stances, but to proceed with those operative measures which the peculiarities of the injury may demand. I must state, however, that I have witnessed amputation of the hand twice on children under three years of age, and in both cases convulsions supervened, and proved fatal in less than twenty-four hours. We would not willingly select such cases for operation, neither should we decline to use the knife when it is absolutely called for.

We had not only the immediate dangers of the operation to deal with in the case of Kerr, but we had also to contend with a series of untoward occurrences during the progress of the cure. 1st. The collapse was unusually severe and protracted; and, as generally happens, was productive of excessive excitement. 2d. The continuance of this febrile excitement, for eighteen hours, produced an affection of the brain, accompanied by partial coma. 3d. The occurrence of bronchitis, which was rather protracted and severe, was another source of danger; and, 4th, the existence of troublesome diarrhoea, with dentition. The child not having been weaned was, I think, also detrimental to its recovery. The continued anxiety of the mother; her absence from her family, and her close confinement in the hospital, occasioned a continued diminution, and, occasionally, an almost complete suspension of the secretion of milk; and as the child refused spoon-meat of all kinds, it must be obvious that she was often imperfectly nourished. Since she was dismissed from the Infirmary, she has completely regained her health and strength, and she is now able to move about the house with the aid of crutches.

III.

CASE OF OVARIAN DROPSY COMPLICATED WITH PSOAS ABSCESS AND PREGNANCY, SPONTANEOUSLY SUBSIDING.

By Thomas Fereday, M.D., Dudley.

Mrs. Hall, at 40, of naturally healthy constitution, and fresh-colored countenance, had a child in the year 1810, ten months after marriage, and in the twentieth year of her age. Her husband died, and she again married in 1814, and eighteen months afterwards had a second child.

About eight years ago she had uterine disturbance to such a degree as induced her medical attendant to tell her she would bear no more children. What this affection was I cannot satisfactorily learn, the practitioner to whom she applied being dead. She says that the purulent discharge continually issued from the neighborhood of the uterus, and that a large bougie was occasionally introduced up the vagina. From this and the attendant constitutional symptoms she recovered in about four years.

Menstruating regularly, she again conceived about Midsummer, 1830, sixteen years from the birth of her last child, attended, during the early months, with an aggravation of the usual symptoms of pregnancy.—These subsided, but recurred towards its close, accompanied with pain in the loins, a tenderness and tumefaction in the right iliac region, pains in the hips, numbness of the right thigh, a disagreeable taste in the mouth, and slight fever.

March 10th.—The predominant symptoms are the shooting pains in the loins, the numbness of the thigh, and the nauseous taste in the mouth, compared by the patient to rotten eggs. There is an enlargement,
about the size of a child’s head, with rather indistinct fluctuations to the right of the spinous processes of the lumbar vertebrae.

23d.—The pain in the back has been so severe for the last week that the patient has been confined to her bed. There is evidently a deep-seated fluctuation. A puncture discharged about a quart of good pus, with great ease to the patient, but had no apparent influence upon the ovarian (?) swelling. The wound was closed with sticking plaster, and a flannel roller bound round the loins. In the course of the evening, and after some hours severe pain, the dressings gave way, letting out a quantity of matter, nearly equal to that withdrawn in the morning, and with great relief.

24th.—There has been severe pain in the back, shooting from thence along the course of the psoas muscle, with much bulging in the former part. For the first time, too, an oblong swelling, about the size of a large hen’s egg, observed midway between the crista of the ilium and the os pubis, above Poupart’s ligament, and apparently in the direction of the inguinal canal. The ovarian (?) tumor remains pretty nearly in the same state. The contents of the abscess in the back were again discharged, by which the inguinal swelling was lessened.

In the night labor came on, but so reduced was the patient, from want of rest, suffering, and great secretion, that she became alarmingly exhausted after a few hours continuance of labor. The mouth of the womb being fully dilated, and the head of the child at the brim of the pelvis, (too high to admit of the application of the forceps with effect,) I judged it more advisable to deliver by turning, than subject my worn-out patient to a repetition of inefficient pains, gradually becoming weaker. I effected this with very little difficulty, and no violence, the uterus scarcely recognizing the presence of my hand. The placenta and membranes were expelled in about a quarter of an hour by the natural contraction of the womb, the latter organ being distinctly felt as a round hard ball in the hypogastric region. Yet the abdomen did not appear lessened, and it was thought by the attendants that there was still a child in utero. It was evident, however, that the enlargement occupied principally the right side. After remaining quiet a full hour, I had her very quietly put to bed, and administered thirty drops of laudanum in a little warm wine and water.

25th.—The swelling in the iliac region continues, as do the pains in the hips, the numbness of the thigh, and the disagreeable taste in the mouth. There is about the usual quantity of lochial discharge.

