highest importance to the phenomena upon which Dr. Marshall Hall has so much insisted of late; but we cannot regard them as essential to the malady. Indeed, Dr. Hall himself does not regard them in this light.

And thus we discard any local disorder as the cause of epilepsy.

6. With respect to other causes, or supposed causes, of epilepsy, it only remains to add that they are in accordance with the foregoing considerations. Thus: the seizure is referable, not to joy, but to fright and fear—not to the temperate indulgence of the appetite, but to the exhaustion consequent upon excess and abuse—not to good cheer, but to hunger and privation. It happens at night rather than in the day. There is much obscurity in these matters from the careless manner in which the most incongruous agencies are grouped together as exercising the same influence upon the system, and much obscurity is inevitable from the difficulty of analyzing the complex knot which ties together the several influences acting upon the body; but still there is sufficient reason to believe, (if only a moderate share of patience and attention be given to the subject,) that the extra-corporeal causes of the fit are of an exhausting, and not of an exciting character.

7. The conclusion which follows upon these several facts and considerations is, that there is in the epileptic an unequivocal prostration of the true vital powers, and that this prostration is most marked in the fit itself. The conclusion, indeed, is in harmony with our published views upon muscular physiology and pathology,* which views lead us to believe that muscular contraction is not an active state effected through the instrumentality of nervous or other stimuli, but a passive or quasi-passive change resulting from the ordinary molecular attraction of the tissue upon the withdrawal of these stimuli.

POPLITEAL ANEURISM CURED BY DELIGATION.

By H. L. GIBBS, M.D., F.R.C.S., Exeter.

ON the 10th of April last, mention was made in THE LANCET of the deligation of the external iliac of the left side, by Mr. Smith for the cure of an aneurism high up in the femoral artery, and that a year and a half previously he had taken up the femoral artery of the right side for the cure of popliteal aneurism, both cases terminating successfully. As this is of rare occurrence, I have been induced to look over my case-books, in which I find what may in some measure serve as a pendant to the interesting cases above related.

Vassili Kaleenin, aged forty-two, a boatswain in the Russian navy, of a robust and sanguine temperament, was admitted into the General Naval Hospital of St. Petersburg on the 16th of January, 1809, with popliteal aneurism of the left side, the size of a hen's egg, caused five weeks previously, when at work in the dock-yard, by the falling of a beam of wood on the ham, the leg at the time being in a state of extension. It was now turgid and œdematous. The patient being duly prepared, I performed the deligation of the femoral artery in the middle of the thigh, the usual dressings being employed. The temperature of the limb was sustained by a long flannel bag of heated bran on each side, a covering of wool above, and a warm brick to the sole of the foot. Nothing of consequence occurred during the after treatment. The ligature came away on the sixteenth day, and on the 20th of April he was discharged cured.

On the 13th of August, 1810, Vassili Kaleenin was re-admitted into the Naval Hospital with an aneurismal tumour of the right popliteal artery, the effect, as he said, of a violent strain of the ham seven weeks ago, when towing a boat against the current of the Neva. The state of the leg was much as in the former case. Being highly excited on admission, he was bled to twelve ounces, and a cathartic prescribed.

August 18th.—I operated as before; the femoral artery apparently in a healthy condition.

19th.—Pulse getting up, and full. Bled to ten ounces, with a dose of the saline senna draught.

Third day.—Sympathetic fever abated. A simple saline mixture ordered.

Seventh day.—Wound progressing favourably, and patient much improved.

Seventeenth day.—The ligature came away easily; wound united, with the exception of the opening through which the ligature had passed out.

On the eighteenth day, being considered convalescent, he

was moved to an adjacent ward, and considering himself so much better in the evening, he fell in the attempt to walk. Arterial hæmorrhage instantly took place from the opening alluded to, but was suppressed by the tourniquet which—fearing some weakness (diathesis) of the arterial system—I had taken the precaution to apply loosely round the upper part of the thigh, supported by a bandage from the loins. He was wrapped in warm blankets, and cordials were administered from time to time during the night. At ten o'clock on the following morning, all disposition to collapse having ceased, I cut down on the femoral artery, and tied it midway between Poupart's ligament and the coming off of the profunda femoris, giving the charge of the inguinal artery to a trusty assistant. It was necessary to support the patient during the after treatment, which went on as well as could be wished. The ligature was brought away with ease on the twentieth day, and I had the gratification to dismiss him the hospital, cured, on the 4th of December, 1810, with a strict injunction to abstain from the use of spirits, and to keep his legs warm and dry during the winter; orders were likewise issued that he was only to be employed in the lightest in-door work, and not to be exposed to the inclemency of the weather. In the following spring, by my representation, he obtained his discharge from the service, and in July, 1815, he found means to inform me that he continued in good health, with the perfect use of his limbs.

