ence of any blood poison. There is no regularity in their recurrence. They are brought on by exposure to cold, and exposure to cold only. When the hands or feet get chilled, the patient is seized with shivering, has a general feeling of discomfort, and begins to pass immediately urine more or less dark-coloured from the presence of blood. It may be assumed that there is no organic disease of the kidney, as the urine, except during the attack, is healthy. An alteration in the quality of the blood, or in the state of the bloodvessels, must constitute the immediate precursor of the escape of blood from the kidney. The rapidity with which the effect upon the urine follows the exposure to cold scarcely leaves grounds for supposing that an altered condition of the blood could be set up to occasion it. We have only, therefore, an altered condition of the bloodvessels to fall back upon, and physiology teaches us how rapidly and readily impressions may act through the nervous system, and modify the circulation and nutrition of a part. It is a matter also of the most common observation to witness exposure to cold producing a modification of the circulation in some locality or another. And dispositions of different individuals vary; so that in one the impression of cold, through getting damp feet, for example, shall be followed by a coryza; in another, by bronchitis; in another, by pleurisy, or, may be, an inflammation of the lungs; in another, peritonitis; in another, inflammation of the kidney; and so on. There are varying degrees of susceptibility appertaining to different parts to be impressed by exposure to cold in different individuals. In the affection that is being commented upon, it may be considered that an unusual susceptibility of the kidney to temporary congestion from exposure to cold happens to exist. The effect, it may be further considered, is determined by the impression resulting from the exposure acting through the spinal and sympathetic systems on the muscular coat of the bloodvessels. Taking this view, the principle I acted upon in treatment was, first of all, by suitable coverings or clothing, to diminish the risk of the patient getting chilled, and next to fortify the system by tonics, and render it less impressionable by a narcotic.

Grosvenor-street, July, 1866.

ANEURISM OF THE FEMORAL ARTERY IN HUNTER'S CANAL TREATED BY COMPRESSION.

RECOVERY.

By ASSISTANT-SURGEON LAURENCE,
1ST BATTALION GRENADEER GUARDS.

PRIVATE J. P.—, aged thirty, a strong, muscular-looking soldier, but of irregular habits, and who has been in hospital frequently with syphilis, was admitted April 4th with pain and stiffness of the right knee-joint. He stated that he first felt uneasiness in the part about a week before admission, and this was followed in two or three days by swelling. The symptoms at the time appeared to be those of articular rheumatism, which, to some extent, subsided under treatment.

On the morning of the 10th my attention was directed to an enlargement on the inner side of the thigh, about the junction of the middle with the lower third, and on examination forcible pulsation of a distensile and expanding character was detected in the upper part of the swelling. The patient complained of little or no pain, and the foot and leg were natural in temperature and appearance. He could give no clear account of the origin of the disease, but thinks it not improbable that he might have strained himself in the gymnasium. Aneurism of the femoral artery in Hunter's canal being diagnosed, compression was at once resorted to. A piece of cork, the shape of an ordinary tourniquet pad, was adapted to the broad end of a seven-pound weight, and was applied to the femoral artery as it passed over the pubes. Pressure by means of the double aneurismal compress was tried on three different occasions, but each time had to be discontinued as it caused him too much pain. Digital pressure, varied by that of the weight, was steadily kept up for several days without any apparent beneficial result, but on the morning of the 26th, on careful examination, no pulsation could be detected. According to the patient's statement it ceased suddenly about three o'clock on the previous day; his attention at the time was called to it as he felt an increased action in the artery

above the spot where the pressure was being made, and on placing his hand on the aneurism he found the beating had entirely ceased. From the 26th up to the present time there has been no return of the pulsation; the tumour has rapidly decreased in size, and is now flat and indistinct.

Remarks.—This case offers some points of interest. The situation of the aneurism being so unusual certainly led one at first to a wrong conclusion, which, perhaps, might have been obviated on a more careful examination. At what time the aneurism might have been detected it is difficult to say, but that it was of rapid formation and quickly enlarged is certain; and for these reasons, as well as the inability of the patient to bear pressure with tourniquets, the case was anything but a promising one, and for days fears were entertained that compression would not be successful. It is of some interest that the man knew when the pulsation in the aneurism had ceased. It stopped suddenly, as if a clot had been detached and thus blocked up the canal that remained open—for previously to this the tumour pulsated strongly,—and thus militates against the idea that it was by gradual deposit of fibrin that the final closure was made. As the statistics of cure of aneurism by compression are somewhat meagre, I may refer to a case of popliteal aneurism I had under my care in 1861, in which pressure was effectual, the aneurism being perfectly cured; unfortunately, however, the soldier died subsequently of aneurism of the superior mesenteric artery.

