

us to understand the mode in which pain of the ear becomes occasionally a symptom of a thoracic aneurism.

"One of my chief objects in bringing before the notice of my professional brethren this sympathetic connection is to introduce to them what may be called an *ear-cough*, and to strongly advise them to examine the auditory canals in all cases of obstinate cough, where none of the more frequent causes of this symptom can be discovered."

16. *Cruveilhier's Paralysis*.—Dr. FLEMING brought under notice of the Surgical Society of Ireland (April 20th, 1866), a man affected with this disease. He thought it would be admitted that this was a case showing in a very marked manner that peculiar class of muscular atrophy, which was comparatively rare, as the result of injury. This poor man was a sailor from the age of twelve years. In the year 1864, when engaged on board ship and employed aloft, he by some means lost his hold and fell down some sixteen or eighteen feet on the deck. The fall was partly broken by the rigging, but he was seriously injured at the time. He was stunned and remained insensible for some hours after the accident, and was attacked with a peculiar distressing sensation in the neck, extending along the spine and each upper extremity. Notwithstanding this, after two or three days he recovered sufficiently to go through some of his duty, and he continued to perform his work, but under most aggravated sufferings, the pain being referred to the localities he had mentioned. Between two or three months afterwards he found from day to day that he was losing the power of his upper extremities, particularly about the shoulders, and it was remarkable that the deficiency in that power commenced in the upper arm and ultimately seized the lower and forearm, so that although he had to a certain extent lost the power of the upper arm, he was yet able to hold with a certain amount of control objects with his hand. The disease progressed, and the muscles became atrophied to such an extent that some were reduced to perfect bands; some were hardly traceable, even under the electro-magnetic current. The man was able to walk about, and able to support to a certain extent his head, but occasionally the head fell down on the thorax. In addition to the loss of power in the upper extremities, he might mention that sensation was peculiarly acute in some situations. In all it existed, but in some there was hyperæsthesia. This man was in the hospital at Carlisle, and was for a length of time under the care of Sir James Simpson, at Edinburgh, and in London under the care of Sir William Fergusson. [This man was then undressed and examined by the members.] Dr. Fleming observed upon the well-marked effect of this disease which the man exhibited. There was little more than a capsule of skin thrown over the bones without any development of muscle. The respiration was probably diaphragmatic. He particularly directed attention to the back part of the spinal column. It was rather improved since his admission to hospital. Then he could not bear the slightest touch, but now he was much less sensitive. The man was particularly accurate as to the history of his case; his intellect was perfect in every respect. He swallowed well. He could not bend or raise his arm, and when asked to shake hands did so by swaying his body round. When he came into hospital he could not bear to be touched in the right scapular region, but now he was much improved, and his head was held better up. The treatment in Edinburgh was electricity, which he liked and which he thought did him good, and he used strychnine also. His principal annoyance was a difficulty in respiration which he experienced in the morning. Occasionally there was some little interruption to the free function of the bladder and some slight attempt at incontinence of urine. He had examined the urine and found it normal in quantity and in quality.—*Medical Press and Circular*, May 9, 1866.

17. *The Sense of Smell Applied to Diagnosis*.—Dr. HENRY JOHNSON, in a paper read before the Shropshire branch of the British Medical Association (Nov. 3, 1865), expresses the opinion that the proper cultivation or education of the sense of smell would afford valuable diagnostic signs.

"A case," he says, "which occurred more than twenty years ago first directed my attention to this subject. A publican had a very loud, frequent, and pecu-

liar cough, with expectoration; and yet I could not detect satisfactory proofs of bronchitis, pneumonia, or tubercular disease. The odour of the sputa was not only most disagreeable, but quite peculiar, and unlike anything that I had smelt before. This expectoration was evidently purulent; and I thought that it came from an abscess of the liver, which had penetrated through the diaphragm and worked its way through the lungs. According to Dr. Budd, the matter of an hepatic abscess, when in contact with the lung (from admission of air), is *sometimes very fetid*. (See Budd *On Diseases of the Liver*.)

"The occurrence of this case, and the impression made upon me by the peculiar, disgusting odour of the sputa in this instance, enabled me to take a correct and a more hopeful view of another case which occurred some years later.

"Mrs H. had been long ailing with disordered digestion and derangement of the liver. There was also a good deal of pain and tenderness in the hepatic region, and even enlargement of the right hypochondrium. Poultices had been applied for some time to this part; and ultimately it became prominent. An abscess formed, and was opened by an incision. Matter escaped; but it had such an intolerable smell, that I believe my colleague at first feared that he had opened a fecal abscess. But the smell, though very disagreeable, was not *fecal*. It was so exactly like what I had noticed in the above mentioned case, that I ventured to give the more hopeful opinion that we had to do with an hepatic abscess; which proved true and the case did quite well.

"I went to see a patient with Mr. Keate. I do not think that any intimation had been given to me of the nature of the case; but I do know that the peculiar smell, which I perceived distinctly before an examination was made, convinced me that there was a cancer; and the examination of the uterus told me where it was.

"The odour of the breath is very peculiar in cases of albuminuria. One does not in all cases perceive this, but I have very frequently done so; and, when it is detected, it may literally put us upon the scent in the right direction, and chemical tests may afterwards confirm or refute our suspicions. The cause of this peculiar odour is said to be the presence of ammonia derived from the decomposition of urea in the lungs.

