it, a loud blowing sound was heard, which took a decided course to the right, and was loudest under the right clavicle and along the right carotid artery, quite as high as the thyroid cartilage. The murmur was also to be heard over the left side of the chest, but less clear than on the right. In the right infra-clavicular region a decided prominence was noticed, and here pulsation was sensible to the touch.

The symptoms were not materially altered during the remainder of the patient's life. The dyspnoea, cough, and pain continued to increase, no remedies affording more than temporary relief. Finally, after ten weeks' stay in the hospital, he was attacked with rather copious hæmoptysis, and died exhausted.

At the post-mortem examination, made forty-one hours afterwards, a very large aneurism was found springing from the arch of the aorta, stretching the pneumogastric nerve of the right side, and pressing upon the trachea, to which it was so intimately connected that ulceration had ensued, which permitted of the escape of the blood into it. The aneurism extended considerably to the right side of the upper part of the chest.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF COPPER COLIC; THIRD ATTACK; PURPLE LINE ROUND THE GUMS; RECOVERY.

(Under the care of Dr. HARLEY.)

As it is only a few years since cases of copper colic attracted the attention of medical men, and as they are still, comparatively speaking, rare, the following instance will be read with interest. For the notes of the case we are indebted to Mr. Joseph Thompson.

Charles S—, aged eighteen, a copper-plate printer, was admitted on the 3rd of July, complaining of severe colic. He stated that while sitting reading on the previous evening he was suddenly attacked with acute pain in the abdomen; he felt "just as if some one had struck him violently in the belly." The pain, which he described as "a dead pain, increasing every now and then," lasted fourteen hours. The pain is not relieved on pressure; on the contrary, it is increased by it. He has no diarrhoea, nor is he costive; the bowels are moved once daily. He says that he feels very sick. Has a peculiar sallow, almost clay-coloured complexion, and an anxious expression. The lips are livid, and the eyes sunken. The tongue is tolerably clean, but round the gums there is the characteristic purple line of copper poisoning. The line, as Dr. Harley remarked, has not the slate-grey hue of lead, nor is there any constipation as in lead colic.

On inquiring into his history it appeared that he had followed the occupation of a copper-plate printer for the last two years. He cleans the plates with a leather, and latterly he has had to clean some old copper-plates which had lain by for a long time. While cleaning them he found a "good deal of greenish dust rose like verdigris," which he had to inhale. It also appeared that he had had two similar attacks before this, the first in October, which lasted a fortnight; the other, a month ago, which lasted only three days.

In order to induce the elimination of the poison from the system as rapidly as possible, the following medicine was ordered to be taken three times a day:—Spirits of nitric ether, a drachm; dilute sulphuric acid, ten minims; sulphate of magnesia, a drachm; laudanum, six minims; in camphor mixture.

July 7th.—The patient felt much better. He had no more colic, and only a little pain in the stomach when the bowels were moved. The bowels have been opened three times a day since he began the medicine, but he has not been purged. The face is not so sallow nor so anxious-looking as it was. The purple line is still well marked. The mixture to be continued.

10th.—Is looking still better. All pain has now entirely ceased. The line on the gums is still present, but is less marked. He says he feels much better now, and has only a slight weakness in the abdomen.

14th.—Says that he feels perfectly well. Line on gums still distinct. Dismissed cured.

WEST LONDON HOSPITAL.

FISSURE OF THE ANUS AND RECTUM, TWICE TREATED BY CAUSTICS, TWICE BY OPERATION.

(Under the care of Mr. TEEVAN.)

G. B—, a thin, delicate-looking man, aged twenty-five, first came under Mr. Teevan's care at St. George's and St.

James's Dispensary in March, 1862. He then stated that he worked in a pianoforte manufactory, and had enjoyed moderately good health till about a year ago, when he noticed occasional pains in the lower part of the bowel after defecation. These pains gradually increased in frequency and severity till he was forced to give up work, and became an in-patient at one of the metropolitan hospitals. He was there told that he was suffering from a fissure in the anus, and was treated with an application of the nitric acid, followed by the occasional use of the nitrate of silver. After a residence of two months in the hospital, he was discharged cured. He now resumed his occupation, and remained free from pain for about two months, when he again began to suffer from the former symptoms, and applied to Mr. Teevan for advice. He then stated that he suffered from the pain nearly every day for about six or eight hours; that it sometimes came on shortly after defecation; but at other times about evening, keeping him awake most of the night. His sensation of pain was "as if some one were boring a hole through the lower part of his back-bone," and he always described it as "on the bone." He also stated that he never suffered pain during the act of defecation, and that he had not observed anything particular about his fæces, except that they were sometimes small, and streaked with blood. There was no ascertainable evidence of phthisis or cancer either in himself or his family. The introduction of the finger into his rectum caused great pain, but this ceased when the finger was held free and motionless in the gut. On pressing the rectum circularly, no pain was felt till the coccyx was pressed, when he flinched and cried out through the pain, and it was here that the finger detected a soft furrow, bounded on either side by an indurated edge. The introduction of the speculum caused even greater pain, and exhibited a dark granular slit at the upper and posterior part of the anus, and running into the rectum. This fissure was about two inches long by half an inch wide, with white cord-like edges. He was treated by the application of nitric acid freely to the part, and by the occasional use of the nitrate of silver, together with a liberal supply of tonics, porter, and soup. Under this treatment he greatly improved in health, lost his pain, and in about two months discontinued his attendance.