June, 1866.

ON A CASE OF INTENTIONAL POISONING BY TINCTURE OF ACONITE; RECOVERY.

By JAMES EASTON, L.R.C.P. EDIN., &c.

As poisoning by tincture of aconite is of rare occurrence, and as few recover after having taken a large quantity of the more concentrated form of the drug, I deem the particulars of the following case worthy of being recorded in THE LANCET.

M. W.—, a servant girl, seventeen years of age, and about five months gone in pregnancy, at nine o'clock A.M. on the 4th of May last, swallowed, with the intention of destroying her life, about three drachms of "Fleming's tincture of aconite"—the contents of a half-ounce phial which was being administered to cattle in twelve-drop doses three times daily. The girl stated that very soon after having taken the drops she went to a hay-loft and concealed herself for about half an hour, when, becoming alarmed at feeling very severe pains shooting through her head, peculiar tingling sensations throughout her whole body, her arms and limbs also becoming benumbed, a choking sensation and lightness in her head, with partial loss of sight, she went and told her mistress what she had done, who at once administered to her copious draughts of sweet milk (a universal remedy amongst farmers in all cases of poisoning). The girl immediately after this walked, but with a very unsteady gait, to a friend's house about half a mile distant. She was put to bed directly, and very soon afterwards became restless and delirious.

At this stage my attendance was urgently requested; but being at the time about six miles distant, it was nearly eleven o'clock when I arrived. I found her in bed lying on her back, with her limbs much drawn up. Her bedclothes and night-dress were bespattered with mustard and water, which, her attendant said, had been given to her for the purpose of causing vomiting, but which she would not, or, more correctly, could not, swallow. She was conscious; her features were pinched; a dark ring round her eyes; pupils slightly contracted; skin covered with a cold clammy perspiration; breathing hurried and short; pulse 45, and scarcely perceptible at the wrist; and at intervals she suffered from peculiar choking paroxysms.

As every effort on the part of her attendants to make her vomit failed, I at once administered a full emetic of sulphate of zinc, followed by copious draughts of tepid water, which she drank with considerable difficulty. In about five minutes the emetic began to act, the tepid water meantime being repeated at short intervals. From the large quantity of the ejections the patient must have partaken of a hearty breakfast. Small quantities of diffusible stimulants were now given and repeated at short intervals. Fomentations of mustard and hot water were applied over the heart; warm bread poultices

to the stomach and bowels; bottles filled with hot water to the feet, and cold lotions to the head. As thirst was urgent, small quantities of cold water were allowed as a drink. The diet to be chiefly farinaceous, with small quantities of soup, &c.

On the following morning I found my patient much better, although she had passed a restless night, her sleep having been much disturbed by dreams. Her pulse was 60 and soft, and her breathing 30. She complained of slight headache and of a burning pain in her stomach and bowels, both of which were tender on pressure; her tongue was dry and slightly coated, and her pupils natural. The poultices to be continued to stomach and bowels, and occasionally the lotion to head. An ounce of castor oil to be given immediately; diet to be beef-tea thickened with arrowroot; the other treatment to be discontinued.

On the day following she was convalescent.

Remarks.—In cases of poisoning it is certainly of importance to ascertain early both the kind and quantity of the poison taken. In this case the symptoms were so well marked and characteristic that there was no doubt as to the former, and it was also evident that the amount taken must have been very considerable. I shortly afterwards ascertained from the veterinary surgeon that the liquid was Fleming's tincture undiluted, and that the phial, which the girl states she drained at one draught, was more than three-quarters full. Had she not repented of her rash act and disclosed all to her mistress, she probably would never have been seen alive. In some measure, too, she owes her life to the circumstance of her stomach being full when she took the poison, to the quantities of milk given afterwards, which must have considerably retarded the absorbing process of the stomach, and to the almost non-volatile nature of the drug. In similar cases the prognosis will be more or less favourable as the stomach happens at the time to be full or empty.

Stranraer, N.B., May 14th, 1866.

CONFESSIONS OF A LAUDANUM-DRINKER.

By W. WHALLEY, Esq., M.R.C.S.

IN obtaining the following brief and somewhat immethodical facts I experienced some little difficulty, owing to the reluctance evinced by the patient to reveal the true magnitude of her infirmity. For many years her demeanour was so circumspect that some of her most intimate acquaintances were not cognisant of the fact that she did imbibe laudanum. The subjoined particulars were fully corroborated by her husband, and their veracity is perfectly reliable.

