In persons of full habit and unreduced strength, in whom general bleeding may be considered necessary, I have found that just prior to the accession of the cold stage, is the most desirable time for its adoption. Practised at that time it diminishes the congestion, which forms the more proximate cause of the rigor; and though it may not altogether arrest the paroxysm, it materially diminishes its violence. In one case I saw the attack for that period prevented.

It may be recollected that the question of bleeding in the cold stage was very much canvassed within a few years; and that, (no unusual thing in medicine,) great discrepancy of opinion prevailed about it. I think the discrepancy admits of being explained away, when we consider its effects. Although the bleeding relieved the congested state of the vessels, its depressing influence upon the brain and heart prevented the necessary amount of reaction, where the individual was at all enfeebled; and, on the contrary, in persons of strong constitution it was productive of good, by moderating what would otherwise have been an excessive reaction. I have no doubt that it is only the difference in the class of cases observed that could have caused such a variety of results in the hands of the talented individuals engaged in the inquiry. Should bleeding in the cold stage be called for, I think a strong stimulant would be likely to counteract any prejudicial effects from it.

Much has been said of the antagonism of ague upon phthisis, but I regret to state that the result of my observations does not enable me to acquiesce in the opinion. The register of our hospital shows a very large proportion of phthisical disease to exist in the town and surrounding country, and this is still further corroborated by the experience of some of the oldest practitioners in the neighbourhood. Although I lay no stress upon a single case, I think it right to mention a case that I heard of last week in the practice of a talented observer. The patient, though in an advanced stage of phthisis, was labouring under well-marked quartan ague.

(To be continued.)

UNIVERSITY COLLEGE HOSPITAL.

CASE OF BONY TUMOUR IN A NERVE.

Reported by WILLIAM H. Y. COLBORNE, Dresser in the Hospital.

Elizabeth Moore, aged 32, a dressmaker, was admitted under Mr. Quain, September 9th, 1845. She is of sanguine temperament, of moderate stature and conformation, and very healthy appearance. She is a native of Somersetshire, and came to London as a servant in October, 1839. During the ensuing winter she first experienced a twitching sensation in the foot whenever the ham was struck: this gradually became more marked during the next two years, and left a slight tingling sensation for a few seconds after the twitching. Two years later, (in the winter of 1841-2,) she first felt a twitching sensation coming on independently of external violence, and recurring every night; this soon increased till it became acute pain, remaining for a longer period, and was confined to the inner and under part of the sole. From August till October, 1842, she resided at her home in Somersetshire, and at this time the pain lasted on an average three quarters of an

hour, still increasing in the length and violence of the paroxysms.

From October till December she was in attendance on a lady of unsound mind at Leamington, and during this period the fits of pain were much aggravated, often lasting for two hours, and compelling her to sit up in bed to rub the foot, and even to rise and walk about, to procure a slight alleviation of her sufferings. She was treated by a medical man as if for a nervous complaint, and under his care the pain entirely ceased for three weeks; it returned however, the paroxysms recurring regularly every night, and an uneasy sensation, which she compares to that produced by a decayed tooth, remaining during the day.

In January, 1843, she was married, and a few months after she observed that the paroxysms occurred regularly about two a.m., still increasing in violence and in the duration of the pain. She was confined in the October following, and during labour, and for three days afterwards, was entirely free from suffering; and it may be stated here, that neither at this, nor at her subsequent pregnancy, had she any milk. After her confinement she entered the London Hospital, under the care of Dr. Frampton, where she was blistered over the sacrum and in the ham, and took steel medicines, without any benefit.

About Christmas she left the Hospital, and applied to a general practitioner, who gave her arsenic and opium, which relieved her entirely from pain for a month, after which time it again returned, but gradually, and its regular periodicity was broken. It now came on in the evening about eight o'clock, and lasted generally about four hours, a second fit occasionally recurring early in the morning; these symptoms gradually increased in intensity till, eight months ago, the paroxysms had merged into one continual nocturnal and diurnal pain. In June last she was confined of her second child, and was again free from pain during labour, and for six hours afterwards, when, the pain returning, her medical attendant exhibited large doses of opium, and kept her narcotised for five days; the pain returned, however, with a marked increase in intensity, and she felt willing to undergo any operation to mitigate her sufferings.

In August she became an out-patient at this Hospital, and was treated constitutionally without relief. On September 9th, she was admitted into the Hospital. On careful examination a tumour was now discovered near the inner hamstring muscles, and two or three inches above the level of the patella; it appeared to be about the size of a small walnut and in the popliteal space; but little manipulation could be allowed on account of the intense pain it caused in the foot, though it produced no local uneasiness.

It may be stated here, that the patient has exhibited no symptoms of hysteria, nor suffered from any other neuralgic pain, but appeared to be a sensible and strong-minded woman.

In the commencement of the disease, as has been said, the pain was confined to the inner part of the sole of the foot, but afterwards extended over the whole of the under part of the foot except the toes, and latterly included the heel; the pain was never accompanied by spasms. She has been aware of the existence of a tumour in the ham for about three years.

After her admission, leeches and a belladonna plaster were applied, and she took Extr. Conii, gr. iij., three times a day, without relieving the pain at all.

