Mary Swinestead was admitted into the Union Workhouse at Newport Pagnell, eight years ago, as a harmless lunatic, whose case did not require the more stringent management of an asylum. She labours under a singular hallucination; she is pale and thin, remarkably good natured, having an agreeable smile perpetually on her countenance. The immediate cause of her insanity is said to be the death of her mother. Soon after this event she gave tokens of a disturbed mind, which was still increased by an idea which had taken full possession of her, that her mother's body had been removed for dissection. Whether such was the case or not I cannot tell, but the certainty of it was so fixed in her mind, that it was impossible to remove the impression. She dwelt so long upon this idea, that what at first perhaps was a mere supposition, at length to her mind became a reality, until the supposed transaction, became embodied in image, and she now says, that the body not only was removed, but names the persons who did remove it. She is a very active little woman, between 50 and 60 years of age; she continually busies herself with sweeping and cleaning rooms, but talks incessantly the while. She creates a world of her own and peoples it with imaginary beings, addresses them by name, and grows angry with them when they annoy her. The persons she names are individuals who reside in the village from whence she came, and are the parties from whose hands she has received her imaginary injuries. They walk about her room, hide themselves in corners, get under her bed, and even under the floor. Nothing could induce her to sleep in a boarded room; the one she chooses is paved with bricks, for these troublesome people make fires under her, and she is certain if she were to sleep on a boarded floor, she should be burnt in bed. They give her severe blows, and she often shows me her arms as evidencing the injuries she has received. She endows inanimate things with the power of speech and reason; her stick talks to her, and she addresses it again most affectionately; even her chamber door becomes her companion, and I am often amused with long stories of what her stick and door had been talking about.

(To be continued.)

CASE OF A LARGE CALCULUS, VOIDED FROM THE FEMALE URETHRA, ENCRUSTED UPON A HAIR-PIN, WHICH HAD BEEN SWALLOWED TWENTY-SEVEN MONTHS AGO.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Should you deem the following case of sufficient interest to the profession, I shall feel obliged by the insertion of it in your Journal.

I remain, Sir,

Your obedient servant,

THOS. F. BROWNBILL,

Surgeon to the Salford Workhouse.

Margaret Leigh, aged 26 years, was admitted into the Salford Workhouse, on the 12th of August, 1845

in the last month of her pregnancy of an illegitimate child. For several weeks she suffered from pain in the sides and back; from September 10th to 14th, complained of constant pain in the urethra, difficult micturition, a feeling of tension and bearing-down as from the passage of a hard body of considerable size. On the 14th, after much painful straining and bearing-down when voiding her urine, she parted with a calculus, without any manual interference, of which the accompanying sketch is an exact representation.

1. Head of the pin.
- 2, 3. Points of the pin.
4. A groove down the centre of the calculus.

Its weight is four drachms and forty-four grains, its length two inches and a quarter, breadth one inch and a quarter, and thickness five eighths of an inch. It is of a flattened oblong figure. Its nucleus is a common hair-pin, the points of which, as well as the convex extremity, are equally evident to the sight. Its probable composition consists of phosphate of lime, and the triple phosphate of magnesia and ammonia.

She has had no pain since parting with the above, expresses herself greatly relieved, and is as well as women usually are towards the close of gestation. On the 21st, (one week after,) she gave birth to a full grown child, after an easy natural labour, from which she quickly recovered. The woman is still in the workhouse, and the specimen in my possession.

Upon tracing the history of this case, I find from the evidence of three persons then present, that the pin was really swallowed on June 6th, 1843. The woman was straightening her hair, with the hair-pin between her teeth, when one of her companions pulled her hair behind, causing her to laugh and throw her head back, when the pin slipped down the œsophagus. During the first twelve months she felt little inconvenience, with the exception of slight pain in the bowels, attended with constipation. On the 26th of April, 1845, she was admitted a home-patient of the Chorlton Dispensary, under the care of the house-surgeon. She remained under this institution five weeks, during which time she complained of continued acute pain in the left inguinal region, of incontinence and increased flow of urine, a profuse purulent discharge from the urethra, scalding, and obstinate constipation, attended with frequent discharges of blood with the fœces. At the

recommendation of the house-surgeon, as her case was considered more proper for the Manchester Infirmary, she gained admittance into that institution. There she remained two months, suffering from the same symptoms, only the urine was much increased in quantity, but gave no evidence upon being tested of saccharine matter. She frequently parted with six quarts of urine during the night, and generally seven quarts in the twenty-four hours. She complained of pricking pain in the left groin, increased on bending the body forward and on sitting down, but was never perfectly free from it, excepting when in the recumbent position. She was much relieved while under the Infirmary, but as her confinement was evidently near approaching, was obliged to leave and gain admission into the Salford Workhouse to lie-in.

