hysteria, I believe the best thing you can do is to direct your patient's attention from her local sufferings, and, if possible, to induce her to forget them, at the same time using means to invigorate her system. Local remedies are objectionable, because they often tend to defeat their object; but it often happens that they must be had recourse to, and then the best means you can use are stimulants and counter-irritants.

NEW PREPARATIONS OF QUININE.

DR. KINGDON, of Exeter, having felt the utility in practice of quinine as a tonic, in cases in which stimulus to the absorbents also was indicated, has recently succeeded in combining the qualities of these two classes of medicines in an iodide and biniodide of quinia. His iodide of quinine is formed by dissolving equal weights of the disulphate of quinine and iodide of potassium in boiling distilled water, and allowing the mixture to cool, when beautiful fasciculi of needle-shaped crystals are deposited. insoluble in cold water, but soluble in alcohol. The biniodide of quinine is prepared by mixing twice the weight of iodide of potassium with the disulphate of quinine in boiling distilled water, evaporating to one-third in a sand-bath, and allowing the residue to cool, when a resinous substance is deposited of a light straw colour, which, by exposure to the air, becomes darker and of a greenish hue, not crystallisable, sparingly soluble in cold water, soluble in boiling water, readily soluble in alcohol, and then not precipitated when mixed with water. This preparation he has given in several cases of scrofulous enlargement of the glands with very great benefit. In the case of a child, between three and four years of age, when the glands of the neck were in a state of suppuration, half a grain twice a-day was given, and at the end of six weeks the swellings were entirely removed, and the general health much improved.—*Prov. Med. Journal.*

TESTS OF INSANITY.

THE expression of the countenance, the complexion, the colour of the conjunctivæ, and the action of the iris, must all be carefully noted (in insane patients). When you are observing the eye, ask the patient whether he sees motes floating before him; and this may lead him to speak of his illusions or hallucination. When you have exhausted these, ask about his sense of smelling; you may discover, perhaps, that he smells brimstone and fancies himself lost to all eternity. Now inquire whether his taste is altered; then pay attention to the sense of hearing; and, lastly, to that of touch.—*Dr. Sutherland.*

KING'S COLLEGE HOSPITAL.

CASE OF LITHECTASY

WITH

CLINICAL REMARKS THEREON.

By W. FERGUSSON, Esq., Surgeon
to the Hospital.

ALEX. BRAKEFIELD, ætat. 64, admitted under Mr. Fergusson 17th June, 1843. A native of Kent, where he has always been employed in farming occupations. Has never been very robust, having suffered once from pleurisy, several times from slight fevers, and from jaundice. For the last thirty-five years has had an eruption on the skin during spring and autumn, when his general health seemed best. About twelve years ago first perceived difficulty in making his water, but had no well-marked symptoms of stone in the bladder. Continued in this state for about seven years, suffering occasionally from pain in the loins, when he passed a stone about the size of a bean, and for six months after was tolerably easy. He then observed that the urine was tinged with blood, especially after walking or riding; now, also, other symptoms of stone became apparent, and he began to pass from time to time small concretions about the size of peas. The symptoms have gradually become aggravated, and latterly his sufferings have been very great. At present he passes water four or five times during the night, and six or seven times during the day, and has most of the usual symptoms of stone in the bladder. Complains of tenderness just above the pubes, slight pain in the left side, and a cough, to which he has been subject for many years. Appetite pretty good; has considerable thirst; tongue moist; bowels regular; pulse 82; urine of a pale colour, slightly acid, sp. grav. 1015. Has been sounded to-day, when a stone, somewhat larger than a walnut, was detected, and also a variety of smaller portions which are supposed to be mostly fragments, as those which the patient has passed and preserved are principally of this character.

June 24. Has suffered less since he has remained quiet in the hospital. To-day had an enema at eleven o'clock, a.m.; and at half-past one was brought into the operating theatre and bound up in the usual manner as for lithotomy, an ordinary sized staff, with the groove on the convexity having previously been introduced into the bladder. The staff and scrotum being held as for the ordinary operation, an incision was made along the raphe about one inch and a half in length, terminating about half an inch in front of the anus, from which point two incisions, each about three-fourths of an inch in length, were carried downwards and outwards. The superficial cellular tissue being divided to a

similar extent, the point of the knife (a common lithotomy bistoury) was thrust into the groove of the staff a little in front of the triangular ligament. The edge of the blade was so applied as to divide the triangular ligament to a slight extent first downwards and outwards on one side, and then in a similar way on the other; the groove of the staff being then distinctly felt by the forefinger of the left hand, the metal point of an Arnott's dilator was placed within it, and slid cautiously into the bladder. The staff was next withdrawn, and the bag of the dilator was partially distended with a solution of gum arabic, the distention having been continued until the patient complained of pain. He was then unbound and carried to bed. He seemed to suffer little during the operation, and when removed from the table his pulse was firm and countenance cheerful. Very little blood was lost from the wound.

