but much more frequently in various complicated or associated, states. Now, I believe that I have alone, of all other writers attempted to describe, or otherwise notice, most of these complications and associations.

When treating of the several topics connected with the *pathology of paralysis*, (ss. 166, *et seq.*), the views of Sir C. Bell, Dr. M. Hall, and of others have been noticed by me as far as appeared requisite; not, however, confining myself to exclusive doctrines—to one-sided views—or to an obsolete physiology, but bestowing due regard on all matters which seemed of importance. Thus I have treated of—“*The physical conditions of the brain and spinal chord*”—“*Of congestion of the venous sinuses seated between the theca of the chord and the bodies of the vertebrae*”—“*Of the various sympathetic phenomena which occur in connection with paralysis*”—and—“*Of the mechanism and function of the spinal chord.*”

Under the latter heads I have given the minute anatomy of the spinal chord, and noticed the results of the researches of Foville, Dr. M. Hall, Dr. Todd, Mr. Grainger, Stilling, Van Deen, Budge, and Newport. As respects the physiology of the spinal chord, at least, I have adduced everything deserving of notice up to the very recent communications of Mr. Newport, in the latest volume of the *Philosophical Transactions*. You say, that my “physiological reminiscences are by no means up to the knowledge of the present day.” Now assertions are easily made. I challenge you to adduce your proofs in support of them. It by no means follows that, because a practical writer—old enough to know the fleeting character of many doctrines, and the deceptive nature of painful and life-annihilating experiments on living dumb animals—chooses to estimate such doctrines and such experiments at something like a sober value, and to notice them accordingly, he should therefore be either ignorant of their existence, or disposed to exalt them above their sinking humility.*

(To be concluded in our next.)

CASE OF FISTULA IN ANO.

By T. N. MAGGISON, Esq., M.D., M.R.C.S.Eng.

THE following case of fistula in ano is drawn up at the earnest solicitation of a friend, who says that it may usefully excite attention if published. I am sorry that I did not keep notes of the case at the time it was treated, not then thinking of its insertion in any public journal.

The patient, a young man, by occupation a clerk in a counting-house, applied to me on the 9th of March last, stating that he was very much afraid he was suffering from fistula. On examination, I found severe stricture of the rectum, and a fistula, into which the probe passed about an inch and a quarter, apparently blind. Owing to the severity of the stricture, I was unable to introduce more than the little finger into the rectum, and consequently could not with certainty ascertain the direction of the fistula. The patient would not hear of an operation, and begged I would attempt anything rather than talk of it. I expressed my willingness to try what could be done, and, accordingly, on the 10th March, I commenced introducing rectum bougies. The first used was about the size of the little finger; it was introduced daily, and allowed to remain about a quarter of an hour; at the same time, a stick of lunar-caustic was daily applied to the fistula, being introduced as far as possible, and, on its withdrawal, a tent of lint was introduced, and allowed to remain.

The sphincter rapidly regained its normal extensibility, but a full-sized bougie was continued in daily use. I ought previously to have mentioned that on examination per anum, when effected, I found the probe pressing closely on the gut, about two inches within the rectum. The orifice of the fistula became gradually enlarged, so that, after the lapse of about six weeks, I had the satisfaction of seeing that the caustic had reached the end of the fistula, which by this time had diminished much in length, healthy granulations being seen at its extremity, and the point of the probe much less distinctly felt per anum. In a few days, by continuing the same treatment, the fistula rapidly disappeared; all that remained being a dense cord-like cicatrix in its former course.

The patient was not confined to bed, but continued his usual avocations.

Whickham, Durham, Oct. 10th, 1845.

* I am sorry that pressing engagements have prevented me from sending these remarks earlier.

Allow me to answer a question, by a correspondent, in one of the recent numbers of the *THE LANCET*, as to the subject “Percussion,” by stating, that it is considered in the articles “Abdomen,” and “Thorax.”

TREATMENT OF HOUSE-MAID'S KNEE.

By FREDERIC R. SPACKMAN, Esq., M.B. Lond.: M.R.C.S., Fellow of the Royal Med. and Chir. Society.

