and even corrigible view, what are the inferences that must be admitted?

Supposing the superficial functions too little active, too little capable of resisting the influences of varying cold, too susceptible of perversion by it, will not a milder climate assist to obviate the difficulty?

Will not a warmer climate always tend to relieve excessive internal actions?

Will it not always accelerate the evil when these internal actions have already begun to decline?

My readers may readily reflect on the converse of these inquiries. Finally I would add, that I think I know something of the exceptions to the above conclusions, but, as far as I understand them, they only illustrate the principles I have advanced.

36, Bedford-square, May 18, 1843.

ON FRACTURES AND CONCUSSION OF THE SPINAL COLUMN.

By JONATHAN TOOGOOD, Esq.

In the last volume of the "Transactions of the Provincial Medical and Surgical Association" there is an interesting paper on fractures of the spine—an accident generally considered so hopeless, that no effectual attempt is made to relieve the sufferer, who is left to linger out a miserable existence. It has always appeared to me wrong to abandon a patient under such circumstances, but public opinion, in which the profession acquiesced, seemed to forbid any other treatment than palliative. I have never ceased to regret that no effort was made in the following case, which, since I have read Mr. Crowfoot's paper, I am more inclined than ever to believe offered a fair chance of success:—

Fracture of the two last Dorsal Vertebrae.

Thomas Ash, a remarkably strong man, aged forty-six, was run over by a heavy waggon, which fractured the two last dorsal vertebrae. The division was so evident that two fingers could be laid between the broken ends of the bones. The parts below the injury were immediately paralysed; he had constant vomiting, and his case appeared altogether so hopeless, that his friends refused having anything more done than dressing a most extensive laceration of the scalp; and, as there did not appear to be a chance of his surviving many hours, I was requested not to visit him again unless they applied to me. As, however, he appeared rather better on the following morning, I was desired to repeat my visit, when I found the abdomen greatly distended, the bladder very full, and a complete deprivation of the power of voluntary motion and sensation in the lower extremities. The bladder was emptied by the catheter, and the bowels by glyster, after which the fæces, but not the urine, passed involuntarily. In this state he lived six weeks, during which period he had occasionally considerable fever and frequent vomitings, whilst at times he made such efforts to recover that I proposed giving him the chance of a more determined mode of treatment, but in this I was overruled by his friends, and the opinions of other surgeons.

Fracture of the Spinous Process of the Third Cervical Vertebra.

William Cooling, aged eighteen, a very fine young man, fractured the spinous process of the third cer-

vical vertebra in the following singular manner:—He was carrying a heavy gate on his back, between the bars of which his head became so tightly jammed that he fell backwards on it with great violence, in the attempt to throw the gate off his shoulders. He lay in this state for some hours before he was discovered, and, when removed, it was ascertained that he had the power of moving his head only, all the parts below being paralytic, and totally insensible. His pulse beat only thirty-seven strokes in a minute, and his breathing was very laborious. He had priapism. On the following day he had violent fever and great thirst; the pulse had risen to 100, but the priapism had ceased. He was bled, and took some opening medicine, which afforded some relief, and after a few days these symptoms gradually ceased, and he sunk into a state of quiet. He lived a month after the accident, during which time his appetite was good, and he slept tolerably well. For some time the water was drawn off by the catheter, but occasionally it was discharged involuntarily, as were the fæces. About a week before his death he began to have some feeling in his feet, but previously to that time his friends convinced themselves that he had none, by running pins into his legs and thighs.

Concussion of the Spine.

James Harris, aged thirty, fell from the top of a waggon very highly loaded with beans, and alighted with great force on his back. As he remained motionless, and without any feeling of his lower extremities, the surgeon who saw him believed the spine to be fractured, and, considering the case hopeless, nothing was attempted for him. When I visited him on the following day, he had recovered slight motion and feeling in his legs. The abdomen was greatly distended, and he was suffering acute pain, with inability to empty the bladder. He had priapism. Having drawn off the water, I satisfied myself that there was no fracture of the vertebrae, and directed local bleeding, absolute rest, and afterwards counter-irritation, under which treatment he perfectly recovered.

My opinion of the propriety of making extension in cases of fractures of the spinal column is more strongly confirmed than ever by the successful result of Mr. Crowfoot's case, who deserves the thanks of the profession for making it public. It affords another strong illustration of the great advantage of recording and publishing the experience of practical men. Society, as well as the profession, derive more substantial advantage from the faithful relation of cases, accurately noted at the bed-side of the patient, than from half the books and systems which are written.

My conviction, that the case of James Ash offered a reasonable chance of a happy termination, is strengthened by the knowledge of the extraordinary tenacity of life which other members of his family exhibited.

His father recovered from a disease of the bladder and prostate gland after the age of eighty-four, notwithstanding a false passage had been made in the urethra by the catheter, sufficiently to enable him to take active exercise on horseback, and lived until nearly ninety.

