pain after meals, and says she chiefly subsists on tea, fish, and the like, and rarely has any animal food; is not given to drink, but thinks her husband might have formerly given her "something;" and is rarely free from sinking and uneasiness for a day together. About a week ago she noticed a reddish, angry-looking swelling on the right buttock, to which she applied a poultice or mixture of soap and sugar, and took some "cleansing stuff;" but as its circumference seemed to attack a larger space, and the swelling becoming more painful and throbbing, preventing her from walking or resting on that side, she came to the hospital, and, on examination, was found to present the usual characteristics of carbuncle, and was treated in the ordinary way, with a result which, considering her cachectic condition, was very encouraging. She is now under treatment for an affection entirely unconnected with the boil, which has almost completely disappeared.

CLINICAL RECORDS.

CURE OF SYPHILIS WITHOUT MERCURY.

It is our duty at all times fairly and impartially to present the various modes employed in our large hospitals in the treatment of various diseases, however wedded we may be, in common with others, to certain lines of practice. There are very few at the present day who would undertake to treat syphilis without the administration of mercury in some of its forms. Many surgeons would hesitate before they would even try the effects of other remedies. The preparations of gold, which are found in the French codex, are used, in place of mercury, in inveterate forms of syphilis, in France, and we believe elsewhere. However, on a recent visit to the syphilitic ward of the Royal Free Hospital, where a number and variety of cases of syphilitic disease are to be met with, especially of the secondary eruptions, we find they are treated by the administration of stomachic and tonic remedies and good diet, conjoined with the following formula—viz., sulphur, one drachm; sulphuret of antimony and nitrate of potass, of each five grains; mixed into a powder, half of which is given night and morning, and persevered in till the eruption disappears, the health is improved, and a cure established. Dr. Marsden has employed this mode of treatment for twenty-seven years, in thousands of cases, and he observes, that not one in a hundred instances has he known to return with constitutional symptoms. In the primary forms of syphilis he trusts to stomachics solely, with good diet. This is a very interesting and highly important fact in the treatment of syphilis. The cases of secondary eruptions under this plan of treatment, which we saw on the 1st of June, fairly spoke for themselves, as they were gradually dying away.

ADENOCELE OF FIFTY-THREE YEARS' STANDING, IN A PATIENT AGED EIGHTY-FOUR.

MR. BIRKETT, at Guy's Hospital, the other day, showed a drawing of an old woman, eighty-four years of age, at the present moment alive and hearty, who has a pendulous tumour of the breast, much larger than a human head, and hanging downwards to a little below the navel. She has had it for fifty-three years, and about that number of years back she was seen by Sir Astley Cooper, who told her it would never do her any harm, as it was a chronic mammary tumour. The growth, as our readers are aware, is perfectly innocuous, as this case would moreover especially prove, and sometimes it attains to a very large size. It was a beautiful example of adenocele, and is worthy of mentioning. It shows, moreover, the clear ideas entertained by Sir Astley Cooper as to the true nature of the affection.

A KNEE-JOINT SAVED.

A LITTLE boy was shown us on the 9th June, at the Westminster Hospital, who had been an inmate for fourteen months under Mr. Holt's care, with disease of his left knee-joint, which seemed to be of a strumous character. It went through all the phases of disease witnessed in that articulation. The patella was in a necrosed state, the joint was filled with pus, and the little fellow was as bad as he could be. Mr. Holt made a crucial incision over the patella, and removed all the diseased part of the bone, and at the same time let out a quantity of matter from the articulation itself, the boy's general health being carefully attended to by good diet, &c. The result has been the healing up of the wound, and actual recovery of the boy, with a useful limb. The joint became firm, somewhat flexed, and without pain. As there was some mo-

tion in it, a splint was applied with a screw at its under surface, and extension gradually practised, so that there is now some slight motion, with a prospect of straightening the limb, which we have no doubt will prove a useful one as the boy grows bigger. There can be no question that the result here is likely to be more favourable than if excision had been performed.

EXOSTOSIS OF THE SCAPULA.

A LITTLE girl, about ten years old, was brought to Mr. Lawrence, at St. Bartholomew's Hospital, with a tumour situated over the lower part of the dorsum of the scapula, the size of a small peach. It had been growing about twelve months, and had increased in size rapidly within a short time. The parents stated, in answer to a question, that there were none others about the child's body, but Mr. Lawrence thought it best to examine for himself, and found exostoses on each side of the wrists, on the lower part of the left femur, on the insertion of the flexor tendons of the knee-joint, and in other parts of the body, but they were very small. Now, as that situated on the scapula was excessively inconvenient, caused much trouble, and was growing rapidly, he thought it as well to remove it, which he did on the 9th of May. It seemed at first sight to have a broad base of attachment, but it had a pedicle, not of a very large size, and, like all growing bony tumours, its outer layers consisted of cartilage, and its inner of true, hard, solid bone. It is very likely that this tumour on the scapula may have been growing longer than the period named, and have escaped the notice of the parents. Since the operation, the little girl is going on well, and free suppuration has become established.