In late Numbers of *THE LANCET* some communications have appeared on the subject of “House-maid’s knee.” In the following case a modification of the puncturation treatment was adopted, and appears to possess some advantages over any I have seen described:—

A servant-maid applied to me, in the beginning of June, having a bursa on one of her knees, fully as large as an orange. The integuments over it were tense, tender, and a good deal discoloured. A few days’ rest, with the frequent application of cold water, removed all inflammatory action. On the 11th I introduced a grooved needle into the bursa, and, applying moderate pressure, removed a considerable portion of the liquid. A compress, the size of a half-crown, was firmly applied over the part by means of a bandage, and the whole directed to be wetted, from time to time, with cold water, as the feelings of the patient prescribed. The bandage and compress were re-applied daily, and the puncturation repeated on the 14th, 16th, and 26th. No fluid escaped on the last-mentioned day; the tumour was then somewhat larger than a marble, and appeared to consist merely of hardened cellular tissue. The pressure was continued for some time, and the remains of the bursa slowly disappeared. There is now no trace of it whatever. The patient continued her usual work during the treatment, except on the days in which the needle was inserted; no inflammation supervened; the puncture had always healed perfectly on the second day; and, during the whole time, the pressure produced no discomfort.

Harpenden, Oct. 23d, 1845.

CASE OF SUSPENSION OF THE MENTAL FACULTIES, OF THE POWERS OF SPEECH, AND SPECIAL SENSES,

With the exception of sight and touch, occurring in a young woman, and continuing for many months, in consequence of her having accidentally fallen into a river, and been nearly drowned.

By ROBERT DUNN, Esq., Surgeon.

MANY and curious are the instances which have been recorded of the arrest, suspension, and, at the time, apparent obliteration of some of the most ordinary functions of the nervous system, in consequence of a sudden shock, agitation, or fright.

Such cases are not more startling to the minds of common observers, than they are interesting to the physiologist and medical inquirer. The following plain narrative of an interesting case, which has come under my observation, may not be unworthy of the notice of my professional brethren. The subject of the narrative is a young woman, now in the nineteenth year of her age, of a mixed temperament, the *nervous* with the *lymphatic*, and, as the medical attendant of the family, I have had frequent opportunities of seeing her since she was two years old. She was the first child of her parents and came prematurely into the world, about six weeks before the usual term of gestation. No reasonable hope was at first entertained that she could live. She had not strength to suck, but the milk, of which, fortunately, there was an ample supply, was drawn from the breasts, and she was fed with it by a spoon, and from a nursing bottle. At the end of six weeks, the completion of the reputed time of gestation, she was in convulsions for nearly an entire day, and all hope of her living was extinguished; but, nevertheless, she did survive, and from this time she began to thrive, to the great astonishment of every one who had seen her. She improved rapidly, and when, at four years old, she was inoculated for the small-pox she was a fine, strong, and healthy child, stouter and larger than most children at her age. A custom prevailed in the village to which she was removed, and where, indeed, she had been born, that whenever the *small-pox broke out naturally*, as it was termed, among the inhabitants, the other children of the village should be *inoculated*, if their parents or friends thought proper to have it done. At other times, inoculation was not permitted. She was, accordingly, inoculated, and had the small-pox so severely that it nearly cost her her life. She passed favourably through the other ordinary diseases of childhood, with the exception of scarlatina, which she had in a severe form when she was ten years old. After the attack of scarlatina, she enjoyed uniformly good health, up to the date of the present narrative, and grew up a strong, robust, and hearty young woman. Her perceptive powers were naturally quick, and, being largely endowed with the imitative faculty, she was put to

the business of a milliner and dress-maker. Two years ago, her health beginning to suffer from long and close application to business, she went, on my recommendation, to her grandfather's, in the county of Kent, and, while there, the following accident occurred:—

