from the brain and nerves. If electricity be coincident with nutrition in the muscular structure,—if, like contractility and animal heat, it is a function, one among many, of the organ when healthy and complete; then, like the other animal functions, it is liable to occasional error and interruption. Thus, under circumstances of impaired nutrition in the muscles, we should expect a corresponding irregularity in the results of its electro-nutritive functions,—a rapid succession, it might be, of unequal discharges, with a consentaneous, fitful action of the affected fibre, instead of a full, constant, even generation of the electrical current. By whatever phrase or image we may prefer to illustrate its effects on the voluntary muscle, chorea must, in every instance, be treated in close reference to the other evidences of disorder, by which it is accompanied in the system. To the physician with large opportunities, it is well known that cases of chorea are not unfrequently fatal in their close. Not a month ago, a young girl died in this hospital, after most aggravated symptoms of this disorder, with extensive purulent deposits on her chest, and suppurative inflammation in certain of the articular cavities. In this sad instance of the disease, as in the milder one before us, the mutiny of the muscles against the will was but a part of the entire case, like the pleurisy, the empyema, and the arthritis, an evidence the more of some disturbing agency that was general throughout the body. The chorea of the muscles, in this instance of the disorder, (a further illustration of its constitutional character,) lasted between two and three weeks, with but slight remission of the symptoms, the average duration, that is, of our ordinary epidemic fever, or other idiopathic illness.

Consistently with these views of the disorder, the exhausted young pedestrian is now fast recovering, under remedial means, that are addressed to the great common business of the system. He has been well fed; he has been indulged with rest; a shower-bath has refreshed him in the morning. The medicines administered were, in the first instance, purgatives; latterly he has taken, in small doses, the Fowler's solution of arsenic; medicines, it will be observed, not specific to the nerve—not "nervous medicines," but tonic and alterative in their operation on the system—principles that influence the nerve like the structures from which it arises, and of which it forms a part, by improvement, that is, of the general faculty of nutrition. And thus, from the symptoms, as in the cure, of this strange disorder, we find continual inference for belief, that, as of structure, in its varieties, the nerve is but a part, so, in the business of structure, the office of the nerve is in all cases secondary, partial, and subordinate,—that the "nervous system," so called, is in truth an anatomical convenience rather than a physiological centre,—that the two brains—the double spinal marrow, and the ganglionic web—have no common universal function, and are capable of simultaneous influences only through the blood. Our practice in chorea is far in advance of our nosology. In this, the most nervous of the neuroses, how false and futile the physisic, that for redress of the muscle would rest upon the nerve alone!

St. George's Hospital, Feb. 1845.

ON THE EMPLOYMENT OF THE VAPOUR BATH, WITH ABSTINENCE FROM DRINKS, IN THE TREATMENT OF DROPSIES.

By THOMAS CATTELL, M.D., M.R.C.S.L. &c. Braunston.

THE importance of abstinence from drinks, co-operating with the employment of the vapour-bath in the treatment of dropsies, may be somewhat exemplified in the following case:

Miss B—, of the age of twenty-seven, up to the time she applied to me, had been suffering for five years with an abdominal enlargement, produced by the secretion of an ovarian cyst, which then so far interfered with the functions of the lungs, as to place her life in imminent danger. The countenance presented a pallid aspect, the pulse was exceedingly weak and slow, and the cutaneous surface, with the extremities, was of an unusually low temperature. Indeed, she said she had not known the comfort of feeling a glow of heat for the three preceding years.

With such formidable symptoms to combat, I perceived that no plan of treatment would be of any avail that did not both suspend and counterpoise the further secretion of the cystical fluid, at the same time it excited the temperature of the external surface.

The adoption of the foregoing method appeared surprisingly to consummate the desired objects, whilst the administration

of calomel, opium, tartarized antimony, and sometimes a little pulverized digitalis, in a pilular form, operated adjuvantly in maintaining their effects.

The facility with which this patient sustained the loss of her accustomed drinks was truly extraordinary. The only precautionary or palliative measures employed were, a bullet kept in the mouth—a small piece of pyrethrum root, or an occasional teaspoonful of brandy-and-water. It must be regarded beyond a doubt, that if abstinence from fluids be in any degree effective in diminishing the section of ovarian dropsy, it would be much more so in ascites and anasarca.

As to the vapour-bath, its *modus operandi* in awakening the dormant action of the skin, in arousing the depressed circulation, and in removing the interdict under which the functions of the system appeared to lie, was gratifying in the extreme.

The baths were administered sometimes every successive, but more frequently every alternate morning; and it was the more remarkable, that subsequently to the first bath, the patient did not experience the least coldness on the surface of the body, as she had heretofore done. And such was its remote effect, that, assisted by the influence of the medicine, profuse perspirations supervened on the slightest exercise, and more abundantly at night.

Though the treatment here recommended was only applied for a period of three months, in consequence of her removal, still a reduction of at least two-thirds in the quantum of the fluid of the cyst occurred.

Enough has been said in these brief remarks, if sufficient interest be excited to cause its pursuance in similar cases.

Braunston, Northamptonshire, February, 1846.

ON NATURE'S TEMPORARY HÆMOSTATICS.

By C. H. HALLET, Esq., Assistant Demonstrator of Anatomy in University College, Edinburgh.

PHYSIOLOGISTS and surgeons have long been agreed about Nature's hæmostatics, in the case of lesions of the external parts of the body. They have described two classes of these, the temporary and the permanent, and four conditions combining to the production of the former—namely, retraction and contraction of the coats of the injured vessels, the formation of coagula, and a tendency to syncope. The two first—the effects of the action of the vital properties of the vascular texture—act by diminishing the rapidity of the flow of blood through the cut orifices, and thus favour the supervention of the third—the formation of coagula. The fourth, or tendency to syncope, contributes materially to these results. "These important changes," says Professor Miller,* "are contributed to by the natural result of loss of blood in considerable quantity; a growing faintness and tendency to syncope. The heart's action abating, and the general circulation becoming more and more feeble, the contraction of the arterial orifice is favoured, as also the formation of coagula." Although coinciding fully in the opinions which are universally held respecting the extent to which these several conditions act in arresting, or conducing to the arrest of, hæmorrhage, I believe we must take into consideration a fifth and most important element—the relatively increased amount of fibrin in the blood following on its loss.

We have been for some time aware that the loss of blood causes a change in the relative amount of its principal constituents; a diminution of red corpuscles, and increase of fibrin. Now, as the coagulation of the blood depends on the fibrin, we should naturally be led to expect the accession of that phenomenon to be accelerated by the abstraction of the vital fluid. Such is really the case. "Thus, if a large quantity of blood be withdrawn from the vessels of an animal at one time, or within short intervals, the portions that last flow coagulate much more rapidly, but much less firmly, than those first obtained."† A familiar example will suffice to illustrate this. A medical practitioner determines to phlebotomize a patient, and desirous of observing the state of the blood, causes it to flow into a number of small receptacles—say teacups—successively. On arresting the flow of blood, he proceeds to examine that which he has designedly abstracted from the patient's system, and observes that the last cupfull has coagulated as soon as the first; in fact, has solidified immediately on removal from the vessels.

Such an important change in the constitution of the blood, and such an augmentation of one of its most re-

* Principles of Surgery.

† Carpenter's Physiology, p. 476.