ON A

CASE OF POPLITEAL ANEURISM,

IN WHICH THE TREATMENT BY COMPRESSION FAILED.

By W. SHORTLIFF, M.D., M.R.C.S., Malaga.

J. D—, aged thirty-eight, a healthy countryman. About two years ago, whilst walking in haste down a steep and badly paved street, he gave his leg a twist, and immediately felt great pain in the knee, but not particularly in the ham. This confined him to the house for some time, the pain gradually getting better; but the limb remained more or less weak and painful, and some months after he observed a lump as big as a walnut in the ham, but did not remark if it pulsated. This swelling went on increasing in size, and gradually lamed him, so that for nearly a year he has not been able to work. Leeches, poultices, ointments, plasters, and such-like, have been used by the *savans* of his village, professional and otherwise, but of course without effect. At present, (September, 1853,) there is an enormous pulsating tumour, as large as a good-sized melon, filling the popliteal space, and extending up the back of the thigh and down to the calf, over seven inches in length. It is firm and tense, but pressure on the artery in the groin stops the pulsation, and makes it flaccid. The anterior tibial artery can scarcely be felt, and the posterior not at all. The leg is half bent, and somewhat œdematous, and cannot be straightened. The temperature not altered.

I determined to treat the case by compression, and two light iron clamps, made for the occasion by an intelligent locksmith, and well padded, were put on, one at the lower part of the upper third of the thigh, and the other about a couple of inches lower down, the part being previously well floured. The clamps answered the purpose of stopping the pulsation perfectly well. The upper one was tightened just enough to stop the pulsation in the tumour, and was borne for three hours; then the lower one was screwed in a similar manner, and the other relaxed. This was borne also for three hours, but the pain was then so great that he was obliged to slacken it, and leave both loose. At night, the upper clamp was tightened as much as he could bear, but not enough to quite stop the pulsation in the tumour. It remained in this state all night, but being determined to bear it, he did not loose the screw, and passed a sleepless night, tortured by pain in the knee and numbness in the leg and foot.

Sept. 8th.—The clamps were tightened alternately to-day for three hours and a half in the morning, and two hours and a half in the evening—all he could bear—slight pressure only

being kept up in the intervals, but not enough to stop the pulsation completely. A phlyctena made its appearance.

9th.—The lower clamp was screwed tight for three hours in the morning, and three hours in the evening.

10th.—The tumour seems harder to-day, and the pulsation weaker. The upper clamp was kept tightened for three hours and a half in the morning, and for over four hours in the evening.

11th.—One clamp for four hours, and again in the evening for two hours and a half more, a 7lb. weight being kept upon the artery in the groin during the intervals, with the pad of a tourniquet underneath it.

12th.—Clamps screwed tight four hours in the morning and three at night, with the weight in the intervals.

13th.—Great pain in the knee and leg, and phlyctenæ so numerous that there was no room for the clamp, which was therefore obliged to be desisted from for awhile. Tumour in much the same condition.

28th.—The sores being quite healed, the treatment was resumed. The clamps, repadded, were readjusted to-day, with a 10lb. weight in the groin. All three were alternately made use of, and the pulsation in the aneurism stopped for four hours in the morning, and rather more in the evening; and this was continued with little variation for four weeks.

Oct. 26th.—The aneurism seems a little harder at the sides, but is still soft in the centre; its size and pulsation unaltered. Much pain in the leg and foot, and in the tumour. He is getting accustomed to the clamps; and as they hurt him less, he keeps one of them tight almost without intermission.

30th.—Clamps kept on day and night without intermission, the 10lb. weight being also used at intervals. He sleeps with one screwed up, and when it hurts him—usually between two and three hours—he wakes, and tightens the other. He has become expert, and understands the principle of the cure, and is determined to do his utmost to make it succeed, and avoid a cutting operation, of which he has great dread.

Nov. 7th.—Uninterrupted compression and stoppage of the pulsation of the tumour have been kept up night and day for the last week. No change in the aneurism. In consultation it was determined to persevere in the treatment for one week longer.

14th.—The compression has been very efficiently continued without interruption night and day. He suffers much from pain in the leg, and foot, and knee, and is thoroughly wearied out with the treatment. The aneurism is found undiminished in size, and soft and pulsating as at the commencement of the treatment. The clamps were taken off, the treatment by this method having clearly failed.