On the 14th of July, 1843, as she walking with her aunt, by the side of the river, which runs through the park of Sir Percival Dyke, of Lullington, she accidentally let a parcel which she was carrying slip from her hands, and in the effort to save it fell into the water. She laid hold of the grass upon the side of the bank, but this giving way, she again fell backwards into the water. Her aunt immediately ran for assistance, but on getting back nothing was to be seen, but, about twenty yards below the place where the accident had happened, a part of the girl's shawl was observed to be floating upon the surface of the water; and from this place she was eventually dragged, in about a quarter of an hour from the time of her falling in, in a state of suspended animation. She was carried to the house of Sir Percival Dyke, where she received every attention. A medical man was sent for, and after the lapse of about six hours, she became sensible, and so far recovered as to be well enough to be removed, on the afternoon of the following day, to her grandfather's house at Shoreham. Though she was now sufficiently recovered to give some account of the accident, and of the state of her feelings after falling in, on her first attempt to get out, she was far from well, complaining of great uneasiness about the bowels, and of pain in the head. The bowels were obstinately constipated; there was no evacuation, from the day of the accident until the 20th of the month, a period of seven days; and when the constipation gave way, the alvine dejections proved that both mud and gravel had passed into the stomach. On the 24th, she was seized with a fit (up to this time she had been quite sensible), and is described as lying in the fit in a state of complete stupor for nearly four hours, when she opened her eyes, but was deprived of the powers of speech and hearing, and of the senses of taste and smell; her mental faculties quite benumbed or paralyzed, giving no indication that she recognized any of her friends about her. The head was shaved, and covered with ice; a blister applied to the nape of the neck, and other remedial measures adopted. I regret that I cannot furnish more precise information as to the nature of the fit, and of the treatment pursued. I have written twice to Mr. Richards on the subject, but have not been favoured with any reply to my notes.

After the lapse, however, of about three weeks, she was so far recovered as to be able to be removed to London; and I saw her, for the first time after the accident, at her own home, on the 8th of August. She did not, or rather could not, recognize me, for her psychical faculties were quite suspended; indeed, her only medium of communication, at this time, with the external world was through the senses of *sight and touch*, for she could neither *hear nor speak, smell nor taste*. Her vision, at short distances, was quick, and so great was the state of exaltation of the general sensibility upon the surface of the body, that the slightest touch would startle her; still, unless she was touched, or an object and person was so placed that she could not avoid seeing the one or the other, she appeared to be quite lost to everything that was passing around her. She had no notion that she was at home, nor the least knowledge of anything about her; she did not even know her own mother, who attended upon her with the most unwearied assiduity and kindness. Her memory, and the power of associating ideas, were quite gone. Wherever she was placed, there she remained throughout the day. She was very weak, but her bodily health was not much deranged; the tongue was clean; the skin moist; and the pulse quiet and regular; but the bowels sluggish. At the time of the last menstrual period there had been considerable general irritability, attended with some febrile disturbance, and with an increase of heat about the head; and these symptoms I noticed on subsequent occasions. The catamenia had followed immediately upon the accident; it reappeared at the proper time, and continued regular and copious throughout her illness. Her appetite was good, but having neither taste or smell, she ate alike indifferently whatever she was fed with, and took nauseous medicines as readily as delicious viands. She required to be fed; when I first saw her, she had no notion of taking the food that was placed before her, but, a few days afterwards, if a spoon was put into her hands, and filled by her mother, and conveyed for a few times to her mouth, she would afterwards go on by herself until the whole was eaten.

Her wants were sedulously attended to, but she manifested no uneasiness as to food, however long she might be kept without it. The same thing was observed in reference to

drink. The calls of nature were alike unheeded by her; the urine and fæces were voided *unconsciously*, but with the striking peculiarity, that, during the expulsion of the fæces, such was the *reflex action* induced that the extremities became spasmodically convulsed and rigid; the head was thrown backwards; the muscles of the neck were stiff; and the eyelids closed; so that her mother considered that her bowels never acted without her having what she called "a convulsion fit;" the same thing occasionally happened when the bladder expelled its contents, and what is still more remarkable, the same tonic rigidity of the muscles invariably took place whenever she went to sleep. Every night, when she was placed upon the bed, she remained for some time in a semi-recumbent posture, after which the eyelids closed and the head fell backwards upon the pillow; the hands were clenched; the muscles of the neck stiff; the arms and legs in a state of tonic rigidity, the latter always crossed the one upon the other; after a time, the muscles became relaxed; she turned upon her side, and slept soundly until the morning.

Such was the state in which I found the young woman on her arrival in London, nearly one month after the occurrence of the accident, and I may here anticipate the narrative by stating that from the time her mental faculties became suspended, in the fit on the 24th of July, 1843, until the July of the following year, when they were again restored—her life, to herself, is *one continued blank*. She has not the slightest knowledge or remembrance of anything which took place during the interval. I put her at once upon a course of tonic medicine, giving her of the compound mixture of iron $\frac{3}{4}$ iss. three times a day, and a frequent aperient of the aloes and myrrh pill, adding, occasionally, a few grains of blue pill.

