inches into the canal, which terminated in a *cul de sac*, or rather an uniform, convex surface, on which not the least indication of an os uteri could be felt. There was little or no induration, but much tenderness, especially at the conjunction of the vagina with the convex surface above mentioned; which tenderness, however, was much more acute where the tumor was reached and plainly felt by the rectum.

Diagnosis—Retained menses since recovery from abortion.

Prognosis—Favorable. The operation was performed on Sept. 27th, Drs. J. O. Shipman and Lord assisting.

Having emptied the bladder by the catheter, one finger being in the rectum, a puncture was made with a large-size trocar, which was immediately followed by a copious discharge of dark, inodorous fluid, thick and tar-like in consistence, and to the amount, including the few following days, of nearly four quarts. The canula was retained in place till after the second subsequent catamenial period, since which time there has been no difficulty in the menstrual function, and she is now as well as ever.

What was the cause of this occlusjon? Was it the result of abortion, natural or criminal? of retroversion of the uterus? or of ulceration? If the latter, what was the cause of it, and why was there absence of all induration? If from retroversion, why was there not the usual disturbance of the urinary function? The attempt at abortion by criminal means is denied by the patient.

Syracuse, N. Y., April 1st, 1858.

CASE OF CHOREA TERMINATING IN IMBECILITY, WITH SOME OBSERVATIONS ON THE CAUSES OF IDIOCY.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE L., a tall, pale lad of lymphatic temperament, æt. 13 years. He was physically a fine-looking boy, with a well-formed head, measuring 22.8 inches in its greatest circumference, having a fronto-occipital arc of 15 inches and a bi-temporal diameter of 6.3 inches. He had been afflicted with choreal convulsions since he was 4 years old, and, during a part of the time, had been under treatment for hydrocephalus, as well as for those irregular muscular actions. Three years ago, he was considered an active, intelligent boy, but shortly afterward he began to evince an unnatural inclination to sleep, and when not asleep was almost constantly drowsy, or else so irritable and vicious as to be nearly unmanageable. At the time he came under my notice, his countenance had acquired an expression of vacancy, indifference and languor indicative of complete fatuity. Most of the anti-spasmodic and contra-stimulant medicines had been successively employed in this case, without alleviating in any degree the violence of the disorder.

The disease had lasted nine years, without intermission, and the boy had, moreover, either an hydropic or an hypertrophied brain, for which I do not know what remedies he had taken. I found him, on the 24th of January, ailing with slight fever and some catarrhal symptoms; his left lung passed rapidly through the phases of pleuro-pneumonia inflammation, and he died the following Monday, apparently *without having suffered any pain or serious uneasiness*.

A *post-mortem* examination, conducted sixteen hours after death, revealed the following pathological changes. The cranial plates were unusually thick, and from the intersection of the coronal and sagittal sutures two stalactitic growths of bone penetrated the brain. The cerebral membranes were very much thickened, and covered on their serous surfaces with a white spongy exudation. The whole mass of the brain was exceedingly hypertrophied. An examination of the viscera afforded some interesting facts. About three quarts of effused fluid, filled with flocculi of lymph, were obtained from the cavity of the thorax. The lower lobe of his left lung was completely *carnified*, proving its pneumonia to have supervened upon copious pleuritic effusion. The pericardium and peritoneum resembled the cephalic membranes, being very much thickened and covered with a whitish exudation. There seemed to have been an universal inflammation of all the serous membranes in the body, and yet its existence was so masked under the apathetic *morale* of the patient, that it would hardly have been suspected in the absence of physical signs.

The pathological history of this case appears to suggest a fundamental relation between sanity and idiocy. A boy four years of age becomes affected with a functional disorder, to arrest which all the ordinary remedial agents are fruitlessly employed for several years. In his tenth year he begins to exhibit symptoms of organic disease of the brain, with signs of mental alienation, and in a period of a little more than three years becomes transformed from an amiable, intelligent lad into a peevish and vicious imbecile. Which was the first link in the chain of pathological causations? Were the chorea, hypertrophy, chronic meningeal inflammation and idiocy merely pathological phases of a malady engendered by the irritable presence of the enostoses in their various periods of growth? or was the so-called functional ailment the result of a more recondite morbid impression upon the nervous and sensorial systems, inducing by irregular innervation those troublesome convulsions? The first suggestion appears more reasonable, from the fact that the disorder not only increased in severity during the six years prior to the period when cephalic disease began to be suspected, but in the subsequent three years of the patient's life there was hardly an hour in which the disease did not manifest itself. They are, moreover, obvious and sufficient, and therefore probable causes of such pathological changes.