I profit by this opportunity to add, that having been appointed surgeon in chief to the Baltic Fleet and Hospitals, in September, 1807, it fell to my lot to introduce the Hunterian operation into Russia, within a month of my entering the service. This was done in the case of Ivan Korshanof, aged thirty, a serjeant in the marine artillery, who was admitted into the General Naval Hospital of St. Petersburg on the 13th October, 1807, with popliteal aneurism of the left side. The operation of taking up the femoral artery in the middle of the thigh I performed on the 17th of that month, in the presence of the medical officers and many others of the profession. Suffice it to say that my patient recovered, and was discharged on the 28th of January, 1808.

The Emperor Alexander was pleased, not long afterwards, to advance him to the rank of Sub-Lieutenant in the Commissariat Department of the Navy, on the recommendation of his Excellency Admiral Tchitchagof, at that time Minister of the Marine.

Exeter, Oct., 1851.

EXCESSIVE VOMITING IN CONNEXION WITH PROFOUND COMA.

By ROBERT MOLLOY, M.D.

DR. FOWLER has been kind enough to proffer an explanation of a case previously published by me in THE LANCET, with the above title, and in return for his courtesy, I would invite his particular attention to the accompanying case, which has been recalled to my memory by the accidental perusal of an old and long-forgotten note-book.

A man, thirty-seven years old, was admitted into Guy's Hospital on the 20th Nov. 1837; and died on the 21st Jan. 1838. He had received a scalp wound from a kick by one of his companions, which at first presented a very unhealthy, phagedænic appearance, but under the liberal use of nourishment and quinine, he seemed to be progressing favourably for a time. About two days previously to his death, he was observed to be somewhat dull and heavy, and this state increased until it amounted to perfect coma. At the same time he had complete paraplegia, and in this condition he died.

Examination.—A considerable portion of the frontal bone of the right side was exposed, laying bare the temporal muscle. This portion was discoloured (necrosed), extending over a surface of nearly two square inches, where it was evidently becoming detached. On the removal of the arch of the skull, the dead bone on the inner side was seen to have a much smaller area, scarcely equal to one square inch, surrounded by healthy bone injected in the most beautiful manner imaginable. In those portions of dead bone immediately in contact with the surrounding vascular tissue, absorption had been carried on to a great extent, passing not only through the inner table, but in many places had extended even beyond the diploë as far as the exterior lamella. Anteriorly, in the necrosed bone, and nearly equidistant from every part, was a foramen of a circular form; how this could have been effected was not at all apparent, as the dura mater opposed to it was in a very diseased condition, and appeared to be covered with pus and a membrane of a

* The Philosophy of Vital Motion, 1851. Comments on Convulsive Diseases, 1851.

glutinous consistence, not vascular or organized, but quite in a sloughy state. Situated immediately beneath this point, and in the structure of the brain, was an abscess capable of containing a moderate-sized walnut (when first shown), and covered in by a portion of cerebral substance. The contained pus was very consistent, and the walls of the cavity firm and well-defined. The left hemisphere had been pressed upon by this abscess to so great an extent, as to cause it to appear considerably smaller than the right, altering the line of direction of the falx major, and giving it an unusual convexity towards the left side. In the immediate vicinity of the cavity, the structure of the brain was soft, easily broken down, and about an inch behind the abscess was visible a large spot of ecchymosis. An opening was found winding round the anterior margin of the corpus striatum, by which the pus had made its way into the right ventricle, displacing the choroid plexus, while it had likewise escaped through the foramen of Monro into the ventricle of the opposite side. Tracing its progress still further, it appeared to have descended also into the fourth ventricle, but in the latter cavity its quantity was comparatively inconsiderable, and its consistence much less than that observed elsewhere; *no vomiting whatever occurred in this case!*

I care not particularly to insist upon the fact, known to all pathological inquirers, that cases are not unfrequent in which the ventricles are distended with blood, serum, or pus, without concomitant vomiting; nor do I seek to contravene the prevalent opinion, that this latter symptom is an indication of reaction; but I do maintain that continuous vomiting, with complete coma, is rare and unusual. The remark of Dr. Todd is simply the enunciation of a general proposition equally applicable to all nerves, the sympathetic as well as the cerebro-spinal; and it is my impression, however much *centric* irritations may be assumed, they are but little known in reality, and still less demonstrated. In truth there is a great gulf between the coarse pathological phenomena—the post-mortem appearances—and the symptoms during life, which can be bridged over, not by assumptions and hasty generalization, but by the patient study of the “philosophy of pathology,” assuredly the want of the present day. A better illustration could scarcely be given than, in a compound nerve, the pneumogastric, having varied relations and ministering to many functions, one set of fibres only should be specially implicated.

As the case I have previously related is admitted to be exceptional, it necessarily follows that the explanation of Dr. Fowler, if allowed in its integrity, must be exceptional too; while in the majority of cases constituting the rule, in which effusion takes place into the fourth ventricle, without giving rise to unusual vomiting, it is clearly inapplicable; and we must consider the desired explanation, without appeal, as yet in expectation.