One of her first acts on recovering from the fit had been to busy herself in picking the bed-clothes, and, as soon as she was able to sit up and to be dressed, she continued the habit by incessantly picking some portion of her dress; she seemed to want an occupation for her fingers, and, accordingly, part of an old straw bonnet was given to her, which she pulled to pieces of great minuteness; she was afterwards bountifully supplied with roses; she picked off the leaves, and then tore them into the smallest particles imaginable. A few days subsequent she began forming upon the table, out of these minute particles, rude figures of roses and other common garden flowers; she had never received any instructions in drawing.

Roses not being so plentiful in London, waste paper and a pair of scissors were put into her hands, and for some days she found an occupation in cutting the paper into shreds; after a time these cuttings assumed rude figures and shapes, and more particularly the shapes made use of in patch-work. At length she was supplied with the proper materials for patch-work, and, after some initiatory instruction, she took to her needle, and in good earnest to this employment. She now laboured incessantly at patch-work from morning till night, and on Sundays and week-days, for she knew no difference of days; nor could she be made to comprehend the difference. She had no remembrance from day to day of what she had been doing on the previous day, and so every morning commenced *de novo*. Whatever she began, that she continued to work at while daylight lasted, manifesting no uneasiness for anything to eat or to drink, taking not the slightest heed of anything which was going on around her, but intent only on her patch-work. Occasionally, indeed, and not unfrequently two or three times in the course of the day, she would have what her mother called her "fits." Whilst intent upon her work, and without any external exciting cause, her head would fall backwards, her eyelids close, her arms and legs become rigid, and her hands clenched. After a short time, varying in extent from a few minutes to half an hour or more, the muscles would become relaxed, the eyes open, and she would resume her work, apparently unconscious that anything had happened. About this time she began to show indications of feeling interested in the figures of the flowers and buds, &c., upon the silk and other materials which are made use of in patch-work. The perception of colours, and the exercise of the imitative faculty, were the first evidences she exhibited of psychical advancement in her present state. Although she had received a good plain education, and had been very fond of books, now she could neither read nor write, nor even be made to comprehend the letters of the alphabet. All her former knowledge and past experience appeared to be obliterated, or at least, for the time, to be buried in oblivion, with one exception—a feeling of dread or fright in connection with water; and she now began, *de novo*, like a child, to acquire ideas and to register experience. Admitting that the senses are the only inlets of all the materials of knowledge, and that—"Nihil est in intellectu quod

non prius fuerit in sensu," it was not to be expected when in this abnormal condition, with only the senses of sight and touch in communion with the external world, that her progress could be otherwise than slow in the extreme. However, she evinced an interest in looking at pictures and prints—more especially of flowers, trees, and animals—but when shown a landscape in which there was a river, or the view of a troubled sea, she became instantly excited and violently agitated, and one of her fits of spasmodic rigidity and insensibility immediately followed. If the picture were removed before the paroxysm had subsided, she manifested no recollection of what had taken place, but so great was the feeling of dread or of fright associated with water that the sight of it in motion, its mere running from one vessel to another, made her shudder and tremble and in the act of washing her hands they were merely placed in the water. After she had been at home a fortnight I had the benefit of frequent consultations with my friend, Dr. Todd, of King's College, on her case. She had partially recovered her taste, and refused any longer to take nauseous medicines. Dr. Todd expressed his conviction that eventually she would perfectly recover, however gradual and protracted the recovery might be—an opinion which has been fully verified. The accident happened in 1843, and it is only within the last few weeks that she has completely regained her hearing, and the full exercise and enjoyment of her mental and bodily powers. We agreed that the tonic course of medicines should be continued, combining quinine with the iron. We further advised the frequent sponging of the head and spine with cold water, and the use of the shower-bath, as soon as it could be borne. The first attempt, in accordance with our wishes, of running water through a common cullender upon her head, induced such alarming excitement and fright, and was followed by a fit of insensibility of such long continuance, that the experiment was not repeated.

(To be continued.)

REGISTERED.

NEW SURGICAL INSTRUMENTS.

By Mr. JAMES COXETER.

As I have devoted some time and labour to the improvement of surgical instruments, I beg leave to call the attention of the profession to them through the medium of *THE LANCET*.