"Every one knows that the breath has a very peculiar sweet smell in diabetes. It is sometimes very disagreeable.

"I have also often noted a peculiar heavy smell in the breath when the bowels are loaded or deranged. I have thought it an indication of a sluggish liver; and this little hint has often led me to prescribe in the right direction.

"I do not pretend or desire, in this brief paper, to mention every state of the system in which some peculiar odour is perceptible; but in reading Dr. Tanner's new edition of his *Practice of Medicine*, I have incidentally met with the following appropriate instances.

"A peculiar sweet smell of breath may be perceived in persons having an internal suppuration. (p. 32.)

"A very disagreeable smell accompanies all cases of smallpox; and the breath is peculiarly offensive in scorbutus. (p. 44.)

"The odour of the breath is peculiar in lead colic. (p. 313.)

"Lastly, fetid breath occurs in gangrenous bronchitis."

Dr. Urquhart states (see Sir John Fife's *Manual of the Turkish Bath*) that there is an odour perceived to arise from human bodies, whilst perspiring in the bath, which is *characteristic of health*; and another which is perceived in disease; and that even the kind of disorder, in some cases, may be detected by the smell. He employed a sharp lad to detect the peculiar odour exhaled by different persons under the use of the bath, and asserts that this individual could discover not only the kind of disease, but even its peculiar seat. Thus were easily detected *albuminuria*, *gout*, *rheumatism*, *herpes*, and *ague*.

Mr. Urquhart says that the healthy body is not inodorous. It is endowed with a sweet odour, described by those whose organs are sensitive enough to detect it "as resembling *fresh sawn fir-boards*." "At the common temperature, the body may be inodorous in all its parts, and the breath also; and yet, on going into a temperature of 220° Fahr., in five minutes a slight smell of gout will come out of the feet and the breath. Half an hour later, and after being in at the

higher heat ten minutes or more, the smell of gout may become very strong in the feet, legs, thighs, breast, stomach, breath, and back. The smell of herpes may have come out in the hands, the arms, and shoulders. Half an hour later, and after having been twice under the great heat, the smell may have been taken out everywhere." (pp. 234-5.)

He says again, that in these experiments he should be wholly at sea, without the sense of smell to guide him.—*Brit. Med. Journ.*, Jan. 13, 1866.

18. *Death after Vaccination.*—Dr. SKINNER read before the Liverpool Medical Institution "an account of a case of revaccination in an adult which ended fatally by toxæmia;" but how this was produced Dr. S. did not pretend to say, as there never was at any time the slightest appearance of undue irritation or inflammation, far less of erysipelas, at the seat of the operation. We must express our own conviction that the fatal result was not the result of the revaccination. The case is, however, a very remarkable one. "J. B., aged 15, a young lady, with a menstrual function fairly and healthily established, had all her life enjoyed good health, and on the day of revaccination was as healthy-looking as could be desired. On the 9th of March, 1865, she was revaccinated with matter of unquestionable purity, the history of which will stand the closest scrutiny. Her mother and three servants were vaccinated at the same time, and with the same matter. The matter, contained in one of Dr. Husband's capillary tubes, was perfectly amorphous, clear, and transparent. The method of operating was that first recommended by Dr. Graham Weir, of Edinburgh—a plan in which Dr. Skinner had the greatest, and still has, unshaken confidence. The vesicle ran its natural course, and a more natural one there could not be. On the ninth day it began to scab; and all appearance of redness, swelling, and induration also began to disappear. On the eleventh day (20th March), a severe rigor occurred, followed by abdominal pain and obstinate sickness; pulse 140. These symptoms were speedily followed by tympanitic distension of the abdomen, rapid emaciation, icteric and anxious countenance, gasping respiration, and all the usual signs of death by asthenic toxæmia. She died on the seventeenth day (26th March) after the operation and the sixth day after the rigor. No post-mortem examination was obtained; but so rapid was the decomposition of the body, that the features were not recognizable twelve hours after death."—*Brit. Med. Journ.*, Jan. 13, 1866.

19. *A New Remedial Agent in the Treatment of Insanity and other Diseases.*—The following is an account of a remedy which after several experiments Dr. S. NEWINGTON asserts he has found most useful in the treatment of insanity. It is a remedy which appears to him to afford a powerful and valuable means of withdrawing the blood from any diseased organ to which there is an abnormal determination; and, at any rate, it is often most efficient in subduing the excitement of mania and in inducing sleep.

"It is not known," he says, "that during sleep the quantity of blood in the brain is less than during wakefulness, and that the active circulation of much blood through the brain is incompatible with healthy sleep. When the cerebral functions are disordered from excess of activity, mental anxiety, or other cause, there is a determination of blood to the brain, sleeplessness ensues, and the effect in its turn becomes the cause of further mischief. Maniacal patients have been frequently brought to me who have been for six or seven days without sleep, and when repeated doses of morphia and antimony have proved worse than useless. Indeed, the frequent disappointments from the administration of narcotic drugs during an experience of twenty-two years in the treatment of insanity have led me to try various experiments for the purpose of obtaining some simpler and more certain method of calming excitement and producing sleep.

"While staying at Matlock Bath, I was induced to try the effects of being wrapped up in cloths steeped in mustard and water, and applied to the whole legs and to the lower part of the abdomen. After the removal of a wet towel which had been applied round the head and was very uncomfortable, I began to experience the most soothing effects, and gradually passed into a dreamy