little thirst or heat of skin. 20th.—Continues to improve. Dressed the stump; discharge gleety, and some sloughing in the cellular substance. Appetite good.

I was sorrow that I was deprived of an opportunity of observing the further progress of the case. However, no bad symptoms supervened; the sloughing soon subsided; the ligatures were all detached before the 20th day; and on the 27th June, when I saw the man, he had greatly regained his former healthy appearance, and declared that he felt as well in health as ever he was.

Hatfield, by Doncaster, 26th October, 1822.

V.

Case of Tic Douloureux, successfully treated by Purgatives. By ANDREW WILSON, M. D., Senior Physician to Kelso Dispensary.

IN my Letters on Morbid Sympathy, published in 1818, when remarking on the subject of chronic rheumatism; having there expressed an opinion, that the disease designed tic douloureux, is a morbid sympathy, depending on a primary cause, seated in the digestive organs; mentioning, at the same time, some instances of recovery, by a treatment founded on that principle. In corroboration of this idea, I take the liberty at present of transmitting to you the accompanying case, as a further demonstration of the origin of that excruciating and unmanageable disease, if you choose to give it a place in the Medical Journal.

1822, July 5th.—Peter Storry, a farm servant, æt. 18, is affected with tic douloureux in a most severe degree. He describes the pain as always commencing at a point in his upper lip, on the right side, where it is joined by the alæ of the nose, from which it spreads upward with great violence, shooting along his cheek to his temple, and over the whole side of his head, the pain being so violent as to make him cry out in great agony. It attacks him repeatedly in the course of the 24 hours, in paroxysms of several hours duration; and even during the intervals, the pain remains with very considerable severity. He has been subject to occasional attacks of the same kind, in an inferior degree, for 16 years, of shorter duration than the present, and with intervals of some weeks, and even many months at a time; and he has observed, that exposure to cold and wet weather very readily excite a return. The present fit of the dis-

ease came on about the middle of May last, without his being able to ascribe it to any occasional cause. Since which time, to the present day, his time has passed under constant severe pain, and part of every day under intense torment.

At present his pulse is natural, and his skin cool. His tongue is loaded with a thick membranous fur, in so far as it is visible, as the smallest motion of his tongue or lips, in attempting to speak, or take in food, is certain of exciting a paroxysm; in consequence of which deprivation, together with the want of sleep, his strength has become greatly impaired.

He has been following medical advice at home for six weeks past, during which time he has used laxatives freely, chiefly saline, with some doses of calomel; he has also had an emetic or two, which did not operate freely. These have been followed with carbonate of iron in considerable quantity, viz. one drachm thrice a day for two weeks. Of late, this has been changed for the arsenic solution, taken freely without any benefit.

On the 5th of July, he was admitted a patient in the Dispensary here, and came to be under my care. It appearing quite certain, on examination, that his digestive organs remained loaded with an accumulation of morbid contents, and believing that the primary cause of his misery still existed there, notwithstanding the extensive evacuations which had been procured by the lenient purgatives already administered, it became necessary to have recourse to some more powerful remedy. Accordingly, with the concurrence of the other medical gentlemen, he was ordered to take the following bolus next morning. Calomel gr. viij. tart. antimon. gr. i. M. ft. bolus. By this dose he vomited a considerable quantity of dark-coloured corrupted bile, and had three very offensive stools. He slept a little in the succeeding night, and passed the next day with some mitigation of his complaint, in thus far, that although the lancinating pains shooting from his lip along his cheek and temple, were as frequent as ever, yet they were less severe, and he had no regular excruciating paroxysm.

The bolus to be repeated every other morning, also to receive an enema, with 50 drops of tinct. opii every night.

By the second and third doses, he vomited dark-coloured bile each day, and voided offensive stools, mixed with a great quantity of hard scybala. By the fourth and fifth doses, he continued to vomit unhealthy looking bile, mixed with viscid phlegm; he also passed offensive stools mixed with scybala as before. He is now much relieved, being able to speak, and to take food without exciting a fit of pain, and rests well in the night; his tongue is con-

siderably cleaned from the thick fur, and he is able to walk about in his room. There are some slight returns of pain along the side of his face, but no regular paroxysm for eight days past. By the sixth and seventh doses, the discharges were less offensive, wearing a more healthy appearance; his tongue is clean, and his night rest natural; the occasional transient pains slight, and less frequent; is still gaining strength, being now able to walk out. July 29th.—Ordered to omit the mercurial bolus, to continue the sedative enema, and take pulv. cinchon. $\mathfrak{z}$ i. every twenty-four hours, in small doses, with an opening pill occasionally, if necessary. August 10th.—Continues better; is permitted to return home. Continue the p. cinchon., with i. gr. of opium every night, in place of sedative enema. September 1st.—Has used his medicine regularly; is much stronger, being now able to undertake easy work. Ordered to omit the cinchona, and use the following tonic electuary. Limat. ferri $\mathfrak{z}$ i. Crem. tart. $\mathfrak{z}$ ij. Pulv. cinchon. $\mathfrak{z}$ iss. Pulv. zingib. $\mathfrak{z}$ iss. Syr. commun. $\mathfrak{z}$ ij. ft. elect. A small tea-spoonful three times a day. September 15th.—Continues free from pain, and has acquired a very healthy appearance. October 2d.—Continues well. Dismissed.

Kelso, October.

VI.

Observations on the Regeneration of Bone, in Cases of Necrosis and Caries, being a Supplement to a Memoir on the same Subject, inserted in the Edinburgh Medical and Surgical Journal for January 1822. By R. KNOX, M. D. Member of the Wernerian Natural History Society, and of the Medico-Chirurgical Society of Edinburgh.

IN the observations submitted to the public in January 1822, will be found the brief details of a theory of Necrosis,* or rather of the regeneration of bone in cases of necrosis, founded on Pathological Anatomy, and on careful, repeated observations of experiments made by nature herself, daily presenting them-

* It has been usual for authors to comprehend, under the term *Necrosis*, the death of a bone and its replacement by a new one. I have already shown, that the regeneration of bone may, or may not take place, and shall therefore continue to employ the term *Necrosis*, as meaning simply the death of a bone, or of a portion of bone.