Solar asphyxia is probably an universal lesion of the nervous system, but more particularly of that part which is necessary to the pulmonary circulation. The blood which suddenly accumulates in the lungs, ceases to be arterialised; it gorges not only the blood-vessels, but infiltrates the pulmonary substance, forming the most perfect example of hyperæmia, and even penetrates the coverings of the lungs—*pleura pulmonalis*—and is copiously effused into the cavity of the chest, as I have seen several times. In this contest, the lungs are, probably, throughout the attack, in a collapsed or passive state, permitting the blood not only to distend its proper vessels, but to permeate readily throughout the pulmonary texture, until the lung is, perhaps, one-fourth heavier than is usual. Whether the pulmonary congestion be the primary or secondary condition of insolation, I will not say; but I must remark, that of all morbid appearances of a congestive character, this is the least equivocal, so far I have examined. Here nothing is ambiguous; the congestion and hyperæmia are truly wonderful.

Although physiology teaches us that man is endowed with the powers of maintaining the same heat of his body in all climates and situations, with few exceptions, still it is possible, under peculiar circumstances, that the body may become actually heated. A chemico-vital refrigeration, by means of perspiration or evaporation, is constantly going on—in health, especially—in hot climates. The "fire-kings" themselves, when in a heat of 500 deg. or 600 deg., would roast and turn into cinders, were it not for this refrigerating

process, in conjunction with a vital energy, which for a time neutralises the accumulating power of caloric. The solar heat probably accumulates upon the surface of the body faster than nature can refrigerate through the lungs and the skin, by evaporation; inequilibrium presses upon the vital energy, which, being exhausted in the contest, as well as by excessive labour, is unable longer to neutralise the excess of temperature—often 40 deg. more than that of the body. Vital chemistry is unequal to the task of preventing the conduction of heat into the body, and death is the consequence.—*New York Medical Gazette*.

CASE

OF

ABSCESS OF THE LIVER MISTAKEN FOR PHTHISIS.

By SAINT JOHN HUDSON, M.R.C.S.

It is now more than a quarter of a century since Laennec immortalized his name by his most valuable discovery of the stethoscope, and yet, notwithstanding the various improvements in the diagnosis, and, consequently, the treatment of diseases of the chest, it has afforded medical men, how many practitioners will even at this period be found, who either wilfully or ignorantly are total sceptics to its use! Not long since I was in conversation with a surgeon (in extensive practice) relative to the use and abuse of the stethoscope, during which I found he did not place much reliance on it as an instrument of diagnosis. He told me that he had a case of *phthisis*, then under his care, which he expected would terminate fatally ere long, and, if I wished, he would let me see it, to which I consented. As I considered the case one of very great importance, I took notes of it on my return home, which, however, are not very minute, as several days elapsed before my return; they are as follows:—

F. G., aged 38, a farmer, has been a hard drinker lately, his beverage being chiefly cider; has been ill for several months, but did not keep his bed until a month ago; he is much emaciated; his countenance exhibits more the appearance of disease of the liver than the lungs; the conjunctiva is of a yellowish tint and the eyes sunken; the cheeks have a peculiar hectic hue; the tongue moist, but streaked with yellow in the centre, and slimy; pulse 110, easily compressible; urine scanty and of a porter colour, depositing a thick sediment over the sides and bottom of the vessel; complains of very little pain over the region of the liver on pressure; no apparent fulness, nor has he had much pain from the first of the attack; fæces of a dark olive and hard; has very profuse night sweats; the breathing short and quick; he has also a short troublesome cough with an expectoration of a very thick and viscid mucus. In exploring the chest, by percussion, I found the sound at the left side perfectly natural, and at the upper two thirds of the right also healthy, but the lower third yielded a very dull sound during his usual mode of respiration; on making him take a deep inspiration, which he did with much pain, the sound was perfectly clear; I then examined him with the stethoscope, and gained the same results; this appeared to me very strange; I repeated several times both auscultation and percussion, the effect was the same. After some reflection, I considered the case could not be one of phthisis, if we are to give credence to Louis, Andral, and others who have written on that disease.

I set it down as a case of chronic inflammation of that portion of the liver adjoining the diaphragm, which was about very shortly to terminate in an abscess, and probably would be fatal. My diagnosis

(unfortunately for the patient) proved to be true, for in less than a week the abscess burst; the patient coughed up a large quantity of dark matter mixed with bile, and in two days after he died. On examining the body, a large opening was found communicating with the diaphragm and lungs, through which the matter made its way.

