

found, as is well known, immediately behind the alveoli-palatine bones, between the two superior incisor teeth,) was absent. I called the attention of Dr. Valentine Mott, professor of surgery, and Dr. Rheinlander, professor of anatomy, to the circumstance; they informed me that they had met with one or two similar aberrations. The knowledge of such anatomical deviations from the usual natural design was, in such a case as this, of high practical importance.

This anomalous affection and its result brought to my mind the suspicion—of which after-examination proved the correctness—that the *foramen incisivum* was in this case situated in the centre of the palatine bones, and that, either from the mechanical pressure of the gold plate, or from some other cause, the aneurismal affection of the anterior palatine artery had been superinduced, and the pendant aneurismal sac formed. The indication, of course, was to arrest the hæmorrhage. I proceeded to cut a piece of cork into the form of the letter X, which I inserted in the end of the canula of a small trocar. I passed the mouth of the canula well through the orifice into the palatine hole, and with a blunt piece of wire, in the place of the trocar, pushed the cork into the desired position. It formed a most excellent button-plug, and instantly stopped the bleeding. On the fourth day after its insertion the plug came away, and the patient experienced no further difficulty or inconvenience.

New York, Feb. 12, 1850.

ON A REMARKABLE CASE OF HEMIOPSIA, AND ANERYTHROPSIA.

By THOMAS CUTLER, M.D.,
PHYSICIAN TO THE SPA GENERAL DISPENSARY,

To the Editor of THE LANCET.

SIR,—The promptness with which you gave insertion (THE LANCET, Dec. 2 1848) to a case I addressed to you, of nyctalopia, *ex causâ electrica*, accompanied by anerythropsia, and the immediate reproduction of the article in a number of foreign journals of the medical sciences, attest at least the interest attached to such communications wherever your excellent periodical is diffused. That case offered a beautiful example of Seebeck's first category of anerythropsia. The present, which is correlative, I cannot refrain from offering you, likewise for publication; it belongs to Seebeck's second category, or that in which the red colours and their compounds receive a false appreciation by the sensorium.

I remain, Sir,

Your very obedient servant,

THOMAS CUTLER,
Physician to the Spa General Dispensary.

Spa, May 12, 1850.

CASE.—H. Giles, aged thirty, an agricultural labourer, inhabiting the neighbouring village of Creppe, of a florid complexion, robust, well formed, and otherwise in the enjoyment of excellent health, presented himself for the first time yesterday, at the dispensary, for a defect of vision, which he said embarrassed him much in his ordinary occupations. He complained of black specks (*muscæ volitantes*) floating constantly before his eyes; *vue croisée*, as he expressed it, or cross vision, that is to say, that any object he endeavoured to fix, occupying the right half of the noreopter, instantly became obscure, while some other object belonging to the left half of the noreopter as suddenly came into view; lastly, that the colouration of the object thus seen was altered, changing to a blue and passing, *gradatim*, and in direct ratio of the distance, from a very pale blue, through the darkest blue to black. The only physical sign I could discover, during a careful examination of the organs of vision, was a certain sluggishness in the contraction of the irides. The inconvenience of which he complained dated only from about the middle of April, but he admitted that for two or three years previously, every excess he committed in the way of drinking was invariably followed by great heat in the eyeballs, an excited state of vision, and, not unfrequently, the appearance of luminous spectra. I desired him to close the left eye, when, save the *muscæ volitantes*, the vision of the right was tolerably good; he could not, he said, discern objects through the window with the same clearness as formerly, but they at least appeared in their natural colours, and in their integrity.

Upon closing the right eye, he saw, if he fixed an object with the left, and at its centre, or thereabouts, that object entire; whereas, if he fixed the right half of the object, he saw the left half, and if the left, the right. Ordering him to keep the right eye still closed, I took up from the table a primrose; holding it at some distance from the left eye, he fancied he saw a blue flower. I then held it near the eye, and he recognised it as a yellow prim-

rose. The free extremity of a reel measure, divided into metres and centimetres, being now fixed by an assistant against the centre of the eyebrow, I slowly unrolled the graduated tape in the axis of direct vision, and at the same time leisurely withdrew the flower, desiring him to fix its deep yellow centre, and to mention when the colour began to change. At seven and a half centimetres it first assumed the bluish tint, and at nine centimetres was entirely blue; at nine and a half centimetres, the pale petals began to appear blue, and at sixteen centimetres, they had acquired a deep blue colour.

I then placed a red wafer on a white ground, and holding it close to the eye, it appeared red; at fifteen centimetres it began to appear blue, and at twenty five centimetres became intensely blue. Upon placing two red wafers in a horizontal line, and four centimetres apart, he perceived them both by fixing the centre of the intermediate space; on gradually withdrawing the wafers, the left disappeared at fourteen centimetres from the field of vision, and the right changed colour, as described when mentioning the experiment of the single wafer, and at the distances there indicated.