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, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

Bite from the Hooded Snake, (Cobra de Capello,) Rapid Death; Autopsy.*

(Under the care of Mr. QUAIN.)

THIS case has created much sensation among the public and the medical profession; the community at large were naturally much shocked at the rapid death of the patient; and the attention of the profession has been attracted by the hope of gathering facts which might lead to a better knowledge of the nature of the venom, and possibly conduce to the discovery of an antidote. Medical men are, in fact, ever ready, even sometimes at great personal risk, to study morbid processes, in order to find means of staying the progress of the mischief. How much labour and patient investigation have been bestowed on the virus of syphilis, hydrophobia, glanders—on the poison of some of the exanthemata—on the venom of

certain serpents, &c.! For some of these maladies almost certain remedies have been found, (syphilis;) for others an almost certain preservative, (small-pox;) but with the rest we still remain in perfect darkness, both as to the nature of the poison, and the best means of combating it. Much remains to be done by the coming generation of medical investigators.

The melancholy fact which we have this day to bring before our readers will not add much to what was already known touching the effects of the bite of the cobra de capello; nor even has the rapidity of the fatal results come up to that which is common in India, for in that country men have been known to die half an hour after the bite of the snake; whereas the present patient lived ninety minutes. It will, however, be useful to describe the symptoms which were noticed, as well as the post-mortem examination, since the consideration of these facts, and the study of the prominent features of the case, may perhaps teach us the course we should pursue when an accident of the same kind unfortunately happens again.

It should, in the meanwhile, be borne in mind that certain circumstances may have a material influence on the effects of snake-bites: for instance, the venom is most active in hot weather; it has greater effect when the circulation of the victim is quick, *when the bite happens through a vein*, or in a part near the source of circulation. The venom is strong in the procreating time; its qualities, or at least its effects, differ according to the season of the year, the temperature, the empty or full state of the sacs which contain the poison, and the strength of the animal bitten. In fine, some have died almost instantaneously from the bite of a rattlesnake, for instance, and others undergo but a trivial indisposition. (Samuel Cooper.)

It would, indeed, be erroneous to suppose that the bite of the hooded snake is invariably fatal. Dr. Patrick Russell, in his magnificent work on Indian Serpents, published by order of the East India Company in 1796, mentions four cases of recovery after a bite from the cobra:—1. A Malabar woman, bitten on the small of the leg. She took the Tanjore pill, (arsenic, mercury, &c.,) and recovered. 2. A native, of the male sex, bitten in the toe. Tanjore pill; recovery. 3. A Sepoy, bitten in the ankle. Eau de Luce (ammonia with succinated alcohol) locally, and large quantities of Madeira poured down; recovery. 4. A Gentoo man, bitten between the thumb and forefinger. He took a secret antidote internally, and recovered. We would fain give the symptoms as described by Dr. Russell, and which were somewhat similar to those observed in the present case, but we must refrain, and refer our readers to the work itself. The recent melancholy case runs as follows:—

The patient was a strong, well made, and healthy man, about thirty years of age, who met with an untimely end by his own rashness. He was keeper of the serpents at the Zoological Gardens, Regent's Park, and in a state of inebriety, early on the morning of the 20th of October, he took out the cobra, and put it around his waist. After the reptile had coiled round his waist, it came out behind; when taking hold of it about a foot from the head with one hand, and with the other lower down, he held it up in front of his face. The animal then flew at him, and bit him at the root of the nose. The patient immediately saw the whole extent of the danger, and ran towards a person employed in the gardens, with his arms outstretched and blood on his face, begging for medical assistance. He then went to the sink and washed his face. No attempt at sucking the wound, using the actual cautery or strong caustic, was made at that period.

When brought to the hospital, about forty minutes after the accident, the patient's face was slightly livid; the respiration imperfect; he walked with difficulty from the cab to the ward; and pointed to his throat as the seat of pain. He could not speak, had difficulty in standing, and was unable to swallow. The fangs had wounded the right side of the root of the nose, between the nasal bone and the inner canthus of the eye, where three punctures were apparent just over the angular vein, and the teeth had made some scratches on the left side upon the corresponding parts. There was no swelling, but the upper and lower lid of the right eye were of pinkish red. Artificial respiration was resorted to for fifty minutes, and subsequently, galvanism; but stupor rapidly followed upon faintness, paralysis of the extremity set in, and the patient died in a comatose state fifty-five minutes after admission.

The post-mortem examination took place sixteen hours after death. Externally there was more ecchymosis than is generally the case, especially in the face and at the back, from the nape of the neck to the calves of the legs, excepting the gluteal region; the purple colour being more uniform and

* This name was given by the Portuguese, and should properly be spelt cobra de capelo. Cúbra, a snake; capelo, a hood.