

rapidly sinking. I thought as vomiting had been so beneficial to her in the former instances, that I was in this case justified in procuring it by giving an emetic. I directly gave her an emetic dose of ipecacuanha; a full vomiting soon succeeded, and a large quantity of fluid was ejected. I was much struck with an expression of my patient, which I had several times before heard in similar cases after vomiting—"Oh, I'm better; I'm better now!" The hæmorrhage ceased directly, and did not return, the symptoms of sinking abated, and the patient appeared soon in her usual state of body, but very feeble; a little plain gruel was all the nutriment given her, and she recovered gradually from the weak state.

I attended the same patient three times afterwards, in the years 1827, 1829, and 1831, and, what is very satisfactory in favour of the *secale cornutum*, which was about that time coming into use in this locality, I gave her in every case half a drachm of the powder before the birth of the child, a second dose before the separation of the placenta. This remedy had the desired effect of preventing the hæmorrhage, so that I had no further need of the ipecacuanha, or indeed any other remedy.

I have attended patients since that time, when the *secale* had no effect in checking the flooding, both in my own practice, and in consultation; and I have resorted to the ipecacuanha emetic, when other means have failed, and with immediate success.

For more than thirty years I have lost all confidence in the diffusible stimulants, such as wine, brandy, &c., in uterine hæmorrhage, from a conviction that they increase the arterial circulation, and consequently the hæmorrhage. The common practice of giving the patient a little cold water, or vinegar and water, to drink, and keeping the body in a cool state by means of a well-ventilated, cool room, are more likely to restrain the hæmorrhage, and thus preserve the strength of the patient.

The ipecacuanha emetic, in half-drachm doses, I consider a perfectly safe remedy, which may be used in any case of severe flooding, but I have hitherto given it as a *dernier ressort*. I have found the *secale cornutum*, if good, to answer in most cases. In other cases, I have given a drachm of the tincture of opium with decided benefit; if not fully relieved in half an hour, half a drachm more, but I have had very rarely to repeat the remedy a third time; the tincture of opium has the effect of checking the hæmorrhage, and also of relieving the pain.

Jan. 25th, 1858.

ON A CASE OF

FISTULOUS OPENING IN THE LOWER JAW, ACCOMPANIED WITH TWELVE ABSCESES, CURED BY THE REMOVAL OF DISEASED STUMPS.

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THOMAS —, aged twenty-three, was sent to me for the purpose of examining a fistulous opening in the lower part of the cheek, which had discharged for seven years. The history of the case was as follows:—

In the early part of November, 1850, the crown of the first right lower molar was broken off in attempting to remove the tooth, and the fangs were allowed to remain in the sockets. Considerable pain was experienced for several days, which ultimately led to the formation of an abscess, which broke externally. Six months had scarcely elapsed when several other abscesses made their appearance in various parts of the neck, numbering in all thirteen. Several attempts had been made to remove the fangs of the tooth broken, but without success; his health began to suffer, and he became very weak from the continual discharge. The first time I saw him was on the 23rd of November, 1857, when, with a pair of ordinary stump forceps, I removed both the stumps, which were much necrosed.

Dec. 6th.—Has had no more discharge externally, but a little comes through the opening in the gum.

20th.—The discharge has entirely ceased, the original opening in the cheek gradually closing up, and the marks upon the neck from the other abscesses wearing away.

Jan. 3rd, 1858.—By this time a perfect cure had been effected.

Remarks.—The case just quoted presents two very remarkable features: first, the unusual number of thirteen abscesses, arising from a diseased condition of two molar stumps; and,

secondly, the great length of time the openings continued discharging. Cases are on record in which the disease had existed for two or three years, but this is the only one I am acquainted with where it had extended over a period of seven years. The patient informed me that the opening in immediate connexion with the diseased fangs had never ceased discharging more or less since the first day it broke out. The other abscesses had ceased to discharge about eighteen months previous to my seeing him. Various remedies had been resorted to, which, so long as the stump remained, failed to produce any beneficial results. Several cases of fistulous openings in the cheek have come under my observation, all of which were permanently cured upon the removal of the exciting cause—viz., a diseased condition of teeth.

Colmore-row, 1858.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proæmium.

ST. MARY'S HOSPITAL.

THREE CASES OF NEUROLYSIS, SPEEDILY YIELDING TO TREATMENT.

(Under the care of Dr. HANDFIELD JONES.)

THE results of treatment in these cases seem to establish clearly that the morbid action was of a debilitating and paralyzing kind, not at all sthenic, or approaching to active inflammation or congestion. The blister in the last was ordered as a guard to the tonic rather than as a specially indicated remedy. The interpretation which Dr. Jones offers of such instances, is that some influence allied to the miasmatic or catarrhal poisons strikes the cerebral nervous centre, and incapacitates it for functional action, just in the same manner as when it numbs a sensory, or palsies a motor nerve. Dr. Abercrombie's "simple apoplexy" is, we suspect, a more severe degree of the same affection. To apply the term hysteria to morbid phenomena of this kind (which we are too apt to do in cases of obscure nervous disorder) is to do injustice to the patient, and to take up with a vague and false conception. The term hysteria should be in great measure restricted to cases where there is manifest defect of controlling power and volition, and where moral and mental influences are far more likely to be of avail than drugs. In a multitude of common instances, where physical means are employed with great advantage, the "grund-leiden" is a failure of nervous power, and the condition may conveniently be designated as one of neurolysis.

CASE 1.—J. J.—, aged seventeen, cabinetmaker, admitted December 28th, 1857. Has been ill fourteen days; has had a bad cold, and "has the bile." The above expression is interpreted to mean that he feels sick, nauseated, and has headache, appetite lost, and altogether out of order. However, he takes food fairly well. Tongue white; skin cool; pulse feeble; bowels costive; complexion sallow; of large, lax make. The prominent morbid phenomena are indicative of cerebral disorder. His memory for the last three or four days is much impaired; he cannot speak freely, drops things which he is holding, is ready to fall if he is at all irritated or startled, can hardly be trusted at all. To have calomel, half a grain; compound extract of colocynth, three grains, in a pill nightly for three nights; and citrate of iron and quinine, six grains; tincture of nuxvomica, eight minims; water, one ounce; three times a day. He was well enough to go to work on Jan. 7th; his memory and strength had improved. On Jan. 21st he was discharged quite well, having continued the same treatment all the time.

CASE 2.—L. W.—, aged thirteen, female, admitted April 23rd, 1857. Has been lame since the age of two years from a