infundibulum, and separated from it by a lamina of dura mater, is the *pituitary gland*. This is a dark-reddish body of a compressed circular form, occupying the sella turcica of the æthmoid bone. It is flat inferiorly, and convex towards the brain, and has every appearance of a glandular structure. The profusion of arterial vessels around it is almost incredible, and veins have been clearly traced from it into the cavernous sinuses on each side. Being placed immediately under the infundibulum, we are naturally induced to trace some connexion between it and the infundibulum, and likewise the other sinuses with which the infundibulum communicates; but there has been no anatomical proof of this: it has never been shown that the lamina of the dura mater is actually pierced, nor has any channel been pointed out through which the moisture so derived might be conveyed away. The pituitary gland has rarely seemed to be affected by any disease in the ventricles, or accumulation of fluid there. Here, again, we must confess our utter ignorance. There is no difference in the construction of the pituitary gland in different animals, except that it seems to be proportionally larger in them than in the human being, and large in proportion to the quantity of medullary matter; while these specimens will show you that it varies materially in bulk in animals of the same species.

Immediately anteriorly to the pituitary gland, the tractus optici cross the crura cerebri, and creep into sight from under the corpora striata, in order to form the optic nerves, with which indeed they are continuous.

Posteriorly to the pituitary gland, the crura cerebri are found in perfect approximation, and so they proceed to the tuber annulare, giving out in their way the third pair of nerves. At the tuber they are joined by two large medullary chords from the lateral lobes of the cerebellum; but the nature of the union which there takes place cannot be understood until we have inquired into the structure and function of the cerebellum.

USE OF POTASSIUM AS A CAUSTIC.—

Potassium burns on coming into contact with water. To apply it as a caustic, a card is perforated by a hole of the size of the ulcer, which it is wished to produce; the card is moistened, and adapted to the place to be cauterized. A small bit of potassium is to be then placed in the perforation, and some drops of water let fall on the metal. The combustion is performed with the rapidity of lightning, and the pain lasts only during the oxydation of the potassium. When completed, the burned place is to be dressed with lint and simple cerate.

CASE OF

MALIGNANT CHOLERA,

TREATED AT FIRST ON DR. STEVENS' PLAN,

Temporary Improvement following Saline Injections, and, subsequently, Spirituous Injection.—Excitement.—Death.

To the Editor of THE LANCET.

SIR,—Having observed in one of your contemporaries a query, whether the injection of spirits and water into the veins had been tried in the epidemic cholera, I am induced to forward to you for publication, the particulars of a case in which that plan was resorted to by Mr. Bennett and myself, after a return of collapse, previously relieved by saline injection. The result was unsuccessful, though not unfavourable to further trial, since the same effect was produced as that described to have taken place when the experiment was performed on healthy animals, namely “sudden production of the same state of excitement which is observed to come on slowly, when taken into the stomach.”* I am, Sir,

Your humble servant,

W. J. LITTLE.

15, Billiter-street, July 3, 1832.

CASE.

At half-past 11 a.m., June 22, 1832, visited, for the first time, Mrs. Bowles, ætat. 35, complaining of uneasiness at the epigastrium, thirst, and sickness. She stated that she had had diarrhoea upwards of a week; but it was not until half-past three that morning that she was seized with faintness, cramps, and vomiting; the latter of which continued, the diarrhoea also has been considerable, and there was then a slight discharge. The mind appeared clear; the trunk was warm, but the extremities were cold, of a dusky hue, although not much shrunken. The tongue and breath below the natural temperature. Mr. Luff informed me, that the pulse had been imperceptible nearly two hours, and that she had been

* Although irrelevant to the present subject, it is not quite unworthy of remark, that the increase of the number of cholera cases in London about the third week in June was coincident with a similar increase in Paris (as will be seen by the subjoined table), and with the irruption of the disease in Brussels and other towns of Belgium.

Official Sanitary Bulletin. Deaths from Cholera in Paris.