In the evening of the 26th I was sent for in great haste in consequence of a great and very sudden discharge of watery fluid from the vagina, estimated by the attendants at two or three gallons, but admitting of no accurate measurement, as it escaped among the bed-linen. The ovarian (?) swelling disappeared; the pain in the hips, and the numbness of the thigh, subsided; and, for the first time for a month, the patient had a comfortable night’s sleep. From this time she became convalescent; the discharge from the back continued unabated for about a fortnight, and then very slowly, but gradually, decreased; a small quantity, however, still remains, with but little pain, and scarcely any inconvenience. The
Mr. Fereday's case of Ovarian Dropsy.

ovarian (?) disease, with its attendant symptoms, vanished; the pulse, which during the whole progress of the case had been accelerated, became more quiet; and the tongue, which had been coated with a white fur, became clean; whilst by nourishment and fresh air she acquired sufficient strength to suckle her child. Both are now (October), and have been for some months, stout and healthy, the mother having long resumed her ordinary domestic avocations.

In relating this case, it is obviously not with an intention of describing the treatment adopted: that was necessarily very simple, and such only as tended to relieve general and urgent symptoms. This, therefore, I have not deemed it necessary to introduce.

The great peculiarity consists in the spontaneous discharge of a thin and limpid fluid from the vagina, attended with the immediate subsidence of an intumescence in the right iliac region, together with its attendant consequences, pain in the hip, numbness in the thigh, and disorder of the stomach. These symptoms are readily accounted for; the former from the pressure of the swelling upon the anterior branches of the lumbar and sacral nerves, the latter from the universal sympathy which exists between the generative organs and the stomach.

Now it would seem that the right ovary was predisposed to disease in consequence of the disturbance that existed in the uterus years back, when, possibly, adhesive inflammation had agglutinated the fimbriated extremity of the fallopian tube to the ovary, and that the process of utero-gestation had proved the exciting cause to the dropsical effusion, (in which, perhaps, the fallopian tube was implicated,) which, by the bursting of the sac which contained it, had been transmitted through the tube to the uterus, and thus effected its escape.

It could not have been dropsical effusion of the uterus, for that would have required a closure of the cervix during its formation, which would have been incompatible with a constant and free discharge of the lochia. The same may be said of that irritable state of the vessels secreting the liquor amnii to excess, as mentioned by Dr. Mason Good. It could not have been an hydatid, for it must have had an envelope; its expulsion, too, would have required much uterine pain; in addition to which, the uterus was distinctly recognized as a firm and hard tumor in the hypogastric region, totally distinct from that I considered the ovarian enlargement.

It is universally admitted that a vesicle in the ovary bursts from the stimulus of the seminal fluid, and that the ovum is conveyed from thence through the fallopian tube to the uterus; and why, by a sudden movement of the body, or other agent, may not the sac of an ovarian dropsy be lacerated and its contents escape into the uterus?

If, then, this view be correct, it must be considered a very fortunate and rare termination of a disease very little under the control of medicine. Such an event must not frequently be expected.

I have purposely avoided much notice of the abscess, evidently a psoas. It was unusually rapid in its formation and reproduction, and unattended with disease in the vertebra. It had been punctured in the back before it pointed in the groin. A depending opening would certainly have expedited the healing, but one was already made, and I hesitated making another through.
the aponeurosis of the abdominal muscles, thereby rendering weaker a part already too susceptible of important diseases.

IV.

WARM AIR BATH.

By W. Woodman, of Exeter.

On Monday morning, November 7th, I received an urgent message to see Elizabeth Sprague, aged 65, residing in a very confined part of the city. On my arrival I found her writhing with agony, and complaining of excruciating pain and icy coldness of the stomach. The surface of the body was quite cold, the countenance anxious, the pulse almost imperceptible. She informed me she had been in that state about half an hour, but had been complaining all night of some pain in the stomach, with cramps in the legs, and had not been well since Saturday; she had not vomited or been purged, and the cramp had now left the legs; tongue clean and moist.

I immediately gave her 30 drops of cajeput oil in a little warm water; in about five minutes she vomited what appeared to be her breakfast; she now felt relieved for a few minutes, but the pain soon returned with its former severity. A large mustard cataplasm was now applied to the stomach, and 20 drops more of the cajeput oil, given in warm brandy and water; she soon after felt rather less pain of the stomach, but the coldness of the surface, the pulse, and other symptoms of collapse remaining unabated, I was induced to use the warm air bath, and am happy to say with complete success, as, in about five minutes the surface of the body became warmer, and in about eight minutes more it was above the natural temperature, with the pulse full and throbbing, and was attended by complete relief to the stomach. In the evening she felt quite comfortable, with a soft pulse and moist skin.

My intention in reporting the above case is to call the attention of the profession to its resemblance in some of the symptoms to cholera, and to the facility with which, in the short space of thirteen minutes, reaction was completely established, the temperature of the body being raised above the natural standard, and the pulse, from being almost imperceptible, becoming full and throbbing. I should therefore earnestly recommend the different Boards of Health to provide a proper supply of the baths, in order that a fair trial may be made of their utility, should the cholera unfortunately appear among us. Its portability renders it applicable in every instance; and without the least fatigue to the patient we are enabled to surround his body with an atmosphere of warm dry air, which, acting as a stimulus to the whole surface, will tend to relieve internal congestion, and restore the cutaneous circulation to its natural state.

V.

CASE OF EPIHDROSIS IDIOPATHICA.

By Henry George, of Kensington.

I know not whether the opinion is founded in correct observation, but I am disposed to believe that there is something very peculiar in the constitution of the present year—every variety of disease appears to present unusual phenomena. Fevers, if inflammatory, quickly