20th.—I tied the artery to-day in the usual situation above the sartorius.

After this the case did well, though the decrease in the size of the tumour was exceedingly slow; so that a year after the operation it was still full two-thirds its original size, and soft as at first, and I had some idea of letting out the contents by an incision, as he could not yet do his work, not being able to straighten his knee. It was considered more prudent, however, to desist from this, and trust to time and gentle friction, with iodine ointment, &c.

At the present time, three years since the operation, the tumour is reduced to the size of a small hen's-egg, gives him no inconvenience whatever, and he has been walking without limping, and doing his daily work for a year and a half past. But what remains of the tumour is still soft and pultaceous, indicating a want of plasticity in the blood, which was possibly the cause of the failure of the compression-treatment in this individual.

Malaga, 1857.

ON THE IMMEDIATE CAUSE OF SLEEP.

THE human body, as is universally known, requires intervals of rest, for repairing the waste caused by the "wear and tear" of activity. This season is the period of sleep. During this period the functions of the brain and spinal cord are suspended, (but not of the sympathetic system,) and hence physiologists have supposed that nervous energy was exhausted. But it would appear more probable, and better supported by facts, to believe that the nerve force is not exhausted, but simply prevented from exercising its effects on the body, as a timepiece may be stopped for repair by touching the pendulum, though the power of the spring is by no means exhausted. It would appear that the cause of sleep does not commence with the

nervous system, but in the muscular system, and thence reacts on the brain. Thus:—The bloodvessels, in virtue of their muscular fibres, possess the property of *tonicity*—a property independent of the nervous system. After the exertions of the day, the muscular system becomes relaxed, the bloodvessels lose their tonicity, become dilated, and the blood in them presses upon the nervous centres contained in their unyielding cases—viz., the cranium and spinal canal. That the tonicity of the vessels is less before sleep than immediately after, is shown by the fact that the pulse is less excitable and less frequent in the evening than in the morning.

As evidence in favour of this theory the following facts may be cited:—

1. The difference between the morning and evening pulse.
2. The action of narcotics. Thus sleep may be produced by drugs which we know have the power of dilating the bloodvessels, as opium, &c.
3. Fracture of the cranium, with depression, or effusion into the cranium, cause coma, from pressure.
4. Sleep first manifests itself in the eye. The first feeling of sleep is dropping of the upper eyelid, from cessation of nerve force of the third nerve. Now, this nerve lies along the outer wall of the *cavernous sinus*, and is therefore very favourably situated with regard to pressure.
5. The organic functions do not cease on account of their nerve force being supplied by the sympathetic system, and the sympathetic system not being enclosed in an unyielding case is unable to have any pressure applied to it.
6. Before sleep there is a feeling of fullness in the head.
7. The bloodvessels in the brain of an animal killed during sleep are found to contain more blood than those of one killed when awake.
8. Astringents, by their effect in contracting the blood vessels, prevent sleep. A familiar illustration of this is the effect of green tea.
9. Warmth, by its relaxing effects, favours or produces sleep.
10. Excessive cold, by a destruction of this tonicity, causes sleep. The post-mortem appearances of the brain of a person who died during sleep produced by cold were those of congestion and even effusion.
11. Whatever mechanically determines the blood to the head has the same effect as whirling round for a length of time, or ascending a mountain.
12. In disease stertorous breathing is a symptom of determination of blood to the head. Stertor or snoring is a frequent accompaniment to sleep.

E. H.

Reviews and Notices of Books.

Lives of British Physicians, and, now for the first time added, Lives of Merriman, Halford, Paris, Chambers, and Clutterbuck. With four Portraits. pp. 416. London: Tegg and Co., 1857.

It is now some years since the first edition of the collection of biographies before us was published, and from the estimation in which the work has been held by the profession, we are surprised that we have had to wait until the present time for a new issue. It is here at last, however, and greatly improved by the addition of the lives of the most mark-worthy physicians who have lately passed to their last resting-place from their active duties amongst us. The biographies of these latter are fully equal in truthfulness and concise detail of facts, as also in style, to the best of their forerunners. They add considerable interest to the work, not only from the reputation of the men descanted on, but from the fact that we ourselves have lived amongst them, can recall their features, and bear personal testimony to the worth here delineated with truth and deservedness. In building up the memoirs of Halford and Paris, the editor acknowledges the services of Dr. Munk, the librarian of the College of Physicians, while for the other three the editor alone is responsible. Our own sympathies lean towards Dr. Clutterbuck, about whom there was a manliness of character, truthfulness of purpose, and honesty of aim, that was "worthy of all acceptance." Well may his biographer remark, that his life was

"Fraught with lessons of instruction, and affords an admi-