A repetition of experiments, with various other objects, produced analogous results.

I now presented him with a succession of colours, displayed on a white porcelain palette, all of which, when held near the eye, he recognised with much accuracy; but he described them as merging, every one at certain distances, into pale blue, deep blue, and black.

To conclude, this man, it is quite evident, is hemioptic from a defect of vision in the left eye only; also, he is anerythropic only with that eye; lastly, the sole appreciable cause for these derangements of the faculty of vision is a lesion of the optic nerve, probably in its expansion in the retina.

I am not aware of such a case of *alternating hemiopia* being on record; nor have I ever heard or read, to the best of my remembrance, of a case of *partial monoptical anerythropsia* like the one I have now described.

A word on the previous case. I promised you the result of the treatment of M. L., if worth recording. He was gradually and very sensibly recovering under it, until the expiration of three months, from which time I have lost sight of him entirely.

In the present case, I have recommended the patient great abstemiousness, as regards alcoholic drinks; a due attention to diet, the regulation of the *primæ viæ*, and the cold douche to the sinciput once or twice every day.

ON A CASE OF

ENCYSTED TUMOUR OF THE LABIUM SUCCESS- FULLY TREATED BY SETON.

By E. C. COTTINGHAM, Esq., Surgeon, Wangford, Suffolk.

Mrs. F., aged thirty-two, widow, the mother of two children, applied to me respecting an encysted tumour of the size of a large walnut, situated on the right labium, which had existed for some time, and gradually increased, despite the internal and external administration of iodine. She was also labouring under profuse leucorrhœa; to ascertain the cause of which, I made an examination of the cervix uteri with the speculum. With the exception of a turgid state of the cervix, I could detect no disease of a malignant character. I therefore advised immediate extirpation of the tumour by incision; but owing to her being in a nervous and weak state, I could not obtain consent to the proceeding. Ultimately she agreed to allow me to introduce a seton. Chloroform having been administered, I introduced a small curved needle, armed with six silk threads, completely through the tumour;—a small quantity of glairy fluid, similar in appearance to the white of egg, escaped. After allowing the seton to remain three weeks, I removed it, and was satisfied with the result, perfect obliteration of the cyst having taken place.

Hospital Reports.

GENERAL HOSPITAL, VIENNA.

Reported by F. D. FLETCHER, Esq., House Surgeon, Liverpool Infirmary.

ACCIDENT WITH A LITHOTRITE.

In reading the account of a difficulty encountered and overcome by Mr. Guthrie, when performing the operation of lithotomy, at the York Hospital, with Civiale's three-bladed instrument, (vide LANCET for June 15,) I was reminded of a somewhat similar occurrence which I witnessed at the General Hospital,

Vienna, on the 14th of January this year. A patient was presented at the second surgical clinique, on whom the above-mentioned operation was to be performed; but, of course, with an instrument of Weiss's model.

The stone was easily seized, by means of a screw lithotrite, and appeared to be partially broken; when, for some reason which I do not know, this instrument was withdrawn and another substituted, with which the hammer was used instead of the screw. The stone was again seized, and the professor hammered away perseveringly at it for a short time; the stone seemed to yield, and at length the graduated scale on the handle of the instrument indicated that the blades ought to be in contact, and the stone entirely crushed. An attempt was therefore made to withdraw the lithotrite; but, to the consternation of the operator and all the spectators, the more it was pulled the more it would not come. An examination was then made by the rectum, and, after some hesitation, more force was employed, and the instrument drawn out of the bladder and along the urethra by main force. At the orifice of the urethra another dead stop occurred, the end of the canal was slit up with a bistoury, and the broken lithotrite removed. It was now found that the anterior blade had given way, the steel having partly cracked and partly bent just about the junction of the shaft and the blade. The distance between the extremities of the blades was, as nearly as I could estimate it, not less than three-quarters of an inch, adding to this the thickness of the blades, the extent from one side to the other would be not less than an inch. I should mention that, at the moment of extraction from the urethra, the blades separated with a sort of spring, showing the amount of pressure to which they had been subjected by the coats of the urethra.

There was some hæmorrhage, but the amount I could not estimate, as the bladder was washed out immediately with tepid water; a catheter was then introduced, and left in the bladder. The next day there was considerable abdominal tenderness, and other inflammatory symptoms, which were combated by mercurials, warm fomentations, &c. The symptoms gradually subsided, and about the end of February the patient left the hospital in tolerable health, and, as I was informed by his dresser, without any symptoms of stricture, and with the intention of returning, after having had a change of air, for the purpose of having the stone removed by lithotomy.

This case is interesting as showing the extent to which the urethra may be distended without necessarily giving rise to stricture, as well as being a warning of the danger of employing a badly-tempered or ill-made lithotrite. In the case I have related, the instrument was weakened by having the anterior blade penetrated just at the junction of the shaft with the blade, and it was in this place that the yielding had occurred.