Three o'clock, p.m. Feels a little pain in the perineum from the action of the dilator, into which additional quantities of fluid have been thrown at brief intervals. Had a desire to void his urine, which has just been drawn off by slipping a female catheter along the upper surface of the dilator, and now feels relieved. Fluid quite clear.

Four, p.m. Five ounces of urine have just been drawn off by the catheter, some of the fluid from the dilator having been allowed to escape before slipping the instrument along; dilator again distended, and patient making no further complaint. A slight oozing of blood from the wound.

Five, p.m. Has had slight shiverings within the last half hour. The dilator being now fully distended has been withdrawn, and one of larger dimensions substituted. This instrument is provided with a tube in the centre, which permits the urine to flow freely from the bladder.

Seven, p.m. Complains of slight pain above the pubes, and also in the perineum in the course of the dilator. No more shivering; pulse 96, full and strong; has taken a little tea, and had about an hour's sleep; blood still oozing from the perineum.

Ten, p.m. Has less pain; feels much more comfortable; has slept again and feels refreshed; pulse 92; skin cool; tongue moist, and little thirst. About an hour ago had great desire to make water, accompanied by some straining. The dilator withdrawn, and a larger one introduced, the house-surgeon being instructed to fill it at intervals in accordance with the patient's feelings.

25. One, five, and nine, a.m. Nothing unusual during any of these intervals. Has slept pretty well; pulse averaging about 84, and in every respect seems as comfortable as could be expected.

At nine o'clock the dilator (about one inch and a quarter in diameter) seemed fully distended, and it was resolved to attempt the extraction of the stone. The patient was

placed on the edge of the bed, and (the dilator having been removed) the forefinger of the left hand was passed along the wound through the neck of the bladder until the stone was felt. Some fragments lying close beside the neck of the bladder were removed by aid of the scoop, which required to be introduced several times, when a small pair of forceps were used to seize the stone. This being effected with little trouble, an attempt was made to extract, but with no benefit, the stone seeming too large to pass along with freedom. A pair of forceps slightly larger were then tried, and next a hook, but with no favourable result. The forceps were again used, and with some additional force, but still there was resistance. The blades were now forcibly closed with a rapid motion, when the stone split into fragments, which were readily removed without further trouble. A careful search having been made for fragments, and the bladder having been cleared with a syringe and warm water, the patient was replaced in bed. He seemed fatigued and shaken by the proceedings, but was speedily relieved with a little wine and water. More blood was lost than during the cutting part of the operation. The different fragments of stone weighed, together, two ounces.

Eight, p.m. In the early part of the day had slight shivering with a weak and fluttering pulse, but soon got better after taking a little wine. Pulse has risen in the course of the day from 98 to 124. Has complained of pain in the wound, also in the abdomen immediately above the pubes, and has felt oppressed with heat, the day being very warm. Has been thirsty, and the tongue has occasionally been parched. In the evening has had slight vomiting of a greenish coloured fluid. Has slept at intervals; bowels been once moved; urine passing freely through the wound; has taken from time to time small quantities of barley-water with a little wine, and sometimes an effervescing draught.

26. Nine, a.m. Had an opiate and diaphoretic mixture last night; has slept tolerably well, though occasionally restless and still troubled with complaints similar to those of yesterday. Vomiting of a bilious character, and has been ordered five grains of blue pill. Abdomen has been fomented, from which he has experienced some relief.

Ten, p.m. Has improved during the day. Has now no sickness; tenderness of abdomen gone off; bowels have been moved twice since the morning; skin cool and moist; tongue almost natural; pulse 88; respiration 18, easy; water passing freely by the wound.

27 and 28. Everything going on rather favourably, although in the course of a day the pulse and respiration vary considerably. Complains at times of pains in different parts of the body and abdomen. Wound looks healthy, and urine passes freely.