In October his pain gradually returned, and caused him again to seek advice. He was then transferred to the West London Hospital, and on Nov. 19th Mr. Teevan introduced a bistoury into the rectum, and divided the diseased structures longitudinally to the depth of about a quarter of an inch. This gave instant and perfect relief for three weeks, when the pain again returned.

On December 20th another incision was made through the structures, and the sphincter ani divided. This operation seemed to be quite successful; for he lost all pain, felt quite well, and returned to work.

Two months later he returned, saying that the pain had come on just as bad as ever. Mr. Quain now kindly examined him for Mr. Teevan, and advised him to be treated medically rather than surgically, as he considered there was incipient malignant disease in the part. After a trial of many kinds of suppositories of opium, alone and in combination with other remedies, it was found that the only suppository which gave him perfect relief was one composed of two grains of opium and ten grains of the extract of henbane. By using one of these whenever the pain comes on, he is enabled to continue at his work with perfect ease to himself. He states that he can rarely go longer than two days without using a suppository.

It is worthy of remark that one grain of the extract of belladonna, given per rectum, sufficed in this man to produce all the well-known symptoms of a large dose of the drug.

CRACKLING OF THE JOINTS IN A PREGNANT WOMAN.

(Under the care of Dr. GIBB.)

On former occasions we have noticed isolated instances where there was well-marked crackling in some of the joints. (See THE LANCET, vol. ii. 1860, p. 109.) Rheumatism or rheumatoid arthritis would appear to have much to do with the production of a state giving rise to this condition, but it may occur in other affections not necessarily rheumatic.

One of the most striking instances of this crackling which has come under our notice was admitted into the West London Hospital in the early part of January. The patient, Martha B—, aged twenty-seven, was enceinte with her fifth child, and was troubled with the most intolerable prurigo, to which it appeared she had been subject at each of her pregnancies. It was now more severe than on any former occasion, and she felt as if she could scratch herself incessantly to get rid of it.

She drew Dr. Gibb's attention to a crackling in her right and left knee-joints, much more noticeable in the former. On flexing and straightening the right knee, the crackling was not only felt to be very rough and grating, but it could be heard. There was some effusion also into this joint. The right elbow, wrist, and shoulder joints were similarly affected with crackling, but to a much milder extent.

The patient had the peculiar aspect of a person who has been long subject to chronic suffering from joint disease; yet on inquiry it was elicited that she had never been affected with rheumatism, although she had had pains in the joints. Her father is subject to arthritis, most probably rheumatoid; and it is more than likely that the diathesis has been inherited, and is thus manifested by an alteration in the condition of the synovial membrane, which has given rise to the sensation of crackling. There was no effusion into any other joint than the right knee, nor was any joint painful. She had palpitation of the heart, wholly functional, for there was no evidence of organic disease.

Besides other means, she was ordered a mixture containing the bicarbonate of potass (fifteen-grain doses), and small doses of tincture of iodine and iodide of potassium; and a liniment to rub over the right knee joint. Under this treatment she visibly improved, and the crackling had greatly subsided when she was last examined.

Reviews and Notices of Books.

A General View of the Criminal Law of England. By JAMES FITZJAMES STEPHENS, M. A., Barrister-at-Law. 8vo, pp. 500. Macmillan and Co.