Reviews and Notices.

The Sumbul: a New Asiatic Remedy of great power against Nervous Disorders, Spasms of the Stomach, Cramp, Hysterical Affections, Paralysis of the Limbs, and Epilepsy; with an Account of its Physical, Chemical, and Medicinal Characters, and Specific Property of Checking the Progress of Collapse-Cholera, as first ascertained in Russia. By A. B. GRANVILLE, M.D., F.R.S., &c. London: 1850. pp. 40.

DR. GRANVILLE, in a letter to *The Times*, dated from Kissingen Baths, July 31st, 1849, urged upon the notice of the profession the use of Sumbul as a powerful remedy in the collapsed stage of cholera,—a hint not, however, taken advantage of, from the probable reason that few or any of our medici knew anything about the drug and its properties; and again, that the drug was not to be found in this country. Mr. Savory, of Bond-street, at considerable expense, and after much difficulty, obtained specimens from St. Petersburg and Hamburg. He then made various preparations, and the cholera having ceased to ravage this country, he was led, from the peculiar balsamic and musk-like odour the sumbul presented, to recommend its trial for nervous disorders, for which purpose he placed some at the disposal of Dr. Todd. The result is reported in the second number of this journal for January last. Dr. Granville treats, in the work before us, of the history of the drug, of which little appears to be known; of its description, as probably belonging to the natural order, Umbelliferae, growing in swampy places, or in the waters; its birthplace, according to some, is in the centre of Asia, as in

Bucharia; according to others, is the produce of Trebisond; whilst many merchants believe it grows in Persia, or near Constantinople, and Nijnii Novgorod. The root is the portion of the plant used medicinally, and the following are the preparations for it:—1. The root for mastication. 2. Its impalpable powder, taken as such, or in the form of pills. 3. Its effusion in cold water. 4. Its decoction. 5. An aqueous, or bitter extract. 6. An alcoholic tincture. 7. An ethereal tincture. 8. A compound tincture; and, lastly, an ethereal volatile oil. The chemical analysis of the Sumbul has engaged the serious attention of two or three eminent organic chemists in Germany. Dr. Reinsch, Dr. Schnitzlein, Dr. Frichinger, and Kalthoper, may be mentioned as the principal investigators, and the result of their analyses shows the root to contain, besides water, traces of an ethereal oil, two balsamic ingredients, (resins) one of which is soluble in ether, the other in alcohol, also wax, aromatic spirit, and a bitter substance, soluble both in water and alcohol; the solution of this bitter substance, when treated with lime and muriate of soda, throws down a sediment consisting of gum, starch, and saline matter. The odour of the root is very peculiar, being nearly as powerful and pungent as that of musk, so much so, as to be called *moschus-wurzel* by some of our continental botanists. The diseases for which it has been administered, are spasms of the stomach and cramp; hysteria, and all the varieties of hysterical affections; chlorosis, amenorrhœa, and dysmenorrhœa; paralysis of the limbs, and epilepsy. Dr. Granville mentions several cases in which it has proved highly successful, and states, also, that Dr. Reinsch considers its efficacy undoubted in nervous atrophy. Mr. Tillman and Dr. Richter have employed it with marked benefit for three or four years, in low or nervous fevers succeeding typhus, whilst Dr. Martiny of Darmstadt has found it beneficial in all those cases of dropsy which depend on impaired nervous organs.

Elements of Urinary Analysis and Diagnosis &c. By R. VENABLES, A.M., M.B. Fcp. 8vo, pp. 66. London: Knight. Second Edition.

In this edition Dr. Venables has added to the value of the work, by appending a chapter on the Microscopical Analysis of the Urine. The work will prove useful to medical practitioners.

On Diseases of the Breast, and their Treatment. By JOHN BIRKETT. 8vo, pp. 264. London: Longmans.

THIS work is the Jacksonian prize Essay for 1848. The opportunities afforded to the author, in the wards of Guy's Hospital, for the prosecution of his inquiries into the subject of his book, have been most industriously and judiciously taken advantage of. The very modest preface of Mr. Birkett is most creditable to him, though we cannot help thinking that even his "seniors" will find much more to admire than to "correct" in this really valuable essay. To the junior members of the profession we strongly recommend it, as embracing, in a moderately-sized volume, the history of a class of diseases, instances of which they will be in the constant habit of seeing and treating in practice. The plates, which are lithographed specimens of a superior kind, form an important addition to the work.

The Nature and Cure of Consumption, Indigestion, Scrofula, and Nervous Affections. By G. CALVERT HOLLAND, M.D. 8vo, pp. 208. London: Orr.

It was said by a medical critic, who had ample opportunities of judging, that "whilst some men write books from practice, others write them to obtain it." As a general rule, it will be found, that when a book has a title like that which heads this article, professing to treat of a variety of diseases, all of them of the most important character, the author writes for practice. Men like Brodie and Bright are content to