Idiocy has commonly been defined as a mental or functional infirmity, and because cadaveric examinations often fail of indicating precisely the causal organic lesion, the idea of even a probable lesion is ignored, in apparent forgetfulness of the fact, that functional diseases always imply organic changes of structure. Five brains in every ten we examine may appear perfectly normal; the pathologist, after the closest scrutiny, can discover no visible lesions, and can only speak of perverted functions, because his scalpel, and possibly his microscope, fail of apprehending the *chemical* alterations of structure. We know that every motion, every manifestation of thought, results in a change of the structure of the substance of the brain; that every conception, every mental affection is followed by changes in the chemical nature of the secreted fluids; that every thought, every sensation, is accompanied by a change in the composition of the matter of the brain—and, moreover, we know it is a fundamental law of chemical action that certain bodies may assume different and distinct chemical qualities, while retaining the *same sensible* properties. The mind of an idiot would be symmetrical and vigorous in its action, provided the engine of mental force worked less rustily, with no apparent microscopic or chemico-pathic defects to impede its harmonious movement. The argument would manifestly be as unsound to deny the probability of *material* lesions in cases where there were no *evident* pathological alterations of structure, as it would be to argue positively that we have reached the boundary line of animalcular life, because the strained endeavor of a powerful Spenserian instrument has proved insufficient to penetrate beyond certain monadal life-specks, and whose anatomical structure *it* even has failed to determine. Who would have believed, a hundred years ago, in the marvellous discovery of Ehrenberg, that whole strata of the earth's crust were only the mummied remains of microscopic masons!

I have only space to allude to Lassaigne's and Combe's analyses of human brains; but they develop a curious relation between the deficient mental energy of idiocy and the excessive mental energy of insanity. The mean of several analyses showed a smaller proportion of water and salts in the former, coupled with an abnormal excess of albumen and fat in the latter. The idiot brains, moreover, were uniformly deficient in phosphorus, and Cabanis had previously observed that the brain of a furious maniac is often highly phosphorescent.

From the early days of medical science until the beginning of the present century, idiocy ranked among the incurable maladies of humanity, and all that was known of its nature could be expressed in the simple proposition, "an idiot is an individual who does not possess a great deal of wit." The poor imbecile was regarded either as an encumbrance, to be removed by the readiest means, or else inflexible ignorance condemned him as hopelessly obstinate, and adjudged him worthy of stripes along the roadways, or more mercifully im-

molated him upon the altars of Circe. No provisions were made for his protection from personal injuries, and no attempts were made to recover him from his brutishness. But we have learned, first by speculation, and secondly by experience, that whatever morbid impression be the cause which produces idiocy, whether it be a recondite chemico-pathic influence, or a more obvious pathological cause, the waning intellectual force is only the last link of a chain of pathological gradations, beginning with one and including a portion or all the neuroses. And we have learned of that dire infirmity, moreover, that whatever be the inducing cause, it is very often susceptible, to a greater or less extent, of remedial influence.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 8th.—*Circumscribed Cancer of the Stomach.* Dr. ELLIS showed the specimen, which was from a patient of Dr. BIGELOW, who gave the following brief history of the case.

The patient was a farmer, aged 70 years, who had had nausea in the morning for three years past. He had suffered, more or less, from pain in the region of the epigastrium for three months, and for the last six weeks, until within one week of his death, he had had nausea and vomiting. The matter vomited was watery, and had an offensive smell. There never had been vomiting of grumous or other matters which would throw any light on the nature of the disease. He became, at last, wandering, somnolent, and comatose, and died a day or two since. He had had difficulty of urinating, which required the use of the catheter.

Sec tio Cadaveris, by Dr. ELLIS. With the exception of some changes in the brain incident to old age, nothing remarkable was noticed in the head. In the smaller curvature and posterior wall of the stomach was a morbid growth about three inches in diameter, and rising, perhaps, an inch above the surrounding surface. Its upper surface was irregular and of a dark-red color. Portions like coagula separated with ease. On incision, the growth was found to be of a whitish color and moderate consistence. It had evidently originated in the submucous cellular tissue, but in its advanced stage involved all of the coats. Some slight irregularity of the surface was noticed in the neighborhood, but the disease was remarkably circumscribed. A detached nodule, about four lines in diameter, occupied the submucous cellular tissue just within the pylorus. Though the orifice itself was free, the position of the diseased mass was such as appeared to interfere with the escape of the contents of the stomach into the intestine. The muscular coat did not appear to be thickened.

On microscopic examination, the growth proved to be of a malignant character.

The prostate was twice as large as usual, and contained quite a number of minute calculi.