June 10	8	June 17	2.
11	21	18	35
12	18	19	42
13	14	20	38
14	17	21	38
16	21		W. J. L.

submitted since four a. m. to the saline treatment. The injection of Dr. Latta's solution at temp. 112° F. was commenced; the pulse returned; she said she no longer saw double; that her head was clearer, but the supervention of pain in the region of the heart led to the discontinuance of the operation, forty ounces having been introduced into the vein. A severe rigor and insensibility quickly succeeded, and after the application of sinapisms, and the administration of stimuli, we left her to all appearances moribund.

At half-past one p. m., we found that the rigor had ceased; pulse still perceptible, quick, and very weak; the skin a little warmer; slight diarrhœa and vomiting continuing. A copious enema of gruel, with salt, was administered and kept up by means of a plug. Brandy and solution of saline powders for drink. From this time to half-past two she complained of intense oppression and pain at the chest, and was very restless; the pulse was not quite extinct above the elbow; sixty respirations in a minute. Light delirium when aroused from her insensibility; was more cold and blue than ever. Thirty ounces of the saline mixture, with two drachms of alcohol, were injected. During the process she at first muttered prayers to herself, then observing that we were watching her, she began to be rather violent, asking us if we did not think her crazy; said she was sure we did; she was no more crazy than we were. Her eyes wandered; in fact, her tone and gesture were those of an intoxicated person; her pulse returned, quick, strong, and full; and after a quarter of an hour she was perfectly rational, expressing great relief, which, unfortunately, was only temporary; intense collapse, with insensibility, returned within an hour. She died at four p. m.

PROPOSAL TO TRANSFUSE BLOOD AFTER SALINE INJECTIONS IN CHOLERA.

To the Editor of THE LANCET.

SIR,—Permit me to recommend to the gentlemen who are trying the effects of the saline injection in the pestilential epidemic which at present prevails, to follow up their injections of the veins with transfusion of vital blood.

From what I have seen of the effects of the injections, I am convinced we have established one most important point, viz., that the mere stimulus of the mechanical dilatation will abruptly rescue the patient from the grasp of death. We, however, observe in the majority of cases, that this interference is as transitory as it was permanent. If then transfusion of blood fol-

low the saline injections, I think we may reasonably expect that the consolidating stimulus of the vital fluid will render the durability of the mechanical stimulus more permanently beneficial. I remain, &c.

WILLIAM JOHN THOMAS, M.R.C.S.
Liverpool, 2d July, 1832.

COLDBATH-FIELDS PRISON.

PAPERS RELATIVE TO THE EXISTENCE OF THE MALIGNANT CHOLERA

IN THE ABOVE PRISON.

Communicated by Sir DAVID BARRY, M.D.

HAVING lately seen various, and contradictory, published reports, tending to alarm the public mind as to the occurrence of some cholera cases in Coldbath-Fields Prison, and having recently inspected that establishment on two successive days, viz. the 27th and 28th inst., with reference to that disease, I feel myself called upon to lay before the public all the official documents and facts which have come to my knowledge on that subject.

On the night of the 25th of June ult., in a casual conversation with Dr. William Stevens at the College of Physicians, I learned, with no small astonishment, that he had seen upwards of forty cases of cholera in Coldbath-Fields Prison within the preceding 24 hours. Struck with this formidable announcement, I requested permission to see these cases with the Doctor next morning, but could not obtain an appointment with him earlier than for the 27th.

On that day I proceeded to the prison rather in a private than official capacity, accompanied by Dr. O'Shaughnessy, whose "Report on the Chemical Pathology of Cholera" entitles him to such high consideration in everything connected with what has been lately denominated the saline treatment of that disease.

Dr. Stevens conducted us round all the wards appropriate to cholera patients. On leaving the prison, at about half past two o'clock p. m., I observed to him, in presence of Dr. O'Shaughnessy, that I had seen no case of cholera in the prison that day—meaning, as Dr. Stevens appeared to allow at the time, that I had seen none actually labouring under the characteristic symptoms of the disease.

On the morning of the 28th, the following letter (No. 1) was addressed to the governor of the prison, and immediately on receipt of the governor's answer (No. 22), I received the orders of the Central Board to proceed forthwith to examine into, and report officially upon the sanitary state of the