MR. STEPHENS has written a work of rare merit, which we commend to the study of those who desire to become familiar with the principles and operation of our criminal legislation. Its perusal cannot fail to impress each reader with the enlarged and philosophic spirit which its author exhibits in his discussion of questions involving on the one hand personal liability, and on the other public duty. Mr. Stephens desires to give "a general view of the criminal law of England." This his volume accomplishes in a manner which, while avoiding details necessary in a book of mere reference, yet affords ample illustration of the practical working of our criminal procedure. Its author's familiarity with the jurisprudence of other countries enables him to develop the merits of our English system, and, by comparing it with foreign codes, to demonstrate its excellence or particularize its defects. As a thoughtful disquisition of those great principles the aggregate of which constitutes our criminal law, Mr. Stephens's work cannot be too highly spoken of. It begins with an historical sketch of the various changes in our system of procedure from the earliest periods to which records extend, and traces the several steps by which experience approached to our present position. Examining first the general principles on which the subject depends, it then points out the particular institutions of our own law in relation to those general principles. The third chapter investigates the definition of crime, and examines the question of responsibility. Regarding intention and will as elements of action, and both as essential to normal voluntary motion, Mr. Stephens discusses those exceptional cases in which the want of coexistence of these separate elements, or their defective co-ordination, places the character of any special conduct without the category of criminal actions to which punishment ought to attach. Intention, will, and malice the law considers as essential to every crime. The absence of either of the first two will prevent any occurrence from being an action; the absence of the last, in its general or specific form, as the case may be, will prevent any action from being a crime. Arguing from these premises, Mr. Stephens proceeds to show that by rebutting the ordinary presumption of will, intention, or malice, crime is disproved. The plea of insanity rebuts the presumption of malice by proof that the person who did the act could not know that it was wrong, or could not help doing it.

Unlike the generality of legal writers, Mr. Stephens re-

cognises the existence of those various forms of insanity to which medical experience testifies. The object of medical experience being to show that, whatever phase of disease was present, in consequence of such disease the mind of the accused was so disturbed that he did not know the act was wrong, or could not form a reasonable judgment on it, Mr. Stephens investigates the value that should be accorded to medical evidence. The application of the principle of non-responsibility being admitted, it is obvious that the special form of disease or conduct which originates the inquiry, is reduced to a question of medical experience, and the verdict of the jury thereby rendered dependent on the degree of importance which the jury may attach to the medical testimony. In speaking of the question of impulsive insanity, in reference to the recognition of which many high legal authorities have expressed doubts, Mr. Stephens observes:—

"It would be absurd to deny the possibility that such impulses may occur, or the fact that they have occurred and have been acted on. Instances are also given in which the impulse was felt and was resisted. The only question which the existence of such impulses can raise in the administration of criminal justice is, whether the particular impulse in question was irresistible as well as unresisted. If it were irresistible, the person accused is entitled to be acquitted, because the act was not voluntary and was not properly his act. If the impulse was resistible, the fact that it proceeded from disease is no excuse at all."

The wisdom of the existing law, which allows to every symptom of madness its full weight as evidence that the act committed was not a crime, but which leaves to a jury the determination of guilt implying responsibility, meets with Mr. Stephens's approval. He well observes:—

"If, notwithstanding the madness of the accused, he did commit a crime, it is impossible to suggest any reason why he should not be punished for it. The state of his mind might, no doubt, form a ground for a recommendation to mercy. But this is a question of discretion; it affords no reason why the case should be withdrawn from authorities by whom the discretion is exercised, as their least favourable critics must admit, with almost excessive humanity."

This is a question which has long engaged the attention of humanitarians, and constitutes one of the strongest arguments against the punishment of death. On the one hand, the advocates of its abolition declare that to hold a man responsible for crime where any measure of insanity exists is to aggravate the infliction of Providence by the injustice of man; while, on the other hand, those who argue that responsibility should attach to all conduct, unless there be a visible connexion between the act and mental condition, affirm that without such proof any crime might on this plea be excused. This difficult medico-legal problem the author discusses in a spirit singularly free from the bias of either party.

The vexed question of what tribunal is the most suitable for the determination of facts involving scientific subtleties receives impartial examination. The result of Mr. Stephens's careful review of the possible arguments in favour of a jury of experts, and of his contrast of our system of criminal procedure with that followed in other countries, is, that in the class of cases referred to, a jury composed as at present is more likely to arrive at a conclusion satisfactory to the public than either a jury of experts or a jury bound by the decision of experts. The system pursued in France, where the answers of experts, though not binding on the jury by law, are yet so in practice, Mr. Stephens is of opinion relieves the jury from the responsibility of the scientific elements of their verdict, inasmuch as no evidence of a scientific character is admitted except at the discretion of the court, which determines exclusively who shall and who shall not be allowed to give what are called *renseignements* in such cases. The jury are virtually told, for example, "You must take it as a matter of science that whenever a man takes into his system strychnine enough to poison him, it will be found after his death in such and such organs." Mr. Stephens urges three objections to the introduction of such a system into this country,