29. Nine p.m. Has had a restless night and complains of tenderness of the abdomen, which is aggravated by a troublesome cough. Is rather feverish, and appears weak and depressed. Wound still looks well.

Ten, p.m., Fever has increased during the day, and tenderness of abdomen still continues; complains of flatulency, and there is slight tympanitis. Pulse 123, small and weak. Appears low and distressed, having an anxious, pinched expression of countenance. In the course of the day the wound has looked sluggish, and hot dressings have been applied. To have an ounce of wine every hour and five grains of sesquicarbonate of ammonia with one drachm of compound tincture of cardamoms in an ounce of camphor mixture every four hours. An opiate enema in the evening.

30. Since last night has gradually become weaker. Brandy and wine have been exhibited at frequent intervals, but with no benefit. He died at seven o'clock, a.m.

Sectio Cadaveris, Thirty Hours after Death.

The peritoneum contained a small quantity of sero-purulent fluid, but presented no trace of active inflammation at any point. In the *cul de sac* between the bladder and rectum the surface was of a blue colour, such as is the effect of putrefaction in warm weather. The surface of the wound, so far as it could be seen on looking from the perineum, was of an ash colour. The rectum and bladder, with the skin and other tissues in the perineum, the symphysis pubis, and a portion of the penis, were removed. The fat and cellular tissue were cleared away, so as to permit a more accurate inspection of the parts in the vicinity of the neck of the bladder. Between the angle of the pubes and the latter part the textures seemed in a natural condition; there was no appearance of contusion, laceration, or infiltration of blood. Towards the right side of the prostate there was slight ecchymosis, but the external surface of this gland, on the left side, was in a natural condition. The cellular tissue between the bladder and rectum, and that lying on the outer surface of the gut, was softened and slightly infiltrated with a sero-purulent fluid. The softening appeared partly the result of inflammation and partly of putrefaction. The side of the rectum next the opening into the bladder was of a bluish colour, similar to that on the lower part of the peritoneum. The ureters (especially the left one) were larger than usual; they were traced into the bladder, and at these points, as well as in the site of the vesiculæ seminales, the bladder, although, externally, it seemed healthy, was somewhat thickened. The finger passed readily along the opening into the bladder, coming, in its course, into close contact with the rectum. The lateral lobes of the prostate were distinctly felt, the in-

ferior and upper portions being by no means so perceptible as usual. The aperture here seemed like a vertical slit. The original opening into the urethra was at the back part of the bulb, and in this vicinity there were scarcely any traces of contusion. The interior of the bladder was exposed by a semilunar incision through the tunics on the left side. The mucous membrane presented no appearance of inflammation; it was, however, extensively sacculated, and several of the pouches were filled with concretions, some of them forming distinct elevations, about the size of peas, on the outer surface of the bladder. The membrane at these parts was remarkably thin. A close inspection of the neck of the bladder in the vicinity of the orifice detected slight marks of contusion, and here the surface of the opening appeared somewhat ragged, and it was apparent that the prostate had yielded chiefly in its lower part and next in its upper. The wound was covered with shreds of lymph, and here the colour was similar to that observed on the perineal end of the opening. A slit was made along the left side of the track and the interior presented a rough lacerated surface, the mucous membrane of the urethra being nowhere visible, excepting at the upper part, where it was continuous with that in the sound portion of the tube. The kidneys were of a natural size, pale in colour and soft in texture. The right pelvis contained about eighteen or twenty small concretions, each about the size of a pin's head. The viscera of the abdomen generally healthy. No other region of the body was examined.

In a Clinical Lecture delivered on this case on the 13th of July, 1843, Mr. Ferguson stated

that the proceedings which had been followed constituted the operation of lithectomy, to which the attention of the profession had lately been called by Dr. Willis, in his excellent work on the Treatment of Stone in the Bladder, published in 1842. Although, in most respects, the operation might be considered novel, the idea of it was more than a hundred years old, as it had been suggested by Mr. John Douglas in 1727. It had not, however, been put into execution until 1819, when it was performed by Sir Astley Cooper on a patient of Dr. Neil Arnott's and his brother James', and for the particulars of that case he referred the pupils to the work of the last-named gentleman "On Obstructions of the Urethra," published in 1821.

