gradually, inasmuch as then the organic lesion existing in the brain would necessarily be of gradual development. I am rather disposed to regard the paralysis in the present case as the consequence of changes which resulted from the state of hyperæmia, which I believe came on shortly after the incision of the scalp. It is not improbable that hyperæmia gave rise to the effusion of some kind of consistent deposit—most likely cacoplastic—at the origin of the nerve, and that the consequent pressure occasioned the paralysis. But you will observe I speak with hesitation. I make no positive affirmation, but merely throw out these hints, which you will receive only as conjectures, and either adopt or reject, according as the evidence on which they are founded appears to you to be satisfactory or inconclusive. I have only further to remark that the treatment of the case since the occurrence of the paralysis, has been, to some extent, based on the hypothesis which I have just submitted to your consideration. If there be any kind of effusion present, I know of no medicines more likely to promote its absorption than mercury and the iodide of potassium; and that some degree of benefit has resulted from their exhibition is very apparent. But still we must give a very guarded prognosis, because, even if by the means employed we were able to remove the effusion which we suppose to have taken place, we should not *a fortiori* conclude that the paralysis will be cured. In general science we know very well that when the cause is removed, the effect ceases; but it is not always so in medicine. We not unfrequently see, in examining the brain after death, the clearest evidence of effusions having been removed, but the paralysis which they originally occasioned has remained permanent.

CASES IN HOSPITAL PRACTICE.

By JONATHAN TOOGOOD, M.D., F.R.C.S.

CASE I.

AMPUTATION BELOW THE KNEE: SECONDARY HÆMORRHAGE.

John Mosse, of Woolavington, was admitted into the Bridgewater Infirmary for disease of the foot, for which the leg was amputated at the usual place below the knee, on Tuesday. The stump was opened on the Friday following, when the whole surface was found in a state of sphacelus. The sloughs, which were superficial, began to separate the next day, in the afternoon of which some hæmorrhage took place. No vessel could be detected and it soon ceased, but returned again on the following morning, when a most minute examination of the stump was made, but no vessel could be discovered, the whole surface was in a soft pulpy state. Quiet and cold applications were directed, and no further bleeding occurred that day, but at twelve at night an alarming discharge of blood took place. As the patient was much sunk, it was determined to tie the femoral artery in front of the thigh; after this he lost no more blood, the stump soon assumed a healthy appearance, and healed in the usual way.

CASE II.

AMPUTATION ABOVE THE KNEE: SECONDARY HÆMORRHAGE.

A young woman was admitted on account of a

disease of the knee-joint, of many years standing, which had greatly reduced her strength. The thigh was amputated in the usual way, and she went on favourably for ten days, when considerable hæmorrhage took place, which was arrested by cold; it recurred two days afterwards, when a vessel was tied, but the bleeding returning several times, although to no great extent, weakened her so much that it was considered advisable to tie the femoral artery as high up as possible. This was effected without difficulty, after which there was no interruption to her recovery.

CASE III.

EXTENSIVE BURN: AMPUTATION AT THE SHOULDER JOINT.

James Ellis, aged 22, fell into a large fire on the hearth during an epileptic fit, and being alone, was not discovered until the right arm was burnt from the fingers to the shoulder, and the left to the wrist, some parts of each to a cinder. The abdomen, penis, breast, and back, were also extensively burnt. He was dressed, and removed the next day to the Infirmary. He refused to submit to amputation, but consented at the end of a week. There was scarcely room to perform the operation, and no chance of covering the stump, the integuments and muscles were burnt so close to the joint; besides which, the other injuries were so extensive, as to render the case very hazardous and unpromising. The artery was compressed with the thumb above the clavicle, and he lost but little blood, but it was necessary to tie several small arteries. He went on tolerably well, but on opening the stump on the fourth day, the whole surface presented a tawny sloughing appearance. It was dressed twice a day with red precipitate ointment, and bark, wine, and opium were liberally given. On the fifth morning after the operation, the left hand was removed above the wrist, after which the wound of the shoulder improved daily, and in seven weeks all the wounds were healed. For the next seven weeks he had no fit, but after that time the fits returned as frequently as ever. He lived for many years, and at last died suddenly.

Two other cases have occurred during my practice, and although the operation succeeded in both for a time, the patients eventually died from disease of the lungs.

CASE IV.

CARCINOMA OF THE BREAST: OPERATION.

Numerous cases of disease of the breast have been presented to my notice, and amongst them many of a truly carcinomatous character. I have been frequently called on to remove them with the knife, and have often assisted others; but I never remember a case which terminated successfully, although in some instances the operation has been undertaken under the most favourable circumstances. The event of the following case determined me never to advise the operation, although I would not refuse to perform it at the desire of the patient, after explaining fully the doubtful results.

