

shaped but clearly-defined margins. Similar tubercles were also found in the diseased lumbar vertebræ.

These tubercles presented essentially the same microscopical appearance as yellow pulmonary tubercle. They consisted of remarkably well-developed tubercle concretions and granular matters, in which were seen here and there a few oil-globules, and everywhere innumerable gaseous bubbles of the most minute size, like mere points, probably the product of chemical changes.

The concretions were perfect specimens of their kind, and withal more plump than those usually met with in the tubercle of lung. Magnified 800 diameters, they resembled fragments of gum-arabic, slightly softened in water. They were faintly yellow, and so far transparent that, on mixing a portion of the tubercle in water, the outlines of the concretions deeper in the streams could be seen through those swimming above them.

Dr. Watts remarked, that the formation of tubercle in the bones had been doubted by many, and it is only a few years ago that the question was satisfactorily determined in the affirmative. The French and German pathologists first established the truth of its existence, but published no account of its microscopical appearances. The present case is therefore the more interesting as it further confirms the fact by the evidence exposed by the microscope.

Respecting the manner in which tubercles form in the osseous structures, he was inclined to think there would be found a series of cases, the present serving as the type, in which the morbid product is deposited in portions of cancellated structure already in a state of disease, analogous in some of its prominent features to inflammation, though differing therefrom in other particulars. The cancellated structure becomes, in these instances, deeply congested with blood, its nutrition is disturbed, it apparently has some tendency to softening, and a badly vitalized germ, in physical properties resembling coagulable lymph, is exuded into spots, and forms into tubercle, all of which may happen without the excess of heat, or manifestation of pain, usually attending inflammation. Yet this should not be regarded as any objection to the possible formation of these tubercles in another series of cases, in complication or coincidently with the most unmistakeable phenomena of the inflammatory process.—*Ibid.*

24. *On Hysterical Affections.*—M. GENDRIN has recently addressed to the Academy of Medicine the conclusions which he has drawn from some investigations that he has made on the symptoms and therapeutics of hysterical disease. These conclusions are summed up in the following propositions. 1st. Hysteria is not characterized by spasmodic paroxysms reproduced at intervals, but it is a continuous disease, which always presents, as well during the intervals as during the paroxysms, symptoms which sufficiently characterize it. 2dly. In all cases of hysteria, without exception, from the commencement to the termination of the affection, there exists a degree of either general or partial insensibility. In its mildest form this anæsthesia occupies only certain portions of the skin, but in its most severe degree it may affect the tegumentary surface of the body as well as the mucous membranes, so far as they are open to our means of investigation. It is not very rare for this insensibility to exist in the organs of sense, and some patients lose all consciousness of the position of their limbs and of the acts of locomotion. 3dly. The insensibility does not exist in a ratio proportioned to the intensity, frequency, or character of the paroxysms. 4thly. Most patients in the state of anæsthesia, experience more or less, at least at the moment of the paroxysm, pain, or increase of sensibility at some point, and this circumscribed hyperæsthesia is most frequently the immediate cause of the attack, and furnishes the means to bring about its termination. 5thly. Paralysis, with flaccidity or with contraction, is a very frequent symptom during the continuance of the paroxysm as well as during the intervals. This paralysis, internal, or external, of the bladder, rectum, or limbs, may last for months without the slightest danger, and has given rise to many dangerous errors in diagnosis. 6thly. It is erroneous to attribute invariably to hysteria all spasmodic attacks accompanied with the sensation of the globus hystericus. There are two other forms of the attack which are very frequent, and which often coincide or alternate with hysteric suffocation; these are the paroxysms of excitement or mania. 7thly. All those apparently marvel-

lous peculiarities which may reasonably be admitted into the category of the accidents produced by animal magnetism, are spontaneously produced in hysteria. Thus, that insensibility which permits persons to suffer operations by the cautery or the knife without any sense of pain, is observed in all, even the mild, forms of hysteria. 8thly. The anomalous state of the nervous energy in hysterical patients is shown by the immediate effect of medicines. Those patients who have not increased sensibility of the digestive tube can bear enormous doses of opium, from 10 to 17 grains, without any narcotic or poisonous effect. But if they do labour under this hyperæsthesia of the digestive tube, opium, in whatever way it is administered, causes vomiting, but has no narcotic effect.

A few observations lead M. G. to think that these patients can also bear large doses of digitalis and belladonna.

9thly. Of all the therapeutic agents, there is none which appears to M. G. more appropriate than opium in large doses, commencing with five grains daily, which may be gradually increased to ten or twelve before it has any narcotic effect. As soon as it exerts its hypnotic influence, all the symptoms of hysteria diminish, and it is then necessary to lessen the dose. By this treatment, the author cured more than the half of his hysterical cases.

10thly. M. G. also found sulphuric ether of much benefit in large doses; to obtain its beneficial effects it was necessary to administer it in doses of from five drachms to an ounce daily.—*Monthly Journ. Med. Sci.*, Jan. 1847, from *Archives Gén. de Méd.*, Sept. 1846.

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25. *Remedy for Toothache*.—M. COTTEREAU recommends, for the alleviation of toothache, an ethereal solution of camphor, containing ammonia. Sulphuric ether is saturated in the cold with camphor, and two or three drops of solution of ammonia are added. In this way an ammoniacal camphorated ether is obtained, which should be kept in a well-stopped bottle. This liquid acts as a cautery to carious teeth, and it immediately relieves toothache. M. Cottereau states that he has employed it for four years, and its application has always been attended with success. The rapid evaporation of the ether causes a slight deposit of camphor in the dental cavity, and thus protects the nerve from the air. The ammonia has a cauterizing action.—*Lond. Med. Gaz.*, Oct. 23, 1846.

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26. *Anatomy of Pneumonia in Infants*. By Prof. TROUSSEAU.—In children we never observe genuine peripneumony, but a catarrhal or spurious inflammation of the lung, always preceded by capillary bronchitis. Catarrh pre-exists, accompanies, and often survives their pneumonia, giving to its progress, duration, or return peculiar characters which distinguish it from the same disease in the adult. The first form which we meet with is one in which numerous isolated nodi present well circumscribed indurations in the inferior and middle lobes of the respiratory viscera; this is the lobular-disseminated pneumonia;—in another variation the nodi are larger, and equal in size to small almonds or hazelnuts, constituting the pneumonia lobularis agminata. In a third shape, pneumonia lobularis pseudolobaris, the largest indurations unite, and occupy the greater part of a lobe, thus stimulating true pneumonia of the adult, from which it is different in this respect, that the inflamed mass is formed of lobules which have become the seat of inflammation at successive and irregular periods, and which, therefore, present, in their mottled granitic aspect, shades of colour by which the various epochs of successive inflammation can be more or less accurately judged. As to the real lobar-pneumonia, it is extremely rare in children. In the adult, during the progress of acute pulmonary inflammation, you will observe, from day to day, the expectoration change in colour from a rusty brown to a citrine hue, and again to a dark shade; on dissection, in such cases, you will find the lung at various stages of inflammation, and, by the difference of colour of the several parts of the viscus, you will be enabled to account for the changes observed previously in the expectoration, by the daily and progressive invasion of phlogosis. You will find in the same lobe yellowish portions infiltrated with pus, in immediate contact with parts in a state of red hepatization, from which they are distinguished by a sudden change of colour, almost without transition. Again, in the immediate vicinity, you will find simple congestion, and even apoplectic nuclei, well characterized by