I must here remark that this patient never once mentioned to any of her medical advisers the circumstance of having swallowed the hair-pain, lest, according to her statement, she should be compelled to undergo an operation for its removal. She being pregnant and unmarried I once suspected she might, for the purpose of procuring abortion, have introduced the pin into the vagina, but from the nature of the evidence I have since been put in possession of, I am now fully convinced to the contrary. Being interested in her case, I referred to the medical gentlemen who had the treatment of her, and from them have gleaned the above statements. Since her confinement I have made an examination per vaginam, but without discovering any alteration of structure that would indicate its course into the bladder. She still complains of pain upon pressure at the lower and left side of the abdomen and groin. From the symptoms above related, I think it most probable the pin passed from the sigmoid flexure of the colon into the left side of the bladder.

ON THE TREATMENT OF ADYNAMIC FEVER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Regarding the *Provincial Medical Journal*, in common, I believe, with many others, as a friendly medium by which the members of the Association may communicate the results of their practice in the various departments of the profession; I am induced to offer one or two remarks on the treatment of low nervous or adynamic fever, of which, if you think them worthy, I should be obliged by your insertion.

I had been practising for some years, previous to the current one, in the county of Dorset, to which this description of fever is endemic, and for three years I had the distinction of being enslaved to the worst union in the kingdom—to wit, the Sturminster Union. One of my parishes, I was told by its respected incumbent, had been decimated by this malarious scourge. I enquired what treatment had been pursued in the cases. "Bleeding, in the commencement," was the reply; which, to my mind, sufficiently accounts for the disastrous consequences.

Previously to seeing in the *Medical Times*, about two years ago, the use of sesqui-carbonate of ammonia

advocated by Dr. Skerrett, I had made up my mind as to the total inapplicability of blood-letting, violent purgatives, or any lowering treatment whatsoever, to fevers of this class. In several cases I had administered the aromatic spirit of ammonia in large doses, and the di-sulphate of quinine, each in various combinations, and to manifest advantage; but, subsequently, the carbonate of ammonia, in the proportion of a drachm to half a pint of camphor mixture, with half an ounce of nitrous æther, appeared, in the early stages, to possess the superior advantages of being a more diffusible stimulant, and more easily borne by the stomach than bark in any form.

I may say, that symptoms of cerebral excitement, such as pain, watchfulness, suffusion of the eyes, intolerance of light, tinnitus aurium, &c., do not interdict its use; but when combined with an occasional dose of hyoscyamus, and even in some cases of opium, with shaving the head, cold affusion employed topically, or a blister to a contiguous surface, it will be found singularly efficacious in allaying these symptoms.

In all cases it is both safe and desirable to administer an emetic in the commencement, and the vitiated secretions of the liver and bowels may be gently promoted, if not improved, by suitable doses of compound rhubarb pill, mercury with chalk, and ipecacuanha.

Mild farinaceous food, or beef tea, with wine in small quantities, should frequently be repeated.

But how does the carbonate of ammonia act? is a question deserving of consideration. Dr. Skerrett is disposed to deny its stimulant properties. I think, however, its primary action is undoubtedly stimulant; and if, as the learned Raspail suggests, the stomach is capable of elaborating carbonic acid and other gases, it might secondarily enter the general circulation as a pure alkali; and, with Dr. Stevens, we could suppose it capable of restoring the red particles of the blood, so depraved in low fevers, and by offering a healthy stimulus to the vessels, overcoming venous congestion.

Should the foregoing observations lead any of my medical brethren to give the remedy a fair trial from the beginning, my object will be obtained, and I am sure the mortality of these fevers would be diminished.

I am, Sir,

Your obedient servant,

HENRY C. DESHON,

Licentiate of the Royal College of Physicians,
Member of the Royal College of Surgeons, &c.
Budleigh Salterton, Oct. 27, 1845.

ON PLACENTA PRÆVIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Important as is the fact, established by Drs. Simpson and Radford, that the hæmorrhage occasioned in labours by the presentation of the placenta, can be effectually restrained by the *entire* separation of the placenta from the womb, and valuable as such a procedure may be under certain circumstances, it may yet be questioned how far it is advisable, or even justifiable, to substitute it as a *general* rule of practice for the mode of treatment which has been so