

inquiry it was ascertained, that uneasiness and a sense of heat had frequently been felt in this part of the spine. Cupping was ordered, and on the two following days leeches were applied on the part; an embrocation containing ant. tart. was afterwards used to keep up a counter-irritation; the bowels were evacuated by rhubarb and calomel; under this simple treatment the recovery was complete, and the patient has been longer free from pain than at any former period."

We have spoken of and eulogised the style of Dr. Barlow. It is sadly contrasted by that of Mr. Beale.—"We are all acquainted with *that* characteristic of nervous and hysterical disorders *to simulate inflammation; this fact,*" &c.; such sentences often occur.—"Rickets, in every degree of intensity, is produced," may be very correct, but it is much more correct than elegant. "Rickets" would be well translated into "rachitis."—"That peculiar mobility of the nervous system which, in such persons, simulates every kind of disease," and "if *they* mistake their nature, which is frequently the case," are very odd modes of expression. What is frequently the case? Answer—"They mistake their nature."

The remarks on deformities of the legs contain nothing that is new.

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## REVOLUBLE INVALID BED.\*

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*To the Editor of THE LANCET.*

SIR,—I shall feel obliged by your giving publicity to the two following cases in THE LANCET; the first being a singular one of disease of the tibia in a very old person, the other a compound fracture of the femur occasioned by a gunshot. Both cases, I think, possess much interest, inasmuch as their having done well appears entirely attributable to the use of the revoluble invalid bed, and that without it both patients must have been lost. I remain, Sir, your obedient servant,

J. A. JERRARD.

Honiton, July 21, 1831.

### SINGULAR CASE OF DISEASE OF THE TIBIA.

A lady, about 80 years of age, complained of a pain in the right leg, four inches above the ankle, in the beginning of April, 1827. I was requested to see her on the 11th of

June following. From the time she first felt the pain there has been a red spot on the anterior part of the tibia, the size of a crown-piece, a little elevated and very painful when touched. It appeared to be occasioned by inflammation of the periosteum and integument. I advised rest; occasional laxatives (the bowels being sluggish), leeches, and a bread-and-water poultice. About a fortnight after the time I first saw her, I observed that the limb had the appearance of being slightly bent, which I considered to be occasioned by the swelling above-mentioned, and on being informed that there had been at times a twitching of the muscles, attended with great pain in the inflamed part, I was induced to examine the limb more carefully, and found that it had the appearance of a recent fracture of the tibia, and that the portion below the inflamed part could be moved in any direction with almost the same facility as if it had been fractured. There was not the slightest crepitus. The fibula appeared to be sound. The limb had never before suffered from fracture or any other disease, nor had there recently been any sudden or violent action of the muscles, or great exertion of the limb. The only way in which I could account for the flexibility of the tibia, was by supposing the earthy portion of it at this part to have been either partially or wholly absorbed. The limb was put in splints and placed in the best position in bed, and perfect rest recommended. In less than a week my patient began to complain very much from the pressure of the bed, the limb also continuing extremely painful. At this period her sleep and appetite had nearly left her, her pulse became quick, her tongue dry, and in a word, she appeared to be sinking. As a last resource I proposed a trial of my revoluble bed, which really did for her what I believe no other contrivance or plan could have effected.

From the easy posture and *capability of changing it at pleasure*, without any exertion or relative motion of the limb, she was enabled to sleep most comfortably, her appetite returned, and in about seven weeks she recovered the use of the limb, and was enabled, with the assistance of a stick to walk in her garden. No medicines either external or internal were exhibited, with the exception of a few doses of castor oil, which she had been in the habit of taking occasionally before.

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### CASE OF COMPOUND FRACTURE OF THE FEMUR AT ITS NECK.