His mother, at seventy, was attacked with chronic hepatitis, for which the usual remedies were employed.

The integuments covering the liver were observed after some weeks to be covered with erysipelatous inflammation, which terminated in sloughing, so that it became exposed. In this state she laid seven weeks, large sloughy portions frequently coming away, and, during the last, whatever she swallowed passed out quickly at the opening in the side. In addition to this enormous wound, which discharged profusely daily, the whole of the nates and lower part of the back were for a long time in a state of mortification.

One sister struggled an unusual length of time against dropsy, with diseased liver, after repeatedappings, and another resisted the most extensive and formidable scrofulous disease I ever witnessed for more than a year.

Bridgwater, June, 1843.

CASE OF SUDDEN DEATH SIMULATING POISONING BY OPIUM.

By J. BERNCASTLE, Esq., M.R.C.S., Croydon.

I was sent for on Tuesday, the 25th day of April, 1843, at six, a.m., to attend, on the part of the Croydon union, the illegitimate infant, six weeks old, of a pauper named Aldridge. The child was said to be in a fit. On my arrival at the house I found the child dead. I had scarcely asked the mother and grandmother a few questions, when the latter begged of me to examine the body, and see that there had been no "misconduct" on their part. I thought that remark rather unusual, and examined the body more minutely, but could not discover any marks of violence, nor anything to lead me to suppose that the child had not died from natural causes. The face and body were quite pallid, and the mouth and eyes closed, without any unusual appearance.

A few hours afterwards Mr. Smith, the registrar of deaths, sent to know whether an inquest would be required, as he had heard it reported by the neighbours that the child had died from unfair means. The inquest was consequently ordered, and, thinking that I might elicit from the parties a few more points concerning the case, I called again in the afternoon, seven hours after death had taken place, and found the body laid out. I requested that the clothes should be taken off, and, to my great surprise, I observed the head, trunk, and extremities to be covered with livid patches of ecchymosis, of a large size, pretty general all over the body. Knowing this cadaveric appearance so soon after death to be one of the common results from poisoning by opium, and having seen it in several cases that had terminated fatally, my attention was immediately directed into that channel, and I asked the friends whether they had given the child any syrup of poppies, Godfrey's cordial, or laudanum, but they stoutly denied having given anything at all.

After cross-examining them pretty closely, I learnt that the child, otherwise remarkably healthy, had been for the last few days uncommonly fretful, and particularly so on the Sunday; that on the Monday he became very drowsy, and slept all day and night without intermission until early on Tuesday morning,

when it was suddenly seized with the convulsive fits that carried him off, and to relieve which I had been called in. The history of the case, coupled with the appearance of the body after death, being, as every medical man well knows, exactly those of poisoning by opium, the impression on my mind was that the child might have died from the effects of that drug, or some of its compounds, either given intentionally, or in an over-dose through ignorance. The child being illegitimate might have also tended to strengthen the suspicion. In fact, had the child been known to have died from opium, the appearances above named would be all that one would expect to find without an autopsy.

Well, what did Mr. Carter, the coroner for Surrey, do? Instead of being guided by the medical evidence, and using it as the means to come at the truth, he at once turns round upon me, and wishes to persuade the jury that there are no grounds whatever for presuming that the child had died from any other than natural causes!—that he had frequently seen the livid appearance of the skin, which always arose from persons lying after death—that infants frequently died from apoplexy, and the like trash—that, besides, it was absurd to suspect that anything had been given to the child, when the mother and the two other respectable witnesses swore to the contrary—that they were respectable people (all three paupers, and interested parties), he was bound to believe them on their oath—and that he did not think a post-mortem inspection necessary, as there was not the slightest tittle of evidence to prove that anything in the shape of narcotics had been administered! Now, the chain of symptoms and circumstantial evidence throughout this case were so clearly those of death by opium, and so unlike death from any other infantile disease, that nothing but the grossest ignorance on medical subjects can excuse Mr. Carter for having so totally overlooked them, and disregarded the suggestions of the medical witness. On the contrary, he so far forgot his duty that he actually, in summing up the case to the jury, endeavoured to throw a slur upon the medical witness, by inferring that he had acted wrongly by at all exciting suspicions in a case where nothing whatever could warrant any person in supposing that the child had died from any other than natural causes.

But, had a post-mortem taken place, and, in spite of the oaths of these three respectable witnesses, poison had been found in the child's stomach, annulling all doubt upon the subject—and such cases are not uncommon—would he have thought then so lightly of medical evidence?

The case was dismissed summarily, and all parties entirely exculpated from any blame, the verdict being "Died from natural causes."

Now, would not a medical coroner at once have fallen in with the views of the medical witness?—and would not his attention have been seriously arrested upon the probability of poison in a case where all the circumstances were so well linked together as to rise rather more than a suspicion of guilt? Is it not generally by some vague, unconnected facts, that cases of poisoning are at first brought into notice? Before detecting the poison, are there not premonitory and concomitant signs and circumstances that put one