cases of hysteria which for a time simulate trismus, with this difference, however—they are accompanied with insensibility. This may continue for a considerable while, and then pass off as if nothing had happened except general languor from the previous excitement. Here, then, are three diseases, viz., epilepsy, chorea, and hysteria, in which the nerves are confessedly involved, and yet how different from the disease under consideration. It is most probable that the trigeminal or fifth pair of nerves, at least its maxillary branches, are chiefly affected in trismus; but why they should be affected only transiently in some instances, and permanently, and for the most part fatally, in another, is past finding out. Whether the trigeminal be affected primarily in trismus, and only secondarily or by sympathy through the ganglionic system in the other diseases, is matter of mere speculation, and I shall therefore not pursue the subject further.

With regard to the treatment of this formidable disease I have nothing new to offer, nor is it probable the *methodus medendi* will be improved until the nature of the disease be better understood; nor is this likely to be the case, since anatomy now seems to have done its best; for we have only to look at Swan's beautiful and splendid delineations, and we may almost say, nothing remains to be done. As to the traumatic species, I shall say nothing. Our military surgical writers, such as McGrigor, Hennen, Guthrie, &c., candidly confess they cannot help us, and almost with one voice proclaim its intractable nature. As to the idiopathic, I am inclined to the opinion of Dr. Hamilton, on purgatives, that the alimentary canal is most concerned. The three cases he mentions are rather slight attacks, but by directing his attention to the stomach and bowels he was successful in their treatment. In the case of the Rev. J. M. C. there had been previous costiveness, and the bowels were very difficult to be moved, and therefore we did not waste time by trying a great variety of remedies, which might have interfered with the chief object in view; indeed, forty-eight hours did not allow of much variety of treatment. Therefore, purgatives, and purgative enemata, bleeding, blistering, with opium and calomel, all the best antispasmodics, were our chief remedies. The hot bath was not had recourse to, because, in this instance, where it was difficult to keep the patient still, and he was frequently getting in and out of bed, it might have done more harm than good, especially as under the most favourable circumstances it has been of little avail, and some authors have thought it has done harm. On a review of this interesting case, the course pursued, in the present state of our knowledge of therapeutics, was that most likely to have succeeded, and we have only to regret that our efforts have been unavailing.

FURTHER OBSERVATIONS ON TRAUMATIC TETANUS.

To the Editor of THE LANCET.

SIR,—The accompanying remarks form a continuation of those on traumatic tetanus, at page 398 of *THE LANCET*, for Dec. 18. I have the honour to remain, Sir, your obedient servant,

JAMES B. THOMPSON, A.B., M.D.

33, Upper Gower-street,
Dec. 20, 1841.

The case of Sullivan differs in one material point from cases of traumatic tetanus in general, namely, in the suddenness of the aggravated and fatal symptoms. It is a peculiarity in this disease, well worthy of notice, in a practical point of view, that it does not present itself at the early inflammatory, suppurative, or sloughing stages of a wound or injury, but more frequently at a very remote period, when the part injured may have healed over, and when the surgeon may have considered his patient as convalescent—or if an hospital patient, may be about to discharge him or her. In illustration of this peculiarity in tetanus, I may be permitted to add the following case, which occurred about seven years ago:—

A young man, about nineteen years of age, of nervous temperament, but otherwise good general health, a stable-boy at an hotel, received, while in the act of grooming a horse, a kick in the left knee; the cock of the shoe laid open the capsule of the joint, and lacerated the integuments. Severe inflammatory symptoms supervened, but by active antiphlogistic remedies, and attention to the general constitution, these acute symptoms were subdued, and the wound was healed over in about the fifth week, when it was thought desirable to recommend the patient to go into the country for the benefit of his general health. But just the day but one previous to his intended departure, he complained of being unwell, and rather restless for the few nights before. He now complained of stiffness in the neck, and from this period all the symptoms previously alluded to began to present themselves. He got anodynes with morphia at night. I prefer the muriate of morphia in these cases. Mercury was used, by friction, along the spine, the inside of the thighs, and in the axillæ, with small and frequently-repeated doses of calomel with opium, to prevent its passing off by the bowels, besides its own sedative effect: camphor mixture, with the aromatic spirits of ammonia, occasionally. This treatment was pursued for some ten or twelve days, when the tetanic tendency seemed gradually to disappear. The patient was discharged quite convalescent in about a week after all medicines had ceased to be

given. He did not seem to suffer any inconvenience from the active treatment pursued, as some surgeons seem to suppose such patients always do.

