

rious coincidence, that Cheselden and Pancoast—comparatively the two extremes in the history of anatomy—should agree on the functions of these two muscles and state them correctly, while the opinions of all the intermediate writers have been a mass of confusion. It is curious, also, to note, when a condition or motion of the eye could not be readily accounted for, with what eagerness the obliqui were invoked to explain the mysterious phenomena.

In enumerating our conclusions, we might have added another deduction, viz., that we are not to receive implicitly the doctrines of even the highest authorities, but that we are to keep our eyes open and observe and think for ourselves; and farther, that if such looseness of observation has prevailed in the examination of so familiar an organ as the eye, there may remain in other organs a rich mine of discoveries to reward the labors of the industrious physiologist. "*Multum adhuc restat operis, multumque restabit, nec ulli nato, post mille sæcula præcluditur occasio aliquid adgrediendi,*" is as true now as when Seneca wrote it. CALER GREEN.

Homer, N. Y., March 25th, 1845.

P. S.—Was Dr. Brewster's conclusion in a late No. of the Journal, in relation to the effects of *creosote*, a legitimate one as the result of its administration in *that* case? Was not the cessation of vomiting as, if not more, probably the result of the "strong counter-irritants"?

SINGULAR CASE OF HICCOUGH CAUSED BY MASTURBATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some time since, a singular case of hiccough was placed under my treatment. Its origin evidently was from long-continued masturbation. I have thought a detail of the case, as taken from my note-book, might interest your readers, and have therefore ventured to send it. In the winter of 1840 I was requested by my partner to visit, in consultation, a case of "convulsions," which he said had for twenty-four hours resisted every remedy. The patient was an Irish girl, 18 years old. Accordingly, late in the evening, we rode out to her residence, and found her lying on a small cot-bedstead, just recovering from a paroxysm of opisthotonos—her attendants stating that her heels absolutely touched the back part of her head. As soon as she had somewhat recovered from her fatigue, I examined her pulse, which was slow, full and hard. She was sweating freely from the violent effort she had been making, but her skin was not at the usual temperature. Her countenance was flushed, pupils dilated, tongue a little furred. The bowels had been moved that morning, but were slightly tender at the lower part. She answered questions readily, although she was inclined to sleep. This was her situation soon after we arrived there. She did not remain quiet, however, more than ten minutes, when she commenced hiccoughing, gradually at first, and at intervals. This soon increased in frequency, until the convulsions resembled more the "roll" of a drum or the clatter of a watchman's rattle, than legitimate hiccough. There was no intermission; it was one continued roll,

increasing in power, until every muscle of the body participated with the diaphragm, and she "went off" in paroxysms of general convulsion. This had been her condition for the twenty-four hours previous, and she had been during that time bled and purged, and had run through the whole catalogue of remedies, both external and internal, without the least benefit. The hiccough still continued, and the intervals were shorter. Her strength was but little if any diminished, but she complained of soreness over the whole body. In this situation she remained three or four days, without much sensible relief, when the hiccough suddenly subsided, and she got up, and without more treatment went about her ordinary duties.

Some four or six weeks after, I was called to her again. I found her in the same condition as before, with longer intervals, however, between the general spasms, but without any cessation of the hiccough, the paroxysms of which, alternated between the "roll" and the usual convulsion. She had not menstruated since her last attack. Bowels now constipated; pulse full and slow; tongue furred; breath very offensive; countenance flushed; head aching violently; abdomen tender. I bled her freely, gave a powerful cathartic of calomel, applied sinapisms to the bowels, and left her. The next day she was somewhat relieved, but still in the "hiccough." During the day she requested her nurse to give her a piece of white sewing silk, saying she wished to cut off a wart on her leg. The nurse mentioned the circumstance to me, and I questioned her about the situation of the wart. She stated to me that it was not on her limb, but on her genitals. No inducement or persuasions were of any effect. I could not prevail on her to permit me to examine it. She also stated that she had had several warts, and when she cut them off the hiccough subsided. At this time, by much questioning, I extracted from her the fact, that she had long been in the habit of masturbation, and that, too, in no limited extent—ordinarily producing orgasm four or five times daily, and that for a period of two years. She further stated that the paroxysms could be "stopped," if I were to press my hand on the upper part of her external organs, and continue the pressure for a few minutes. She was all this time constantly hiccoughing, and it was with considerable difficulty that she conversed at all. However, to test her statements, I pressed gently but firmly upon the clitoris outside her linen, with my hand, and the convulsions gradually subsided, and she went to sleep. I left her asleep and went home. The next day, as usual, I visited her. She was free from all convulsion, but complained of pain and soreness of the back. I was proceeding to examine her back, when, in turning over, she struck the back against the bar of the bedstead, and immediately went into a paroxysm of hiccough, which terminated in general spasm. While in this condition, most frightfully convulsed, I pressed my hand firmly upon the upper part of the genitals, and the convulsions subsided directly, and she lay perfectly quiet.

From this time, for a period of three or four months, she had occasional attacks of hiccough, lasting her seven or eight days, constantly hiccoughing both asleep and awake. She informed me, during this time,

that so great was the venereal passion, that she carried to bed with her, as a constant companion, a large piece of *wood shaped like a penis*. Disgusting as these details were, she did not seem to have any hesitation in answering my questions. The paroxysms of hiccough could at any time be induced by hard pressure upon the lower lumbar vertebrae, which were exquisitely tender; and as readily could these paroxysms be allayed by pressure upon the upper part of the external organs. She was capricious in temper, and was subject to occasional periods of despondency. Yet she did not seem to realize her depraved condition, for she was at this time a member of one of the religious societies in town.

That I might not be deceived, I frequently called in my professional brethren, and exhibited to them the singular phenomena. And in every instance could the hiccough be induced by pressure on the spine, and controlled by pressure on the clitoris. No restraints were of any avail: she still continued the revolting habit of masturbation until she left town, which she did without informing me of her intention to do so. I have not since heard of her.

There are two questions connected with this case, the answers to which I should be glad to have. Why should pressure upon the spinous process of the lower lumbar vertebrae produce paroxysms of hiccough? and why should pressure upon the region of the clitoris arrest this paroxysm, even when every muscle of the body participated in the convulsive effort of the diaphragm?

I offer no solution to these singular statements. I have given the case as it is, and if worthy of consideration, I should be happy to have the causes of these effects explained.

GEO. T. DEXTER.

New York, March 27th, 1845.

NEW METHOD OF REDUCING SCAPULO-HUMERAL DISLOCATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of scapulo-humeral dislocation was intended for insertion in the "Montreal Medical Gazette," but after being detained by the proprietors of that Journal for several months, the manuscript was returned. Should the case appear of sufficient interest to merit a place in your valuable and widely-circulated Journal, by inserting it you will oblige

Sir, Your very ob't and humble serv't,

Montreal, March 23d, 1845. C. CARTER, L.R.C.S. Edin., &c. &c.

A gentleman, a partner in the Hon. Hudson's Bay Company, on the 24th May last, accidentally dislocated his shoulder by falling forwards, his arm being at the same time outstretched. Being far up in the interior of the country, beyond the reach of any medical man, he was unable to get it reduced at the time of the accident. He returned from thence about the middle of July, and having first attended to some pressing business engagements, he afterwards came to consult me, eight weeks after the accident.