eyelid was raised, it caused some projection of the loose conjunctiva.

The pulsation of the tumour was accompanied by a very distinct whirr, which could also be felt on pressing the parts in its immediate neighbourhood. Through the stethoscope a very loud aneurysmal whizzing sound was communicated, which could also be heard in applying the instrument over the inner canthus of the other eye, and on the left side of the frontal bone as high as the roots of the hair, and nearly as far back as the ear. He has very loud noises in the head in the right ear, resembling the sound of church bells, and in the left like the breaking of waves on the seashore. He complains more of these incessant noises than of anything else.

Operation.—As pressure on the left common carotid put a stop to the pulsation and sound of the aneurysm, and to the noises in the head, it appeared to me that the placing of a ligature on that vessel presented ground for hope, and perhaps the only hope, of affording him relief or even permanent cure. As a preparatory step, he being very well able to afford the loss, twenty ounces of blood were taken in the evening, and, on the next day, February 2nd, the left common carotid was tied. Immediately on tightening the ligature, the pulsation and sound of aneurysm ceased, as also did the internal noises.

In the evening, four hours after the operation, obscure pulsation could be felt in the tumour, which, however, was not so large. The whizzing sound could also be plainly heard with the stethoscope, and over as large an extent. There was no pulsation in the temporal artery. The internal noises were at intervals nearly as loud as before the artery was tied, and at others nearly absent. He felt great pain on swallowing; pulse 110. He took ʒss of *Liquor. Opii Sedativ.*, and a wetted cloth was applied to the forehead and eye.

Feb. 3. In the morning, the pulsation was very obscure, and the sounds much diminished. The internal noises were also much less. He had had no sleep, and complained much of pain on deglutition, and on coughing, and of severe pain in the left hypochondrium. He has also a very troublesome cough, which he has had for some time. Pulse 120, sharpish. He was bled to 16 oz. with immediate relief, and in the evening was much easier in all respects.

4. No remains of the tumour could be felt, and all pulsation was gone from the orbit, nor could any sound be heard with the stethoscope. The internal noises are quite absent, and his hearing is somewhat improved. Pulse 100, soft, skin moist, and tongue clean. The pain had left the left hypochondrium, but he felt some in the right when coughing. The wound was dressed, and the sutures were removed; union

had taken place to a great extent. In the evening the cough was occasionally severe, with mucous expectoration, and pain referred to the diaphragm. Pulse 120, soft, skin moist; bowels not opened. He had some calomel and compound extract of colocynth, and a mixture with sulphate of magnesia, and tincture of digitalis, and a linctus for the cough.

5. He felt very comfortable; has had several stools; countenance pale; pulse 100; eye less prominent.

6. Feels weak, but is quite free from pain; cough nearly gone. The conjunctiva is much less vascular than before the operation, and the cornea is clearer. Some grumous blood was discharged from the left nostril during the night. Pulse 90.

7. Pulse 80. The lips of the wound are opened, but it is filled with healthy granulations; sleeps well; appetite too good.

11. He sat up several hours, and on the 15th, the ligature came away.

18. The wound is all but cicatrized; he is quite free from pain or uneasiness; feels quite hungry and weak; he is not yet allowed meat; pulse 70, soft. No remains of the aneurysm can be detected; the eye is returned wholly to its natural level; the upper half of the cornea is quite clear, the lower is occupied by a dense leucoma, to the centre of which runs a large red vessel from the conjunctiva. That membrane is hardly vascular, and vision is good through the clear part of the cornea when the lid is elevated; the pupil natural. The left side of the face is paralyzed, but sensibility is perfect except on the left side of the nose, where he feels pricking pains when touched. He has no power of motion whatever over the globe of the eye, and is still very deaf, and more so in the left ear than in the right, but has no noise in the head. His intellects have never been affected. Pulsation is very distinct behind the lower portion of the sternocleido-mastoid muscle, probably in the subclavian.

If any change of consequence takes place, while the man is under my care, I will take the liberty of communicating the particulars through the medium of this journal.

CASE OF

HEMORRHAGE FROM THE MOUTH.

By JULIUS WOLFF, M.D., *Liverpool.*

A. D., the commander of a vessel, twenty-five years of age, of robust constitution, being in good health, was attacked with a slight hemorrhage issuing from the mouth. In the beginning the saliva was only tinged with blood, but, soon afterwards, pure blood ran out uninterruptedly. Common remedies

were applied, without success. He then sent for his physician, who ordered astringent gargles, still ineffectually. Two days afterwards another physician was consulted, who ordered venesection, astringents to be swallowed, gargarisms, and warm foot-baths. Now and then the hemorrhage stopped for a few hours, but returned again, and so the patient went on for a fortnight.

