camphor mixture, which did not produce the desired effect; the dose was repeated about two hours afterwards, and in a short time she fell into a comfortable sleep, and awoke perfectly calm and composed. From this time there was not a single unfavourable symptom, the pulse never exceeding 90, and seldom so quick, and little or no fever. The bowels were regulated by gentle aperients; the diet for the first fortnight consisted of gruel and chicken broth; she was then allowed to take a small quantity of animal food in substance every day, abstaining from wine, beer, and everything of a stimulating quality. The ligature did not come away until the 10th of October; the tumour is now entirely gone, and, I am happy to add, Miss S. is perfectly well.

CASE OF EXHAUSTION WITHOUT AN APPARENT SUFFICIENT CAUSE.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

A lady who had been confined about four months, and partially suckled her child in one breast only, was apparently in good health, until she heard some distressing news which agitated her a good deal. Her menstruation had returned in the usual way a fortnight before this event, since which she had occasionally been subject to slight discharge. A day or two after this fright she was seized with coldness, trembling, and slight faintness, which were soon removed by a cordial. Ten days after this she was attacked with pain in the bowels after an evacuation, and faintness, which continued long enough to excite some apprehension in the minds of her friends. She remained in a faintish state from two o'clock in the morning until seven in the evening, when I saw her, in consultation with her usual medical attendant. I found her lying on her back with a blanched countenance, and a surface of death-like coldness, without any pulse at the wrist. There was sickness, with occasional attempts to vomit, and pain in the forehead, which was kept constantly wetted at her request. I learned that, notwithstanding cordials had been administered, very little effect was produced by them, and that she constantly relapsed into the same state; I got down a good quantity of hot brandy and water, after which a feeble pulsation was felt at the wrist for a few moments, and although brandy, opium, ammonia, and every other restorative which could be given, were freely and unremittingly administered, her state became more alarming. If the pulse was perceptible after a large dose of brandy and opium, it sunk again immediately, the faintness increased, she constantly called for the smelling-bottle and fan, and became so restless that it was scarcely possible to keep her still; the surface was bedewed with a clammy sweat, the respiration was short and cold, and she either refused to swallow any thing, or instantly made an effort to reject it. Notwithstanding the extreme coldness of the surface, she objected to all external heat, which seemed to increase her faintness. She remained in this alarming state until two o'clock the following morning, after which time she became more tranquil, took nourishment, and retained it. During the next twelve hours she gradually but very slowly recovered some heat and steadiness of pulse, but was not able to be moved or undressed until thirty-four hours after the attack.

There does not appear to have been sufficient cause for the extreme and protracted state of exhaustion which occurred in this case. There was no undue lactation, for that had been imperfectly carried on, and but for a short period, nor was there any other

drain to weaken her powers. It seemed like one of those sudden attacks of faintness which sometimes occurs without any warning after a small bleeding, which, as far as my experience goes, is protracted and alarming. It brought to my recollection the aphorism of Hippocrates, which, however, is more applicable to diseases of the heart, which there was no reason to suspect in this instance. *Qui crebro et fortiter absque causâ manifestâ liquentur animo, derepente moriuntur.*"

Bridgwater, March, 1842.

CASE OF PENETRATING WOUND OF BOTH LUNGS. RECOVERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

GENTLEMEN,—Although the old doctrine, that wounds of both lungs must produce immediate death, has been long exploded, still, "in this piping time of peace," so few medical men can have an opportunity of witnessing a case of the kind, that you may deem one which occurred in my practice not uninteresting to the profession. I give it from notes taken hastily at the time. The subject of the injury was young, healthy, and vigorous, which enabled me to carry venesection to the utmost limit, and to the early and active adoption of that remedy I principally attribute his recovery.

I remain,

Your obedient servant,

A. N. RUDDOCK,

Surgeon to the Police Force.

Bristol, March 28, 1842.

I was called up early on the morning of Thursday, May 10, 1838, to see police-constable 199, Silas Perrott, aged 22, who was represented to have been seriously wounded whilst on duty. It appeared that, between three and four o'clock, a.m., he had detected a housebreaker robbing some premises which stood alone and in a very retired situation. The policeman attempted to take the man into custody, which he strenuously resisted, and a struggle of half an hour's duration ensued, during which time the latter, who had much the advantage of the policeman in point of height and strength, attempted to throw him into a river, which was the boundary of the garden; and at length, finding he was likely to be captured, he drew from a case a long knife with a wooden handle, similar to that used by shoemakers, and gave the constable two desperate stabs in the body. The man eventually succeeded in getting away, leaving the policeman totally incapable of moving. In this state he was found soon after four o'clock, by the sergeant going his rounds, and with other assistance he was carried to the station-house.

I saw him between five and six o'clock; he was tolerably collected, but in a state of extreme exhaustion, from the combined circumstances of the severe nature of his wounds and the consequent loss of blood, which I found to have been considerable, and from the desperate struggle in which he had been engaged; a considerable quantity of frothy blood was passing from his mouth; he had great difficulty of breathing, with constant cough, and a very small pulse varying from 140 to 150.

On examining the chest on the right side, I found a penetrating wound of rather more than an inch in width between the seventh and eighth ribs, about four or five inches below, and in a direct line from, the axilla; air was passing freely through the wound,