Although this case had, as he understood, created considerable interest at the time, the proceeding was not again attempted, and even since the publication of Dr. Willis's work but little attention comparatively had

been paid to the subject by the body of the profession. Some there were, however, who had given it more consideration, and in autumn last his friend, Mr. Thomas Elliott, of Carlisle, had performed the operation successfully on a boy seventeen years of age. Within these four months it had again been successfully executed by Dr. Wright, of Malton, Yorkshire, on a person advanced in years, who seemed an unfavourable subject for any operation.

He (Mr. F.) confessed his reluctance to give up the usual operation for stone to this one, but from the knowledge of these cases, and reasoning without further experience on the subject, at the same time being fully impressed with the dangers of lithotomy at this period of life, and entertaining the conviction that the patient's life would not be more endangered than in the usual method by cutting, he had deemed it advisable to submit this patient to the proceeding.

Mr. Fergusson then exhibited the different instruments which had been used, and explained their construction. A drawing of the dilator, which is in Arnott's work, was also shown, and the necessity (in this particular instance) for using a female catheter was explained, as the bag of the first dilator was fitted upon a small solid rod, instead of a tube, as in the others. It had been deemed advisable to use a small pointed instrument at first, to facilitate the introduction along the groove of the staff into the bladder. It was stated, however, that the bag might be fitted on a tube as small as the diameter of the rod.

Notwithstanding his unwillingness to resort to the operation instead of lithotomy, he considered it no more than his duty to give it a fair trial; for with the success which had already been obtained in those instances which had been referred to, with the high character claimed for the operation by Dr. Willis, and with the many advantages which it seemed to possess, it appeared well worthy of further investigation. To show Dr. Willis's estimate of the proceeding he quoted the following paragraph:—"To me, I confess, that with this operation at command stone in the bladder has already lost a great porportion of its terrors. There is hardly a case to which it is not applicable, and its application is without danger, immediate or prospective. The brief interval of from four-and-twenty to eight-and-forty hours is all that is necessary to begin and end the operation, and this with no doubtful prospect, it cannot end otherwise than well. Even if we found a stone of five or six ounces in weight we should feel neither embarrassment nor alarm; we never should think of extracting such a mass entire, indeed, but we have an aperture of two, or, if we choose, of three inches in diameter, and a canal of little or no greater length, through which we can introduce an Earle's, or any

other commodious instrument for breaking up large stones in the bladder, and reduce it to fragments in a twinkling. We might even have a professor of lithotomy in waiting and give him an opportunity of proving the strength of his instruments, &c."*

Mr. Fergusson thought it incumbent on him to refer at greater length than he had yet done to some of the supposed advantages of this proceeding, and he did so by alluding to many of the acknowledged dangers of lithotomy. The severe and alarming shock often sustained in the latter method might be obviated, and this, in so far as the first steps were concerned, had really been the case in this instance. Then, as the cutting instrument was not carried deep, there was little danger to be apprehended from bleeding. The bulb of the urethra might be cut, but he did not think there could be any danger from such a wound. He had never seen any serious hæmorrhage from this part, either after lithotomy (in which operation he believed it was occasionally grazed) or other wounds in the perineum; but even in the event of oozing to an alarming extent he imagined that it could be effectually controlled by a little pressure either with the point of the finger or by the dilator; in fact, an instrument of a somewhat similar construction had been recommended by the late Mr. Bushe for the suppression of hæmorrhage, either after lithotomy or after operations on the rectum. In speaking thus freely of a wound of the bulb, he begged it to be understood that he considered a wound of the main artery of the bulb a more serious affair; but as the knife was not intended to reach that part there was no danger on this score, neither was there any chance of wounding the transversalis perinei, the common pudic, nor any anomalous branch, such as had occasionally been met with both in the dead and living subject. The large veins, too, which in those advanced in years sometimes give trouble when cut, were left untouched by the proceeding in question. The danger of thrusting a knife or gorget too deep, or out of the proper course of incision, so as to wound the bladder improperly, to cut the rectum, to separate the urethra and bladder, or to pass between the rectum and the latter viscus; or, again, between it and the pubes—all of which accidents had occasionally happened in different instances of lithotomy—would thus be rendered less likely to occur. There being no incision in the neck of the bladder might obviate the chances of infiltration of urine; and the absence of such a wound, too, might possibly lessen the chances of inflammation. On this latter point he believed that the membranous and prostatic portions of the urethra must be wounded, for unless