On March 19th, 1866, I was consulted by Mrs. K—, aged forty-four, who has had eight children, three of whom are living, their respective ages being eighteen, sixteen, and six years. She is about the average height, rather inclined to stoop, and moderately stout. Her hair is very grey, and her countenance had a rather withered, yellow aspect. Her eyes were glassy, and the conjunctivæ straw-coloured. When asked to put out her tongue she did so tremblingly, which was coated with a brown fur. She complained of headache, loss of sleep and appetite, intense thirst, and her bowels were slightly relaxed. She stated that owing to recent domestic adversities she had indulged in whisky as well as laudanum; of the latter, the average quantity taken the last eighteen months had been a gallon a month. During this period the stomach has frequently retaliated and rejected its contents. She expressed a determination to relinquish the habit gradually if possible, believing that death would be inevitable if the accustomed stimulus was suddenly withdrawn.

About fourteen years ago she suffered from severe pain in the bowels, for which a friend advised her to take twenty drops of laudanum. This she found to afford the desired relief, and on each accession of pain at once resorted to the above remedy. In course of time the pain ceased to annoy her; but a desire for the laudanum had almost unconsciously been acquired, and unfortunately more courage and resolution were essential to its abandonment than fell to the lot of its victim. The habit became more and more confirmed, the craving for the stimulus became increased, and in order to produce the desired effect the dose was constantly augmented, so that after the lapse of a few years she was capable of taking a quart a week. More than this the stomach would not tolerate. Its effects upon her spirits were most exhilarating. She felt lively

and cheerful, and could accomplish almost any amount of household work; and instead (as is often the case) of suffering from constipated bowels, with accompanying headache, they were invariably relaxed, and there was entire freedom from headache. She slept well, her appetite was remarkably good; in fact, there was very little, if any, disorder of the digestive organs. The organs of sense did not exhibit any signs or symptoms of impairment, except that of sight, which was not quite so good as formerly. If deprived of the laudanum for a single day, the most unpleasant symptoms came on: loss of sleep and appetite, and an indescribable feeling of languor, with a corresponding depression of spirits, and slight involuntary motions of the limbs, all of which were readily relieved by the accustomed dose of laudanum.

When first consulted by my patient, I fostered the most sanguine hopes of being instrumental in enabling her to conquer her defect. The whisky was discontinued, and the doses of laudanum decreased, and by the aid of salines, &c., her distressing symptoms speedily vanished, her appetite and usual flow of spirits returned, and she was soon engaged in her customary domestic duties. At this period, however, my hopes were suddenly and unexpectedly doomed to disappointment from the absurd intelligence I received from her nearest relatives—namely, that it was their intention to allow her the laudanum, but in smaller doses, they being infatuated with the idea that to discontinue its use entirely would be to endanger her life.

Bradford, Yorkshire, July, 1866.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

COMPOUND STELLATED FRACTURE OF THE SKULL, WITH EXTREME DEPRESSION OF PARTS OF THE FRONTAL AND LEFT PARIETAL BONES; WOUND OF THE BRAIN, AND PROTRUSION OF CONTUSED CEREBRAL MATTER; A PIECE OF THE FRONTAL BONE REMOVED BY THE TREPHINE, AND THE DEPRESSED BONE RAISED; RECOVERY.

(Under the care of Mr. GEO. LAWSON.)

IN cases of depressed fracture of the skull it is always a question whether or not an operation should be performed for the purpose of raising the depressed bone. The late Mr. Samuel Cooper laid it down as a rule never to be departed from, "that existing symptoms of dangerous pressure on the brain can alone form a true reason for perforating the cranium." The wisdom of this maxim is now acknowledged by most surgeons; and few, if any, would venture to use the trephine for a depressed fracture of the skull if the patient did not at the time exhibit unmistakable evidence of pressure on the brain. Recoveries after severe and extensive fractures of the skull have been so often recorded, that, where no dangerous cerebral symptoms exist, there is always a hope, although it may be a feeble one, that the case may do well. A notable instance of such a recovery has just been brought again before the public in the Memoirs of Sir Philip Broke, Bart., who, in the famous engagement between the Shannon and the Chesapeake in 1813, received a desperate wound of this description. The circumstances are thus noted in the work:—"Broke parried the pike of his first assailant, and wounded him in the face. Before he could recover his guard the second foe struck him with a cutlass on the side of the head; and instantly on this, the third American having clubbed his musket drove home his comrade's weapon until a large surface of the skull was