January the 20th, 1835, at nine o'clock in the evening, I was sent for. I found the patient sitting in bed, his face flushed, and the pulse full, but not very frequent. The blood ran uninterruptedly out of his mouth, and I could not discover the source. The patient did not complain of any uneasiness besides, but was much alarmed at the great and constant loss of blood, and durst not move. I could not trace the hemorrhage to any cause. The patient was of a plethoric habit, and had frequently had bleeding at the nose, which was always difficult to be checked. I ordered a venesection, and a warm foot-bath, and during the bleeding the hemorrhage ceased, the astringent remedies being continued. About an hour afterwards it began again.

I now saw distinctly that the blood came from the roof of the mouth, and from a small spot of the gingiva, near the third lower molar tooth. I proposed to touch the part with nitrate of silver, and to extract the third molar tooth. The former proposal my colleagues accepted, but the latter they objected to. After the application of the nitrate of silver, the bleeding stopped, but a quarter of an hour afterwards it began again. The patient's face was pale, and the pulse small. Other complaints, which generally attend such great losses of blood, were not present.

I was now determined to extract the tooth; but on account of the blood which gathered so rapidly, I could not see the lower set of teeth. I caught a tooth in the region where I suspected the blood to come from, and after I had extracted it, the bleeding stopped. I filled the socket with wax, applied mustard plasters to the soles of the feet, and the before-mentioned medicine was continued.

The patient slept for a few hours, and recovered a little. Eleven hours afterwards the hemorrhage began again. My colleagues had by this time forsaken me, and the case being now left to my sole care, I had him placed in an arm-chair, and applied uninterruptedly every two minutes fresh ice to his cheeks, and let ice melt in his mouth, and soon afterwards the bleeding was checked. The room was kept as cool as possible, and the half-sitting position in the arm-chair and the application of ice were continued. From time to time the warm foot-bath was used. He was put on low diet, and I gave him decoct. crystal. tartar. c. syrup. rib., for a drink. The hemorrhage

stopped for thirty-six hours, and then began again with renewed violence. During this time the patient had recovered a little, but began now to complain of giddiness, noise in the ears, and dimness of vision. The pulse was trembling, and the countenance anxious. The last-mentioned remedies were continued. I filled the whole cavity of the mouth with wax in such a manner that the air could only go through the nose, and by means of a bandage which I applied, not the least motion of the jaw was allowed. The nourishment of the patient was beef-tea, with eggs, which was poured with teaspoons between the lips, and was swallowed very well.

After ceasing for ninety hours, during which time the patient recovered a little, the bleeding began again very severely. I now had recourse to the actual cautery, touching the socket of the tooth, and the whole roof of the mouth, until the bleeding stopped. In twelve hours it began again, but the cautery being repeated thirteen times, it was finally checked. The scab caused by the iron came off after the roof had obtained a new integument.

Mr. D. bore all this with admirable patience, though the frequent return of the hemorrhage dejected him sometimes. It had lasted now, with the interruptions stated, for more than five weeks, the shortest intervals occurring in the first fortnight. The patient was kept during more than six weeks in the half-sitting position in an arm-chair in a cold room, where uninterruptedly the application of the ice and the astringent medicine were continued.

After these six weeks, I allowed him to sleep in his bed again, but in a very cold room, I gave him *acid. sulphur. dilut.*, and, afterwards, *serum lactis alumin.* (consisting of *lactis vaccini*, libram unam, ebulliat in vaso figulino; dein adde *aluminis* drachmam unam; colatura D. S., for a drink); ordered proper diet and rest; afterwards, proper exercise in the open air, and on the eighth week of my treatment Mr. D. visited his friends again, after having been reported frequently to be dead. A few months after he recovered the red bloom of his face.

In such a case I should like to consult a Hahnemanist. What an effect would the 24th dilution of a grain of *aconit. napel* have produced here? or the quintillionth or the decentillionth part of a grain of *nux vomica*, *arnica montana*, *ignatia*, *belladonna*, *chamomilla*, *cafea arabica*? The diet alone, I think, would have been hahnemanically of the same use as the doses of *cafea arab.* For in the choice of the diet I was very particular. He took at first water-gruel, peeled barley, cooling drinks, and afterwards beef-tea, with an egg, which, I suppose, could, hahnemanically also, not increase the hemorrhage.