On September 18th, it was determined to remove the tumour. A longitudinal incision was made over its seat, and on dividing the deep fascia, a hard gritty tumour was seen in the internal popliteal nerve, the nervous fibres passing over it in bands of unequal size, and thus enclosing it. On dividing the cellular cyst which enclosed it, the tumour was readily turned out. The patient was put to bed; considerable pain was felt in the wound, but that in the foot ceased shortly after the operation, some degree of numbness however remaining in the limb. She was ordered morphia at bed time.

On the 19th, there was considerable fever, and she took a saline aperient every four hours; as this did not act on the bowels, she had house medicine in the evening, which operated in the night.

On the 20th there were slight paroxysms of pain in the foot with some fever; the numbness however was much less. A slight attack of erysipelas made its appearance on the 25th, along the course of the posterior tibial nerve; but she soon began to improve, and the wound is now nearly healed, the pain in the foot having entirely disappeared.

On examining the tumour, it was found to be about the size of a small walnut, furrowed in one or two parts on the surface where the bands of nervous fibres passed over it. It weighs 228 grains, and is constituted of about two thirds phosphate and carbonate of lime, a trace of phosphate of iron, and a trace of sulphate of lime, with animal matter.

OBSERVATIONS ON THE INQUEST HELD ON THE LATE GENERAL DICK, AND ON THE CAUSE OF DEATH.

By GEORGE KING Esq., Surgeon, Bath.

The disinterment or exhumation of a human body is a subject at all times calculated to rouse the attention and feelings of the public, and to create a stir in the neighbourhood where it takes place. It is therefore not at all remarkable that the recent disinterment at the cemetery in the vicinity of Bath, of the body of the late Lieutenant-General Dick, should have become the general topic of conversation among the inhabitants of a city in which he had been for so many years a distinguished resident; and I can easily imagine that the exhumation of a body after such a lengthened interment, for the purpose of being inspected by a surgeon, and in the presence of a scientific chemist, under an order from the coroner, would produce some little excitement in the medical world, as well as in the minds of the public. Although the exhumation of a body seventeen months after its interment, and the posthumous inspection of it could be of very little use in a practical point of view to the medical practitioner, to the pathologist it must be a subject of the highest importance, and to the analytical chemist a matter of the greatest possible interest.

The peculiar circumstances connected with the death of the late General, the disinterment of the body, its examination by a surgeon, and the subsequent investigation at the coroner's inquest, are subjects that I think may legitimately be brought forward for dis-

cussion at a meeting of a medical society held in a city where these circumstances occurred, and justify my bringing the case before them this evening. Most of the members present have no doubt read the depositions of the servant and the medical evidence given at the inquest. Some may also have had an opportunity of witnessing the examination of the body, and consequently are enabled to form some idea as to the probable or real cause of death, and I hope they will give us the benefit of their opinions; for while we have the certificates of two physicians, ascribing the cause to serous apoplexy, and the verdict of the jury that the deceased had died from inflammation of the stomach and bowels, the doctors and the jury are at fault, and the question must still remain undecided. The jury, in my opinion, have proved themselves to be sensible, good and true men, possessing the power of perception, and judgment to use it, for they neither acted on the certificate of the physicians, nor on the directions of the coroner, but gave a verdict according to the evidence brought before them, which was, "that the brain was shrunk and reduced to a pulpy mass, still its anatomical parts admitted of demonstration; (how a brain reduced to a pulpy mass, which must have changed its structure, was to be anatomically demonstrated, I have yet to learn;) *no disease* could be detected; there was no effusion of blood; and the serum found in the ventricles was rather less than what would be found in a healthy brain. Death was not caused by sanguineous apoplexy; whether it was caused by serous apoplexy might be matter of opinion; there was no serous effusion." Here then, we have nothing in the evidence given by the medical gentlemen who had been requested by the coroner to examine the body to justify them, (the jury,) in returning a verdict, that serous apoplexy was or had been the cause of the General's death. On the contrary they had negative evidence that the physicians were wrong, and that the deceased had not died of serous apoplexy, as the medical witness did not feel himself in a position to say whether death might or might not have resulted from serous apoplexy. The jury were therefore, very naturally led to seek for some other cause, upon which they could find a verdict, and they as naturally hit upon the only one on which they had the slightest possible evidence to found their verdict—viz., "inflammation of the stomach and bowels, (and they very wisely added a codicil,) but how produced there is no evidence to show."

To justify such a verdict, they had ample evidence, for they were told by the medical witness, that the stomach externally presented a purplish red appearance, the vessels being very considerably congested in the duodenum and the small intestines. He found patches of inflammation an inch and a half or two inches in size, and also said there was inflammation enough to cause death.

From the presence of this eminent chemist, the inquest derived its principle importance; and his evidence went to prove that the abdominal viscera, and their contents, had been submitted to, and chemically examined by him, and no trace of poison could be detected; and he stated that there was inflammation in the stomach, and that the end of the œsophagus attached to the stomach was also inflamed. This was enough, I should say, to make an impression on the minds of the jury with such statements and evidence before them. I do not see that