A few observations on this case may not prove uninteresting to many, particularly those who do not use the stethoscope. In the first place, had the case been properly diagnosed, the treatment would have been far different, and probably the patient might have been now alive. In the next place, the happiness of a whole family, a large one too, was materially disturbed, for the medical man had prophesied that the children would no doubt inherit the father's disease. This case could not possibly have been discovered during life without the aid of the stethoscope, for the disease of the liver was very obscure, while that of the lungs was apparently the most severe, whereas the latter was sympathetic of the former, for the enlargement of the liver pressed upon the lower portion of lung, and consequently the respiratory murmur was inaudible there; but on a forcible inspiration the liver was pushed down, and the lung again received its due portion of air; hence arose the very complex stethoscopic symptoms which developed themselves during the examination. I cannot conclude the history of this interesting case without publicly bestowing my meed of humble though sincere praise to Dr. W. Stokes, of Dublin, who may well be designated the Laennec of the present day, for he has added much to the science which that great man first founded. The attention and kindness which Dr. Stokes bestows on his pupils at the bedside and at lecture, will at all times render him dear to them, for there is no trouble spared by him during his daily attendance at the Meath Hospital; his only wish is for the advancement of his pupils. I have had the good fortune to have been a student under him, and, therefore, can speak of his attention from experience. The treatment which I suggested to my friend was constant poultices of linseed meal over the region of the liver, together with hot fomentations, also quinine and port wine.

Wells, Somerset, Jan. 24, 1842.

PERFORATION OF THE STOMACH BY A WORM—PERITONEAL INFLAMMATION—DEATH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I beg to send you the particulars of the above case, should you deem it worthy of insertion in your pages.

I am, Gentlemen,
Your obedient servant,
RICHARD CHAMBERS.

Upton-on-Severn,
Feb. 6, 1842.

Louisa Bayliss, aged 8, complained on the 19th of January of being rather unwell. Her mother applied to me next day, and, from the symptoms she described, I considered that the child was suffering from worms, and accordingly prescribed the following:—

Calomel, three grains;
James's powder, and aromatic powder, of each one grain. To be taken at night.

Infusion of senna, four drachms;
Sulphate of potass, and supercarbonate of soda, of each one scruple;
Rhubarb, four grains;
Aniseed-water, four drachms. A draught, to be taken on the following morning.

She experienced so much relief that no further application was made to me, and she continued apparently quite well till the 30th, when she again complained, about noon. The mother, supposing it was an attack like the first, gave her a portion of the former draught that remained in the bottle; and also a little magnesia and rhubarb; towards evening she became worse, and vomited large quantities of a dark coloured fluid; she complained of incessant thirst, but the stomach rejected everything immediately it was taken; she continued to get worse, and died about five o'clock on the following morning.

From the sudden nature of the child's death, coupled with the belief that she had never been kindly treated by her mother, various reports prejudicial to the latter were circulated; in consequence of which it was deemed advisable that a judicial inquiry should be instituted, and, in obedience to an order from the coroner, I this day made a post-mortem examination of the body in the presence of Mr. W. Cooper and the child's aunt.

Externally the body presented a healthy appearance; on cutting into the peritoneum, I found the intestines completely covered by a quantity of bloody serum; on removing which, the first thing that presented itself was a large worm (*ascaris lumbricoides*) lying upon the omentum; on extending the examination, I discovered an opening in the anterior surface of the stomach, about two inches from its pyloric extremity; the entire surface of the peritoneum was deeply injected, and of a most vivid redness.

ROYAL COLLEGE OF SURGEONS.

HUNTERIAN ORATION.

The Hunterian oration, for the present year, was delivered by Mr. Babington, of St. George's Hospital, in the lecture theatre of the College on Monday last. As usual, the tickets announced that no admission would be allowed after the clock struck five; and, with the exception of one very tall, uninteresting looking person, who intruded himself by the back door after the oration was half finished, the benefit of this arrangement was universally acquiesced in by being strictly observed.

At two minutes before five o'clock, to the tick, Mr. Guthrie, the President, for the year, of the College, took the chair with his accustomed military precision and punctuality. He was supported by Mr. Travers, Mr. Lawrence, Mr. Vincent, Mr. White, Mr. Bransby Cooper, Mr. Stanley, Mr. Fergusson, and Mr. Callaway.

At this moment the whole arrangements presented the most lively scene. Mr. Stone, having laid down his truncheon, retired with the most becoming dignity. The venerable Mr. Clift occupied his usual position on the left of the orator; and it gives us much gratification to state, that the same ruddy glow of health and satisfaction, as on the many other similar occasions we have had the pleasure of seeing him, animated his benevolent physiognomy. His son-in-law, Professor Owen, was also present, and occupied an unostentatious position in the body of the building. On our way to the lecture theatre we were encountered by Mr. Belfour, who, we need scarcely say, added his mite to the general effect.

Mr. Babington has been admitted, by most persons who have heard him lecture on surgery, to be devoid of fire, energy, or originality in the execution of such duties; in short, to be a prosy, soporiferous lecturer; yet, true as this is, it is singular enough, that these very disqualifying peculiarities as a teacher do not in any remarkable manner unfit him for the duties of a Hunterian orator. There is a solemnity connected with an occasion of this kind which forms a remarkable ex-