* Willis on the Treatment of Stone in the Bladder. 1842. Pp. 167.

the dilating process were effected in a much slower manner than was recommended for lithectasy, he feared that the mucous membrane and urethra would not only be dilated but actually torn. In the operation of lithotomy he had always contended for a small wound in the neck of the bladder, and had even admitted that the dilatation or distention additionally necessary was accompanied with laceration. This he had verified both on the dead subject and on the living body; and, although he would not affirm that such a wound was not accompanied with great danger, it was his conviction that it was less hazardous than the free incision. These were matters on which the highest authorities differed, but his own views were similar to those of some of the most distinguished lithotomists of the day. It was one of the main objects in lithectasy to avoid any wound of the neck of the bladder; he doubted if this could be avoided, and a certain amount of inflammation might, therefore, be calculated upon.

He felt bound in justice to lithectasy to state that in this particular instance the operation had not received every justice, for more force had been used in the extraction of the stone than was in accordance with the principles on which it should be conducted. The fragments had been taken away with the scoop without violence of any kind, but when the large stone was between the blades of the forceps he had felt unwilling, for a time, to relinquish the grasp, and here he had applied as much force as he occasionally used in lithotomy. In the latter operation he had often used much more, and some of the cases on which the pupils had seen him operate during the winter were examples of the kind. In these there had been no unfavourable issue; and though he admitted that lithectasy, in the strict sense, had not been perfectly performed in this instance, he could not attribute the unfortunate result solely to the force used in attempting to extract the stone entire. On any future occasion he would suggest that a longer period should be expended in using the dilator, and also that in the event of the stone proving too large for ready removal, the lithotrite should at once be used as recommended by Dr. Willis, and as had, indeed, been done by Dr. Wright, in his successful proceeding. It was a disadvantage having to deal with a broken stone, from the possibility of some fragments being left behind, and also from the necessity for the repeated introduction of instruments to clear out the bladder; but possibly these were less to be apprehended as dangers than the application of great force, or the formation of a very large orifice in the neck of the bladder. It was his opinion that in such an operation there would always be greater difficulty in extracting a stone of any considerable size

than in lithotomy; for in the latter case the wound extended down alongside of the anus, and the forceps holding the stone could be more readily depressed; while in the former the manœuvres were conducted near the angle of the pubes, and, consequently, in the narrowest part of the space between the bones, a space which the experienced lithotomist was always careful to avoid.

The probable immediate cause of death in this instance might be accounted for in various ways. Fever, like that which sometimes follows lithotomy, or a similar condition from sub-acute inflammation in the pelvis might, one or both, be adduced; or it might be said that the constitution had sunk under the inflammation, as is occasionally seen after operations on old men in other parts of the body. It was not unusual to see old persons sink after injuries of a much less serious kind than such as had been inflicted here; and he instanced a case where, after the application of a ligature to the superficial femoral artery of an aged man, death occurred on the fourth or fifth day, apparently from an inflammation having been induced in the cellular tissue of the thigh, similar to that which seemed to have been present in the pelvis in the patient whose case was under notice; yet in that instance, as in many others which he had seen, the necessary operation was completed with comparatively very slight injury of textures. Instead of attempting to account for death from any equivocal cause, he thought it most reasonable at once to attribute it to the operation; for whatever state might have existed immediately before the fatal termination, there could be no doubt that it had been brought on by the operation itself.

This case, added to the others already referred to, gave additional proof that a stone might be extracted from the bladder without cutting into the neck of that viscus, but it yet remained to be proved in how far such a proceeding was safer than the ordinary operation of lithotomy. It was only from a number of cases that such proof could be obtained. The statistics of lithotomy had been founded on the results of thousands of cases, and with lithectasy, as with lithotripsy (even in the present day), such proof was still required by the results of hospital practice.

Mr. Fergusson then directed attention to the triangular or Λ -shaped incision which he had made in this operation. He believed that it gave much more room than a single line, and also that it made the perineum more shallow; while, from being in the middle of the perineum, it permitted of an equal distention on both sides. An external incision, of a somewhat similar kind, might, he thought, be of service in some instances of lithotomy where the perineum

was deep and the stone large. In conclusion, he stated his satisfaction with the nature of the dilator, and thought it infinitely to be preferred, for certain purposes, to the ingenious pieces of mechanism constructed by Weiss and other instrument-makers, which had been in use for the last fifteen or twenty years. The blades of such instruments usually pressed on particular points, but the bag of the dilator pressed equally throughout its circumference, and should he be required to dilate the female urethra for the purpose of extracting a stone he would use this apparatus in preference to any other.