A strong healthy woman, aged 50, had a large carcinomatous tumour in the breast, for which she had consulted several practitioners of eminence, all of whom agreed, as there was no appearance of the glands in the axilla or above the clavicle being diseased, in the propriety of the operation. I removed

the whole breast from the pectoral muscle, and as no ligature was required, the parts were evenly brought together and healed in ten days completely. No constitutional disturbance followed, and never did a case promise a more successful termination. She continued perfectly well to the end of six weeks, when I was requested to see her on account of some uneasiness in the course of the cicatrix, which was attributed to the friction of her stays. On examination I observed a small pimple on the base of the cicatrix, which soon increased and became a troublesome sore, which rapidly spread, destroying all the parts around, and attacking the other breast. Her state soon became deplorable, and in less than six months she died.

CASE V.

FUNGOID TUMOUR OF THE BREAST.

I regret that the operation was not performed in the following case, as I think it would have offered a fair chance of success:—

Mrs. Davis, aged 50, perceived a small tumour in the breast, in March, 1817. It gradually increased until October, but as she suffered no pain, little notice was taken of it. In that month she consulted me, and had the appearance of being consumptive, and was much debilitated. The tumour was about the size of a small orange, with an irregular surface, but not very unlike a chronic abscess. It was situated on the upper part of the breast towards the sternum, and was soft and discoloured in one part. It was poulticed, and in four weeks had attained a very considerable size, the whole breast being involved in the same disease. The soft part now pointed, and appeared to contain fluid. It was punctured, but blood only escaped; a probe passed freely to a great extent through a spongy substance, which was easily broken down, and some small portions, resembling fat, were evacuated. For many days, small pieces of fatty substance were discharged; it bled occasionally; but the surface was generally dry, the dressings sticking, and bringing away portions of the same substance. A week after the puncture, a fungus protruded, and increased to a very considerable size, covering the edges of the wound over a large part of the breast, and measuring several inches in circumference. Nothing did good, and her health gradually declined. She often complained of a disagreeable taste in the mouth. After a time the fungus did not increase, and the surface died, and I frequently cut off large pieces; she suffered no pain. The various preparations of iron were tried internally, and the surface was covered with the carbonate, which destroyed the fungus without causing pain. By the beginning of March the size of the breast was reduced one half, and the fungus was gradually shrinking, but her health got worse. Before her death there was a discharge of matter from the breast, and all around it, as if Nature was making an effort to detach it. In this case, probably, the removal would have been advisable.

Torquay, December, 1845

REPORT OF A SINGULAR CASE OF HEART-DISEASE.

By JOHN BARCLAY, M.D., Consulting Physician to the Leicester Dispensary.

Mary Parsons, aged 18, a glove-stitcher, spare, well-formed, and of dark complexion. She has been always delicate, and had suffered for the last two or three years from shortness of breath; she has had rheumatic pains in the loins and lower limbs, but no acute attack, nor any illness, except those of childhood. The menses appeared at the age of 17, and continued regular till the present attack.

On the 5th of last October, she went for a walk, and was taken ill while out, with pain in the side, and palpitation. Mr. Derington, surgeon to the district, was sent for next morning, when she was better. He prescribed salines and a tonic mixture, but found, on auscultation, that there was dulness over the left lung, and remarked a slight bruit with the first sound of the heart, which then appeared functional merely. On the 10th, she was better; and on examination on the 11th, the bruit was not heard.

On the morning of the 12th, he was summoned to her, as she was said to be dying, and by his kind permission I accompanied him. She was lying in a semi-recumbent position, gasping for breath and moaning; the face was dark, and the hands and feet cold and clammy; the pulse 140; respirations 76. There was no dulness perceptible, but crepitation and absence of vesicular murmur over the left side; her state, however, prevented an accurate examination of the lungs; there were rusty-coloured sputa and cough; the heart appeared to be displaced towards the right side, its action was very violent, and with the first sound, completely masking all others, was a bruit, like a loud whistle in a deep tone, *audible a foot from her person*, with no medium of communication; while with the stethoscope it was quite painful to the ear. The hand applied over the cardiac region received a thrill, and this sound in a most extraordinary manner; it was not communicated up the aorta or carotids, was loudest at the apex, and of uniform intensity; there was no unusual dulness over the region of the heart. Sinapisms were applied to the feet; ammonia and wine were prescribed till she rallied; two grains of calomel were given every three hours; and inunction with mercurial ointment ordered twice a day; while a large blister was applied to the anterior part of the left side.

On the 13th, the symptoms had somewhat abated; pulse 132; respirations 64; the blister had risen well, and was discharging much; the tongue was clean; the bowels confined; and there was much thirst; the bruit retained the same characters in less intensity; it was not audible till the ear touched the bed-clothes, but there was no increase of dulness.

14th. The symptoms continued to abate; teasing cough and rusty coloured sputa were still present. The bruit was considerably diminished, was of a higher tone, and began to be variable in its character; there was no increase of dulness.

On the 15th, a remarkable remission of all the symptoms had taken place, though she complained of greater general uneasiness than before. The catamenia had appeared during the night, and she stated that she