

which attacks internal canals which is classed with the erysipelatous; but how far it is the same I do not know. It is certainly not the suppurative.—Whatever it is, it may be considered, in some of its effects, to be in direct opposition to the adhesive and suppurative inflammations; for where the adhesive most readily produces adhesions there the erysipelatous does not, as in the common cellular membrane; and where the adhesive seldom takes place, excepting from extreme violence, there this inflammation (if erysipelatous) has a tendency to produce adhesions, as in canals and outlets. It also opposes, in some degree, the suppurative, it being backward in producing suppuration even in those places where suppuration most readily takes place, such as canals and outlets; for there, as above observed, it most readily throws out the coagulating lymph.—Whatever the inflammation may be, it is certainly attended with nearly the same kind of constitutional affection. The fever in both appears to be the same, viz. accompanied with debility and languor.

Finally, the species may, in some degree, depend upon, or be determined by, the previous state of constitution, or particular idiosyncrasy of the individual, by which one person may be rendered more obnoxious to this variety than another, or be more liable to be thus afflicted at one period than at another.

March 31.—A man was admitted about a week since, with a dislocation of the first joint of

the thumb backwards, the first phalanx being thrown behind the head of the metacarpal bone, although repeated attempts have been made to reduce it they have not, up to this period, been successful. The inflammation was considerable at first, but has since been reduced and kept down by a lotion of acetated ammonia and rectified spirits.

A few cases of simple fracture have been admitted this week, together with some other accidents undeserving a more particular notice. A coachman was admitted who had fallen from his box, and who died a few hours after his admission, but as no post mortem examination has hitherto been made, we shall postpone the further notice of this case till our next number.

Extraordinary Case of Loss of the faculty of Speech, successfully treated by FREDERICK BASSET, Esq. *Member of the Royal College of Surgeons in London.*

To the Editor of The Lancet.

SIR,—On Thursday the 5th of this month I was requested to see a young lady, eighteen years of age, and a full plethoric habit of body, who had lost her voice in June last; upon enquiry I found, that at that time, from excessive grief and anxiety, she had had a paralytic stroke, which deprived her for some hours of the use of her right side; a medical gentleman was sent for, who attended her for some time, and restored to her the use of her limbs, but not of the

organs of speech. She was then removed into the country, where also she was regularly attended by a professional man, and Dr. BABINGTON, there also saw her, and decided the case to be a complete paralysis of the tongue, and I believe was the one who advised galvanism, which was several times performed by Mr. LABANMA of Southampton Street, without producing any beneficial effect. It was some time subsequent to this that I saw the patient, and upon examination found Dr. BABINGTON's opinion of the disease perfectly correct, and that the paralysis extended to the muscles of the larynx. The tongue was drawn to the posterior part of the mouth, appeared very white, and with a very feeble circulation through it, quite insensible to the prick of a needle, and perfectly immovable.

I ordered a mustard poultice to be applied to her throat every night, to inhale the steam arising from boiling water, having some flour of mustard in it*; to take one pill composed of extract. colocynth. c. gr. v. & hyd. submur. gr. j. every other night, and to gargle the throat and mouth with the following mixture, five or six times a day:

R Infus. sinapis, ʒ viij.

Tinctur. capsici

———Myrrhæ aa ʒ j. ft. gargar.

She began this treatment on the day following (Friday) and

* Four or five times in the course of the day.

I saw her again on the Monday after. She was the same, except the tongue looked a little more vascular. I altered the gargle as regards the infus. sinapis to the infus. armoraciæ compos*, and desired her to continue the same plan with this exception. On the next Thursday I again visited her, when I found the tongue much more red, and appeared to have every now and then a tremulous motion. I ordered her to continue as before, and on the following Monday, when I called, was both surprised and delighted to be accosted by her with "Good morning to you." Upon requesting to know when and how this change took place, I was informed that on the morning after I saw her, she awoke and found her tongue hanging out of her mouth, upon rubbing it she felt it give her pain, and upon attempting to speak, found she was capable of doing so nearly as well as before the attack.

This young lady is now perfectly well, and articulates better than ever, having lost an impediment which had existed from her infancy.

FREDERICK BASSET.

* I forgot to mention I ordered her some lozenges, made as subscribed, and to dissolve four or five in her mouth in the course of the day—

R Pulv. capsici. ʒ iij.

Zingiberis ʒ ij.

G. Acaciæ ʒ ij.

Sacchari ʒ i et

Esprit de Rose ʒ j.

fiant Troches lx.