

creaky noises. Expectoration nothing. Gained over 14 lb. in weight since admission.

*Remarks.*—The diagnosis of a basic lung cavity ought not to be made without several examinations at varying intervals; for after a pneumonic attack I have noticed for a week or two cavernous breathing and pectoriloquous voice at the lung base, all of which morbid signs have passed away in a fortnight to give place to perfectly healthy respiration. In the case of L. M.—there was fibrosis and contraction of the left lung, with compensatory hypertrophy of the right lung. My opinion was that it was a cavity, rather than a dilated bronchus, that caused the hollow breath-sound, seeing that the original disease commenced in a protracted attack of left pneumonia. Moreover, beyond a few crepitant sounds, for a time, at the right base, the right lung seemed quite healthy and sound in its bronchial tubes. The lad could not take cod-liver oil, and the only medicines employed were hypophosphite of lime in alternation with quinine and iron. The respirator was used constantly throughout the treatment. It undoubtedly promoted expectoration, and so cleared the morbid lung; and then its secondary effect seemed to be to dry up the secreting surface, and thus in a most marked way to improve the condition of the patient. My experience of all kinds of warm steaming inhalations in chronic phthisis has been most unsatisfactory; but in the introduction of this respirator inhaler we seem to have gained some real advance towards a means of checking purulent formation in lung cavities. The creasote, I expect, is the most valuable agent as an inhalant, and it is always necessary to train the patient in the use of the respirator by teaching him to inspire through the mouth and expire through the nostrils.

### HOSPITAL FOR WOMEN, NOTTINGHAM.

SCIATICA (TWO YEARS); NERVE-STRETCHING; CURE.

(Under the care of Dr. TRUMAN.)

MRS. M—, aged fifty-four, a multipara; menopause occurred several years ago. Had a blind husband, and to keep the family had to work for many hours a day, sitting upon a hard wooden chair. No history of gout or rheumatism. She first felt pain down the right leg in the summer of 1879; at the end of July, 1879, she had a fall, which increased the pain. The pain continued, not very severe, until July, 1880, when it became intense, and since that time she has suffered daily. She has been under treatment at different hospitals for the last two years, and everything in the shape of drugs internally, and local applications, has been tried, including belladonna, morphia, aconite, bromides and carbonates of the alkalis, faradisation, &c. There was slight relief experienced from blistering the surface overlying the course of the sciatic nerve, and applying morphia to the sore, and also from acupuncture, which sometimes would relieve her pain for twenty-four hours. For the past fifteen months, however, she has not been free from the pain for twenty-four hours at a time.

On admission on Oct. 19th, 1881, she was a fat woman, with weak, flabby muscles, and looking underfed. She had attacks of pain in the course of the right great sciatic nerve, at intervals no greater than an hour, day and night. These attacks were so severe as to cause her to shriek out and shed tears, and the pain was described as of a cutting, burning, shooting character. There was no swelling or tenderness over the part affected. There was a fissure extending through the right side of the cervix uteri for half its length, but there was no fixation of it, or of the uterus. The pain was limited to a line about two inches in length, commencing at the lower border of the gluteus maximus. It was thought that from continued pressure probably on this spot from the hard edge of the chair in which she sat at work that there might be some thickening or adhesion of the nerve sheath which an operation would remove. The operation was performed on Oct. 21st, 1881, under carbolic acid spray. The patient was rendered unconscious by the administration of an anæsthetic mixture composed of ether, chloroform, and absolute alcohol. An incision was made at right angles to the course of the great sciatic nerve, through the skin and superficial fascia, the lower edge of the gluteus maximus found and followed to the tuber ischii. The finger was passed deeply down by the outer side of the long head of the biceps, and the nerve identified and drawn

to the surface. Two or three steady and vigorous pulls were given in both an upward and downward direction (towards the pelvis and foot respectively). The nerve was then allowed to sink. There was no hæmorrhage, no ligature being required. A drainage of horsehair was placed in the wound, the sides of the wound were brought together by silver wire sutures, and antiseptic dressings applied. For some days the patient was in considerable danger owing to her high temperature, the very great amount of discharge from the wound, and the unwillingness of its edges to unite. The temperature was on the 21st, 100°; 22nd, 100° 9'; 23rd, 100°; 24th, 99° 6'; 25th, 100° 3'; 26th, 100° 3'; 27th, 101° 0'; 28th, 101° 0'. (Evening or maximum temperatures are here given.) On the 28th she was ordered two grains of quinine disulphate three times a day, and the temperature sank to normal on the 29th, rose to 99° on the 30th, and sank to and continued normal after this. She was well fed with animal food, milk, eggs, &c., but had no alcohol in any shape. The wound gradually healed, and she was discharged on Nov. 16th, exactly a month after admission. She has had no pain whatever since the operation, and this statement is correct at the present time, more than six months since the operation.

## Reviews and Notices of Books.

*Lectures on Diseases of the Nervous System, especially in Women.* By S. WEIR MITCHELL, M.D. London: J. and A. Churchill. 1881.

THE subject of Dr. Weir Mitchell's series of lectures is somewhat narrower than their title indicates. Functional diseases alone are dealt with, and almost exclusively those which occur chiefly in the female sex—namely, the Protean forms of hysteria. The chief exception is the brief space devoted to the consideration of the etiology of chorea, and we have already directed our readers' attention to the interesting facts on this subject which Dr. Weir Mitchell has collected.

The author has not attempted any systematic or exhaustive description of hysterical disorders. The subject of the convulsions and mental disturbance of hysteria is entirely untouched. Certain groups of symptoms, motor, sensory, and sympathetic, are described in successive lectures, or rather cases illustrative of these symptoms are narrated, and the management of these cases illustrates the methods of treatment, the inculcation of which is apparently the primary object of the book, and which is summed up in a final chapter. The cases described are chiefly examples of the more severe forms of the disease, of which the author's wide experience has furnished him with a large number of examples. Thus we have a series of sketches of the palsies of hysteria, hysterical ataxy, the mimicry of disease, unusual forms of spasm, and the vaso-motor disorders of hysteria. Dr. Weir Mitchell is well known in America to be the possessor of considerable literary talent, which has been often employed outside the service of medicine, in both poetry and prose, and is well suited to the description of a disease which, like hysteria, touches in so many points the varied aspects of social life. In a style at once terse and clear, forcible and exact, vivid in description and rich in metaphor, sketch after sketch of disease is drawn with an artist's skill. Now and then a strained simplicity of diction a little warps the even grace of style, but such instances are too few to constitute any serious drawback to the enjoyment of the reader, and many an apt simile conveys the writer's meaning more perfectly than pages of analytical description, whilst error in opinion and practice is condemned more effectually by a half-sheathed sarcasm than by a chapter of vituperation.

Hysteria in America is not more rare than in other countries, nor do we gather from the descriptions of this volume that it presents any special types, in spite of the high pressure at which life there is lived. We may note,