and speaking loudly into his ear, could be made to take medicine or thin fluid food. The pupil of the right eye was dilated to about double the size of the left, and I could not observe any contractile movement in it when the light was suddenly admitted. The left iris was in its normal state, though perhaps rather more contracted. As the progress of the effusion had been rather slow, and the morning and evening exacerbations of a less active kind than is usual in the very acute forms of the hydrocephalic irritation, and the aspect of the case such, as might be fairly deemed lost, the incision was made, more as a forlorn hope, where no harm could be done or unnecessary pain caused, than from a reasonable expectation of success. On dividing the scalp about seven inches, no notice whatever was taken of it either by movement or voice. On the following day there was an evident appearance of improvement. The dossil of lint was taken out of the incision and replaced by another, and a long blister was then ordered to be applied to the spine, to keep an active counter-irritation going on. No internal remedies were used, except a little alkali and *mild* aperients to keep the mucous surface free from irritation. The incision [was kept open as an issue, with a double row of peas, for about three months. The boy gradually and perfectly recovered.

After the incision has been made 24 hours, it is desirable to remove the straps of adhesive plaster, so as to remove all constriction from the scalp, and lessen the heat. Taking out the dossil of lint from the wound and replacing it by another is also useful, as it favours the early establishment of suppuration, and adds to the continuance of the counter-irritation. If the vascular action and heat continue about the head, leeches ought to be applied, and all the assistant means which a practitioner ought properly to use, to contribute towards allaying the increased vascular action going on in the brain. It has never been pretended that the incision is the sole remedy necessary in all cases; but that it is the most powerful means of any that I have ever seen, when used as I have described. That it should be successful in every case no rational person would expect; but I boldly assert that it will most materially assist in bringing many severe cases of cerebral disease to a successful issue, which are incurable without it. In conclusion I may add, that I have heard many persons express their most grateful thanks for the relief obtained from the incision, but in *no instance* have I ever been blamed for having had recourse to this remedy.

REMOVAL OF A KNIFE - BLADE FROM BETWEEN THE TRACHEA AND RIGHT CAROTID ARTERY.

By R. T. HUNT, Esq., Consulting Surgeon to the Lying-in Hospital, Manchester.

1843. March 23rd. James Knight was wounded in the neck, whilst on the ground, by a man who had knocked him down and fallen with him. The surgeon to whom he applied told him that the wind-pipe was cut open, but after carefully examining the wound, stated that he could find no foreign body in it. When I saw him on the 13th of April, three weeks after the injury, he was suffering from urgent dyspnoea, oppres-

sion and tightness of the chest, and fixed pain of the right side, extending through to the inferior angle of the scapula. His face was flushed, his pulse quick and throbbing, and he could not lie down.

There was a recent cicatrix about an inch above the interclavicular space, which felt much indurated, and my impression at the time was, that the tracheal cartilages had been lacerated, and had united very unequally. I bled him to 12 ounces from a large orifice, and complete syncope followed. When he recovered from the fainting, the breathing was much freer, and he felt relieved. He was treated with mercurials, hyoscyamus, and common aperients, and continued improving, but the fixed pain in the thorax did not entirely subside.

May 1st. He called upon me to inform me that something had made its appearance in the situation of the wound, and upon examination, I found the cicatrix ulcerated, so as to expose a small black angular metallic substance; and, upon endeavouring to remove it with forceps, it was so firmly impacted, that careful dissection was required for its removal. I extracted it in the presence of Knight's father and a police officer.

Length of blade.	2 inches 6-10ths.
Width	7-10ths.
Thickness at the back	1-10th.

When I withdrew the blade, its point apparently rested obliquely against the body of one of the cervical vertebrae, and its back was directed backwards and upwards. The bluntness of this point and of the edge of the knife will account for the carotid and other important structures so fortunately having escaped being injured.

I gave him an opiate and enjoined absolute rest and antiphlogistic regimen. He had a slight tickling cough during the next 24 hours, and the expectorated mucus was streaked with blood. The fixed pain in the chest was never felt after the extraction of the blade, and by the 10th of May he was perfectly recovered.

1844. March 23rd. I have to-day heard that he has had no chest affection since the last report.

ON THE GOOD EFFECT OF THE ERGOT OF RYE IN A CASE OF RETENTION OF URINE.

By THOMAS JEFFREYS, M.D., Liverpool.

We ought to feel much indebted to Dr. James J. Ross, of Cambusmore, Sutherlandshire, for having called the attention of the Medical Profession to the use of the Ergot of Rye in retention of urine, caused by a want of muscular power to expel it from the bladder, in paralytic patients; and as an opportunity occurred to me to test its effects the last week of January, I availed myself of it, and am much gratified in having it in my power to add this single instance in support of what he has still further made known. (See *Provincial Medical Journal*, vol. 7, p. 378.)