The period at which this affection generally presents itself, varies from a few days to ten, fifteen, and twenty-one days, and from four to six weeks, or even to remoter periods. However, I am disposed to look rather favourably on a case going beyond the third week; at least I am inclined to think that the remoter the period the more mild and modified will be the attack—indeed rarely fatal, if actively treated at first.

As to the causes of this disease, there are a great variety, and some are of a very trivial character. It has been known to occur in a negro from the lash of a whip. Pieces of glass, wood, nails, pins, &c., sticking in the hands or soles of the feet, or under the finger or toe-nails, have produced this affection. The more aggravated exciting causes are, vicissitudes of temperature, injuries or lacerations of nervous or tendinous structures, punctured wounds, irritating substances in the stomach and intestinal canal.

I have seen tetanus in a modified form in a lunatic, proving that affections of the mind predispose to this disease. I have also seen it in persons where the autopsies proved that abnormal depositions, or growths of a bony or cartilaginous structure, gave rise to this affection, particularly when these foreign bodies (if I may be allowed to call them so), by their presence and consequent pressure on the brain and spinal marrow, operated, no doubt, as a proximate cause in the production of the modified tetanic symptoms which exhibited themselves during the lifetime of these patients. As to the mode of treatment, it no doubt must vary according to the circumstances of the case, and the previous history of the patient. It is advisable to remove as early as possible the obvious exciting cause; next to this, I believe that the treatment pursued in the preceding case will be found to be the most generally resorted to, and from what I have seen or read has been found to have been the most successful. Tobacco enemata are recommended, and may no doubt be found useful; but as for the cold bath, or douche, I have seen it prejudicial, and it is always unpleasant to the patient.

Our object should be to allay the generally-excited state of the brain and nervous system; and in carrying this view into effect, we must often commence by exciting, as it were, a new and powerful action, as if to supersede the primary or diseased one. This is, I apprehend, the view with which mercury, tobacco, musk, camphor, and opium, with other active antispasmodics, are so generally recommended. In cases of punctured wounds producing this disease, it is desirable to dilate freely the original in-

jury or puncture; and in cases arising from any local irritation, no time should be lost in severing the communication with the brain and part engaged, as if to arrest the progress of this disease.

As to the use of stimulating or antispasmodic liniments or applications, I have never seen, even in extensive hospital practice, in civil or military departments, any beneficial results; I would rather be inclined to look upon them as worse than useless: for while the surgeon may be getting these ready for use, he might in my mind be much better employed in attending to more salutary and sure remedies, and to what are known to be attended with much more efficacious and successful results, to persons who have suffered from, and had been the subjects of tetanus in any form.

ON THE NERVOUS GANGLIA OF THE UTERUS.

By ROBERT LEE, M.D., F.R.S.

[Published in the forthcoming volume of the Philosophical Transactions.]

THE author, in a paper which was read to the Royal Society on the 12th of December, 1839, had described four great plexuses under the peritoneum of the gravid uterus, having an extensive connection with the hypogastric and spermatic nerves. From their form, colour, general distribution, and resemblance to ganglionic plexuses of nerves, and from their branches actually coalescing with those of the hypogastric and spermatic nerves, he was induced to believe, on first discovering them, that they were ganglionic nervous plexuses, and that they constituted the special nervous system of the uterus. He states in the present paper, that subsequent dissections of the unimpregnated uterus, and of the gravid uterus in the third, fourth, sixth, seventh, and ninth months of pregnancy, have enabled him not only to confirm the accuracy of his former observations, but also to discover the important fact, that there are many large ganglia on the uterine nerves, and on those of the vagina and bladder, which enlarge with the coats, blood-vessels, nerves, and absorbents of the uterus during pregnancy, and which return, after parturition, to their original condition before conception took place. The author next proceeds to describe the two great ganglia situated on the sides of the neck of the uterus, in which the hypogastric and several of the sacral nerves terminate, and which he calls the *hypogastric* or *utero-vesical ganglia*. In the unimpregnated state, they are of an irregular, triangular, or oblong shape, about half an inch in the long diameter; and always consist of grey and white matter, like other ganglia. They are covered by the trunks of the vaginal and vesical arte-