I do not think it improper to add to this

subject the following remarks :—The mother of Mr. D., 62 years of age, of robust constitution, experienced the cessation of menses 6 years ago, but was until that period always regular, and not copious. When young she frequently suffered from hemorrhage of the nose. In the month of February she suffered from a very severe inflammation in her throat. I ordered leeches, but the surgeon refused to apply them. (There is in Germany a lower class of surgeons, who apply leeches, bleed, etc.) When I asked him the reason, he told me that he was "afraid that he might not be able to check the bleeding, because he knew from experience that it was not an easy matter to check a bleeding in this lady. But he did not object to a venesection. He opened a vein, and I applied two leeches on the sternum, in order to convince myself of what the surgeon had stated. The wound of the vein bled for many hours after a bandage was applied, and I was obliged to make a strong compression before the desired effect could be produced. To the leech-bites constant compression, and many other remedies, were applied, yet eight days afterwards a little blood was now and then yielded.

Mr. D.'s sister, about 30 years of age, tall and stout, had had three children, and suffered, when young, frequently from bleeding at the nose. Her menses were regular, and not copious. When brought to bed, her loss of blood was not uncommonly great. She assured me, that a few years ago she cut her finger, and lost such a quantity of blood, that she fainted several times, and the hemorrhage was stopped only with very great difficulty.

Mr. D.'s younger brother, who frequently suffers from hemorrhages of the nose, had a molar tooth extracted. The bleeding was not stopped until the third day arrived, and repeated application of the actual cautery had been made.

Neither Mr. D.'s father, nor his elder brother, was liable to hemorrhages, but this tendency existed in the family of his mother, several of them having suffered from it, one of them a few years ago really dying from hemorrhage. The disposition is therefore inherited from the mother.

94, Duke Street, Feb. 1st, 1836.

REMARKS ON MR. OSBORN'S ANALYSIS OF BLOOD.

To the Editor of THE LANCET.

SIR,—In THE LANCET for Feb. 20th there is a paper by Mr. Osborn, chemist, of Southampton, on "Petroleum in the Blood." The alleged detection somewhat surprised me, as petroleum really means a spirit or

oil of rock, and was so called because it was distilled from a mineral. Mr. Osborn, however, calls it a peculiar kind of petroleum, but fails, I think, to show that it in the least resembles petroleum in its character and properties. The first test which he made use of was that of touch, the second that of smell; the one was disagreeable, the other adhesive. If this be precision, then indeed chemistry is a superficial science. He next says, "it is soluble in alcohol, and turns of a THICK brownish white colour, when well mixed with water. By evaporating the spirit, the tar again floats on the surface." Of what? He does not say, neither does he tell us, whether it is the alcoholic solution of the tar or the tar itself which turns of this strange colour. He says very little else about its chemical and physical properties, except that "it burns like common tar (not like petroleum), leaving a smell not unlike that of burnt feathers." The smell of burning animal matter is much alike in all cases. He then ("the quantity obtained being too small for redistillation") heats a little in a *bulb glass*, to the *temperature of ebullition*, when a *spirit* was given off, which took fire when brought in contact with a lighted taper." What the temperature of "ebullition" is he leaves us in the dark, and how he can call that a "spirit" which might have been a gas (for he never condensed it, even if it were the vapour of a spirit), I am at a loss to determine.

The process made use of is most incompatible with any correct mode of searching for a minute quantity of matter in any body, and at the same time shows a want of knowledge of chemical equivalents which is quite at variance with his title of "chemist." He begins, without any visible object in view, by adding "an ounce of concentrated sulphuric acid to each pound of blood (of which he takes eight pounds) before separation;" which he allows to stand four-and-twenty hours, being frequently stirred; to this he adds for each ounce of sulphuric acid, two ounces of carbonate of lime, but why he was so liberal of chalk does not appear, as equal weights, or at any rate a very slight quantity more in weight of chalk than of acid, would have formed a perfectly neutral salt, forty-nine parts by weight of oil of vitriol uniting with fifty of carbonate of lime, they being as nearly as possible equal weights.

Now as Mr. Osborn was working for proportions, as he afterwards states he was, he appears to me to have gone in a very clumsy way to attain his object: he makes use of "an earthenware retort" (capable, of course, of holding eight pounds of blood) having its beak lengthened with "a tin tube three feet long, the extremity of which was introduced into a quart bottle, the *bulb* of the retort into a sand-bath, which was placed in a *charcoal furnace*." When ana-