It has been frequently remarked that the scarificator, having strong springs (which are indispensable to make the instrument efficient for its purpose), cannot be used without great difficulty by an operator with weak hands, and the ever objectionable trigger rebounding back after the discharge has always been so exceedingly unpleasant that many operators have experienced the ill effects of a blow from it for some time.

To remedy these defects, I have placed a rotating lever at the side of the instrument, instead of the trigger in the old construction, by which means *strong springs* can be used with such ease that a child, six years of age, can, by means of one turn of the lever, raise the lancets to their right place for action. The discharge is made by pressing on the same lever, which does not rotate or change its position.

The stop is placed in the *inside*, and, by this part of the construction, the objectionable movement of the trigger is done away with; and, from the stop being made in the inside of the instrument, the noise is not so great.

The next instrument is the guillotine for excising the tonsils.

Various have been the constructions to produce a simple efficient instrument for this operation; but surgeons have repeatedly told me the instruments in present use were very defective: this prompted me to construct the one as represented in the engraving, the blade of which, it will be seen, works in a *serpentine* direction; thus the edge of the blade moves in the same way as you would use a knife.

The stricture instrument, as represented in the engraving, has a *director* point of about half the size of a No. 1 catheter, it will readily be seen that if this is introduced into a difficult stricture, the cut can be made without any risk of making a false passage.

The other instrument is a hollow sty for fistula lachrymalis, which has a *small narrow opening* a short distance below the head which *receives the tear*, and thus prevents the irritability which is sometimes occasioned by using the solid one. In cases where it has been tried, I have been informed it answers the purpose well.

23, Grafton-street East, University College, Oct. 26th, 1845.

[We have examined the instruments described by Mr. Coxeter, and think them ingenious modifications of those in use, and worthy the attention of the profession.—Ed.]

REVIEWS.

A Practical Treatise on Healthy Skin; with Rules for the Medical and Domestic Treatment of Cutaneous Diseases. By ERASMUS WILSON, F.R.S. *Illustrated with Engravings.* London, 1845. Churchill. Demy 8vo. pp. 356.

IF it be a maxim that close and persevering application leads to success, in whatever honourable pursuit of life man may embark, it may be expected that the long and assiduous labour bestowed by Mr. Erasmus Wilson on the elucidation of the structure, functions, and pathology of the skin, should be attended with new and original views upon that important subject. In the instance before us, our expectation has not been raised in vain. Mr. Wilson has carried the investigation of the structure of the skin to a point that has never before been attained, he has removed many of the ambiguities which surrounded an obscure branch of medicine, and he has, with a tact peculiar to himself, placed the consideration of the pathology of the skin in a clear, rational, and comprehensive light. The course which Mr. Wilson has pursued in the investigation of the skin and its diseases is obviously that which is dictated by reason, and by the present improved state of medical science; he has assumed the absolute necessity of a thorough knowledge of the anatomy of the skin, in a state both of health and disease, and of its physiology in the same two conditions. We repeat that this is the correct mode of viewing the subject, and we consider Mr. Wilson to be entitled to praise for enforcing in his works these important considerations. There is, besides, a rejection of all scientific frippery in his writings, and a proper contempt for the "*verba, non res.*" Our readers do not require to be told that since the days of Willan and Bateman medical science has made gigantic strides. Anatomy, physiology, pathology, interpreted by the lights of organic chemistry and the microscope, are no longer the sciences they were in the hands of our ancestors; they have opened a new world of investigation for the pathologist.

The classification of skin diseases suggested by Mr. Wilson, and published in a preceding volume of this journal, is scientific and sound, and not less deserving of attention for its simplicity and easy application; and we are convinced that the day is not far distant when it will be universally adopted. Mr. Wilson has given in his present volume six engravings, illustrative of the structure of the skin and its appendages, and some of its morbid states. These illustrations derive great advantage from having been drawn by the author himself, and to an exact scale, so that we are enabled on simply viewing them to form a notion of the sizes, both actual and relative, of the objects represented. Plate 1 is dedicated to the scarf-skin: Plate 2 to the true skin and nail: Plate 3 to the sebaceous glands, with their curious parasite, the *entozoon folliculorum*: Plate 4 to the structure of hair: Plate 5 to the itch animalcule, *acarus*