A gentleman, aged 69, who for nearly half a century had had the chief management of a very extensive mercantile establishment in Liverpool, in connection with one still more so in London, and had discharged the duties of his responsible situation with great punctuality and perseverance, during the whole of the

above period, became the subject of repeated attacks of cerebral disease. His first threatening of cerebral affection was in August, 1838; a second occurred in April, 1841, and a third in June, 1843, since which last date he has been compelled to retire from any business which calls for mental or bodily exertion. Although he has not hitherto lost the power of motion or speech, he has repeatedly fallen down in the street and other places, and afterwards been unable to walk home, rendering it unsafe for him to venture out of his house, without an attendant. His bowels have required constant attention, and often active treatment, under his ordinary medical attendant, Mr. Cheesbrough, and during the month of November last, 1843, he became more or less subject to enuresis. This want of retention was followed by retention of the urine in the bladder—a diametrically opposite state, though not, I conceive, very difficult to account for. On the 16th of January, 1844, I first saw him labouring under a retention of urine, which had required the use of the catheter daily, if not oftener, and which Mr. Cheesbrough had been obliged to have recourse to for most of the last fortnight. In addition, he had been confined to his bed from the effects of bruises, occasioned by a severe fall in the street.

Mr. Cheesbrough has favoured me with the following account of the case:—"January 14, 1844. I was requested to see Mr. —, and found him in great abdominal pain, like colic, and knowing his constipated habit of body, I immediately injected warm water by means of an enema syringe into the rectum, and succeeded in removing an enormous mass of fecal matter. On the following day he had perfect adynamia of the bladder, and I had consequently to introduce the catheter, which I was obliged to use on each succeeding day, until the 24th, when you saw him with me, and proposed his taking the ergot of rye, and which was agreed to, by beginning with only ten grains in powder daily, and increasing the dose to double or treble the quantity if necessary. On the 25th, however, or the following day, he voided his urine freely, and has continued to do so up to the present time, viz., February 8th, one powder only being daily taken. The remarks I would make upon the efficacy of the *secale cornutum*, so far as its remedial powers have been shown to us in this case, must depend upon whether we can be perfectly satisfied as to its agency, in at once acting upon the nerves in immediate connexion with the bladder, in the same manner as we know it does upon the uterus. I think we should be fully warranted in giving a fair trial to this medicine in similar cases to the one before us. We have here had to contend with a paralytic state of the general system, and there is little doubt but the sudden removal of the *great mass of matter*, which had been pressing upon the bladder, perhaps for months, previous to the use of the ergot of rye, may have caused a loss of tone in that organ, as evidenced by the *sudden removal* of it bringing on the total inability of voiding urine. I will give the *secale* a fair trial, and make a point of acquainting you with the results."

It is always well to be cautious how we accede to opinions in favour of a new remedy. I am willing, therefore, to allow Mr. Cheesbrough full credit for his scepticism, but my impression of its power in this case

is so strong, that I cannot allow myself to doubt that it adds another instance of what Dr. Ross has made known to us. As a further proof, it may be stated that one powder was accidentally omitted, and the urine was not voided as before.

Feb. 19th. I again visited this gentleman, and found that he had taken *eleven* powders, which never failed to relieve him, and that for the last fortnight he has omitted them altogether. He finds now no difficulty in passing his urine naturally as usual.

Liverpool, Feb. 23, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 24, 1844.

It was our intention to offer some remarks on a very important question, in relation to which a letter from Mr. George King, of Bath, will be found in our present number. The subjoined Address, however, which has been forwarded to us for insertion, appears to be at this juncture of such importance, that we feel compelled to postpone our observations on the case of the medical officer of the Wells Union till next week, in order that we may very briefly call attention to the subject to which the Address refers.

Our readers are well aware that we have never advocated the throwing aside of all distinctions in the profession, nor the amalgamation of all classes of its members into one. On the contrary, we have ever considered that the wants of the community have led to the formation, for practical purposes, of the three great bodies into which the profession is now divided. The general practitioner is absolutely essential to the welfare of the public at large, and especially of that portion of the population which is scattered throughout the country districts; while at the same time the call for consulting practitioners, who severally devote their attention on the one hand mainly to the study and management of internal affections, on the other to the treatment of external diseases, and to the acquirement of skill in the performance of capital operations, has been equally felt and responded to in the metropolitan and larger cities and towns.

But, although we have found in existence, and recognize the advantage of the three divisions into which, for purposes of utility, the Medical Profession has become divided, and so far think that the public benefit is consulted by preserving the existing classes of physicians, surgeons, and general practitioners, we have never been able to discover the slightest grounds for splitting each or any one of these classes into farther sub-divisions. It is