CURE OF HYDROCELE BY A STAB.

A FRENCH naval surgeon says—"On board of our ship, while in Toulon Roads, was one Napoleon Agostini, a Corsican by birth, and who had on the left side an enormous hydrocele, which he refused to have operated on. He had been allowed to go ashore, where, with some of his shipmates, he entered a *cabaret*, where he staid drinking for some hours. Having all got intoxicated, they quarrelled and fought, and one of the men made a blow at Agostini with a knife, by which his trousers were cut from below the waistband half-way down the thigh. An incision, about an inch and a quarter in length, had been made in the scrotum, which not only suffered the fluid but the testicle also to escape! Next day, before the effects of his drunkenness had disappeared, the man was brought on board. The testicle was cleaned, returned into its proper situation, and retained there by four sutures. Moderate adhesive inflammation was set up, and the wound had healed by the fourteenth day. Three months have elapsed and the hydrocele has not returned."

SUCCESS OF ARSENIC IN SYPHILIS.

DR. SICHERER, of Heilbrunn, cites the following case:—A lady having become affected through her husband with the virus of syphilis, had at length passed through the various stages of that disease until about to sink under final marasmus. The palate and the organs of deglutition were destroyed to such an extent that scarcely any liquid could be swallowed, and then only in a recumbent position. As a forlorn hope (for other remedies had been unsuccessfully employed), Sicherer had recourse to arsenic, ordering Fowler's solution to be taken, at first, in doses of two drops, but gradually increased to thirty drops, three times a-day. The remedy was continued until about two ounces of the arsenical solution had been taken, by which time a considerable portion of the impaired structures had been restored, and the faculty of deglutition regained; and after a period of ten years no relapse had been experienced.—*Haeser's Repertorium*.

MISCELLANEOUS CONTRIBUTIONS TO PATHOLOGY AND THERAPEUTICS.

By JAMES RICHARD SMYTH, M.D., London.

RICKETS.

IT is the opinion of many that the malady of rickets first made its appearance, as an evil of the human race, in England, and that such took place somewhen about two hundred years ago. Glisson, Bate (physician to Charles I., to Cromwell, and to Charles II.), with six other eminent physicians of the time, who joined observation and experience in investigation of the origin, nature, and treatment of this disease, coincided in opinion that it was a new distemper, and not known to the ancient inhabitants of this island or of the continent, or to the Greeks or Romans. Glisson was an able and learned physician, and regius-professor of physic during forty years at Cambridge University, and might be considered well qualified to give an opinion on such a statistical point in medicine. Boerhaave and Van Swieten, also, would appear to favour the opinion of the modern origin of rickets. Glisson is the first, we believe, who has fully and accurately written upon the disease, and it is a little remarkable that its name (of Greek derivation, from *ραχις*, *spine*, or *chine*) was not the suggestion of that author, but was the common appellation by which the complaint was known and spoken of at the time he wrote his treatise upon it (Glisson, de Rachitide, published about the middle of the seventeenth century). Not a few writers, with whom we are much disposed to agree, are of opinion that the disease of rickets, in a mild or aggravated form, existed at all times, and was comprehended and recognised in the general morbid state of cachexy. The following is a description of a morbid condition of a boy, given by a physician of Bologna, Johannes Baptista Theodosius, in 1554, a century before the rickets was noticed by any writer in this country, and if a similar case were to come under our observation in practice to-morrow we would have no hesitation in pronouncing it, with full confidence in the correctness of our diagnosis, to be rickets:—"Ejus temperamentum declinat ad frigidam et humidam, ex quo color totius pallidus redditur, ita ut ad cachexiam tendere videatur, et multæ in eo cruditates generentur. Affectus est debilitas virtutis motivæ, ita ut, cum mensium jam septemdecim sit, non possit ullo modo se movere, nec stare, et cum in ulnis a nutrice defertur, vix caput potest erectum tenere. Symptoma aliud omnium sævissimum est vertebrarum trium in costis notis ad exteriora declinatio, et est modus gibbositatis, et in modum arcus costæ etiam incurvari videntur." The temperature of him (the boy) declines to cold and humi-