

league Dr. Stokes, who pronounced the case to be in his experience, unique. In her general appearance she appeared to be slightly emaciated; but in all other respects save those mentioned she seemed to be in a fair state of health. She had little, if any, cough. The history which we could collect from herself of her case was briefly as follows: About Christmas last she remarked that she was getting hoarse, and fancying that she had caught cold she procured some cough-bottles, which, however, did not do her the slightest good. Shortly afterwards she remarked the tumour seated over the temporo-maxillary articulation, at first small in size, which from that time increased steadily to its present condition. Early in January she experienced difficulty in opening her mouth, and in February the jaws closed tightly, as they are at present, since when she has been obliged to feed herself by coaxing crumbs of bread through an interstice left by the loss of one of her front teeth when a child. There is not the slightest evidence of her ever having suffered from syphilis, all the evidence tending in the contrary direction.

The diagnosis in this case was involved in obscurity. That the temporo-maxillary tumour might have something to say to the production of the trismus could not be gainsaid. Still, I had frequently seen tumours in this situation larger in size, and apparently of a graver character, where, although some difficulty would be experienced in opening the mouth, yet there never was anything approaching the completely lock-jawed condition this poor creature presented. Again, what was the cause of the extremely exaggerated inspiratory murmur, and the diagnosis being so obscure, naturally it was still more difficult to decide upon the line of treatment most likely to relieve the symptoms. After mature consideration the conviction forced itself upon my mind that the "fons et origo mali" lay deep down in the thoracic region—that a tumour similar in character to those to be observed externally had formed internally, and by pressure on the nerves had set up reflex irritation, whence all the symptoms. In a communication such as this, it would be, in my opinion, out of place to enter into a physiological discussion as to the nature and situation of the pathological changes which might result in the production of these phenomena. On a future occasion it may be permitted me to do so; but at present I must content myself with placing on record facts as they occurred. With this conviction upon my mind, I discarded the idea of tracheotomy, which for a time I had entertained, and determined on making energetic efforts to procure the absorption of the tumour, if such there was. With this object in view I placed her on mercurial inunction, until the gums became tender. No difficulty was experienced in producing this result, and then I placed her on large doses of iodide and of bromide of

potassium. After a few weeks of such treatment all the symptoms commenced to ameliorate, the tumours which were visible diminished in size until at last they disappeared. She is now able to open her mouth, to masticate food (chops, steaks, &c.), sleeps tranquilly, and to all outward appearances seems to be perfectly cured. It should be mentioned, as being to some extent supplementary to the proof afforded, by the success attending the treatment, of the probable correctness of the diagnosis that, when the character of the respiration admitted of a satisfactory examination of the chest, I found in the track of the arch of the aorta, on percussion, dullness; on auscultation, a well-marked murmur, which murmur, however, was not at all detectable over the cardiac region. Both of these signs are so diminishing in intensity as now to be scarcely, if at all, recognisable. In this statement I believe that I shall be fully supported by my friend and relation distinguished Professor Brown, of the Galway College, who kindly examined the case for me this day (October 2nd).

During her treatment she used about six ounces of the bromide and five of the iodide of potassium. The mercury was not employed through the existence of suspicion on my part of any syphilitic complication in the case, but because experience has taught me its value when this used as a preliminary in developing the absorbent properties of the iodides, and with this object in view I also occasionally had recourse to the local abstraction of blood by half-a-dozen leeches at a time.

During the treatment of this case I had reason to feel indebted to my resident pupils, Mr. R. M. Blake, one of my apprentices, and Mr. Clibborn, for the zeal and attention with which they carried out my directions, and to the former of these gentlemen I am also additionally indebted for the accurate notes from which I have been thus enabled to summarise this most instructive and interesting case.—*Med. Press and Circular.*

CLINIC LECTURE ON THE TREATMENT OF SCIATICA.

BY THE LATE FRANCIS E. ANSTIE, M.D., PHYSICIAN TO WESTMINSTER HOSPITAL.

* * * If we are to take first the varieties of the disease in which there is the most decided indication for treatment, we shall certainly begin with the syphilitic; and here I wish to repeat the caution already given as to not accepting too readily the idea that syphilis is out of the question. You will be most tempted to make this mistake when your patient is a lady of good character. But remember that she may have been infected by her husband, and that this may have happened (in conception) without the occurrence of any primary sores. In-