On the 7th of October, 1830, I was called to see William Coombes, a lad about 18 years of age, who had accidentally shot himself. The muzzle of the gun (loaded with shot) was in *contact* with the front and

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\* For an account of which see LANCET for 19th July, 1828.

upper part of the thigh when it went off. The load passed directly through the limb. The wound in front was about three-fourths of an inch in diameter; at the back (that is behind the trochanter) it was nearly two inches in diameter, so that one or two fingers could easily be passed in, which was done in order to remove a number of pieces of bone and shots. It was found that the load had shattered and carried away a great portion of the trochanter major, and about an inch of the neck where it is connected with the shaft of the bone.

This patient was laid on his back upon an ordinary bed, where he remained about eight days, poultices being applied to the wounds. During this time his sufferings were exceedingly great; the discharge from the wounds was profuse, and the state in which the poor fellow lay was truly pitiable and hopeless. It was impossible to keep him in that state of absolute rest which was so essential in order to afford a chance of union of the shattered bones, in consequence of the profuseness of the discharge from the posterior wound, which it became necessary to remove daily with a sponge. At this juncture (October 14th) he was placed upon one of the revoluble beds, with a view, if possible, of lessening his sufferings; no hope of recovery was in the most distant way entertained either by myself or the gentleman who attended him with me. From the time, however, of his being put upon the revoluble bed, we had the pleasure of witnessing the great comfort which it afforded him both by day and night. The discharge continued profuse, but we were enabled from the facilities afforded by the bed, to apply the necessary dressings to the wounds, and to change his position as often as he wished, without giving the slightest pain or disturbing the fractured bones. About the 16th or 17th of October, he was ordered meat and beer once a day, his tongue having become clean, and appetite good. From this period no material alteration occurred in his symptoms (except being pretty free from pain) until the 10th of November, when the discharge became very trifling in quantity, and from this time his recovery was rapid. About the 1st of January he was removed from the revoluble bed (the fracture having become firm) and put on his own bed for a fortnight, when he began to use crutches. By the latter end of March he was enabled to walk without any kind of help, and is now following his work, that of an ostler, with no other inconvenience than a shortening of the limb of about three-fourths of an inch.

## EPILEPSY.

Dr. CRAWFORD presents his compliments to the Editor of *THE LANCET*, and has been commissioned to transmit the inclosed case, sent to Dr. Crawford from America, for insertion in his Journal.

34, St. James's Street, July 22, 1831.

### SUCCESSFUL TREATMENT OF A CASE OF EPILEPSY.

*By S. S. FRANKLIN, M.D., New York.*

FEB. 20, 1831. O. B., the subject of this complaint, early displayed great precocity of intellect, and was endowed with a frame proportionate in vigour to his intellectual capacity; in complexion fair; temperament sanguine; quickly impelled to anger, but easily soothed; indignant at insult, but alive to kindness; disposed to friendship, and discriminating in his selections; ambitious beyond his years; with a memory almost intuitive. No obstacle seemed equal to prevent his advance to the *ultima thule* of any profession to which inclination should direct him. The expectations of his friends were damped by an attack of epilepsy, the incipient symptoms and progress of which I will now proceed to relate.

His nervous system from early boyhood indicated an excessive irritability to external impressions; whether this was congenital, or induced, as his mother surmised, by excessive doses of calomel prescribed by a medical gentleman (in the south, during a fit of sickness, \* I am unable to decide.

When about eight years of age the attention of his parents was directed to the position he would assume when injured by any external agent. If his toes struck against a stone, or his fingers were irritated by any sharp instrument, as a pin or a needle, his eyes protruded, the muscles of his mouth were agitated, his arms contracted and elevated towards his head, and he would stand as though transfixed with horror at the sight of some terrible object. As these paroxysms subsided in a few seconds, they were rather attributed to a foolish habit he had acquired than to any disease, and under this impression he was frequently reproved by his parents, but without avail.

About this time he escaped their cognizance by being sent to school in the country where from subsequent information it appears the paroxysms increased rapidly in severity and number. He would then occasionally for the first time, when unexpectedly struck by his playmates, or upon the receipt of any injury, fall to the ground without the ability of resisting the impulse

\* Bilious fever, at Florence.