

and 103° (evening). The temperature on the evening of Oct. 30th was 104°, and as the quinine did not appear to reduce it I ordered fifteen grains of antipyrin. At 11 P.M. she had a rigor lasting twenty minutes, the temperature in the axilla being 108·2°; there was a coffee-ground vomit; the respiration was very hurried and shallow. She had wild delirium, and the pulse was so small and rapid that it could not be counted. She had said she was dying, and refused to take some quinine in milk, saying that nothing could save her. I injected hypodermically one-hundredth of a grain of sulphate of strychnia, and shortly afterwards one-hundredth of a grain of digitalin. The pulse improved, and after two or three hours she regained consciousness; she then slept for an hour and a half. The temperature twenty minutes after the rigor was 107°, and from that time gradually fell until the next morning, at 10.30, when it reached 97·4°, the pulse being 100. The temperature rose again in the following evening to 103·6°. The patient took plenty of milk, beef-tea, eggs, port wine, and brandy. The uterine injections were continued for two or three days, and quinine and opium were given every four hours. For the next two days the temperature in the morning was about 101° and in the evening 102°, becoming normal both morning and evening on Nov. 5th, eleven days after the invasion. From that time she has made an uninterrupted recovery.

Burton-on-Trent.

A CASE OF ASPHYXIA NEONATORUM.

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A PRIMIPARA twenty-three years of age was confined on Oct. 29th. The labour, rather tedious, continued for twenty-two hours, with sharp grinding pains. The vertex presented in the right occipito-anterior position. The vaginal orifice and circumference of the foetal head being out of proportion to each other, part of the vertex with the parietals presented externally, and the foetal head made no further progress for more than thirty minutes, even the sharpest pains not producing the desired effect. The patient was gradually getting exhausted, every successive pain stretching the rigid perineum and putting the patient in great distress. A straight incision with the knife, about three inches long, extending from the posterior extremity of the vagina to the perineum, widened the passage, and the next pain brought about immediate expulsion of the child without any further interference. The child when born was to all appearances dead. The face was pale, the limbs flaccid, and there was no appreciable cardiac action. The cord was at once ligatured and the child separated from the mother. There appeared to be complete cessation of respiration. The alternate immersion of the child, first into very hot and then into very cold water, half a dozen times proved to be of no avail. Insufflation of the lungs was next resorted to, by means of a catheter guided into the glottis, and air was gently blown into the lungs, with alternate compression of the thorax, with a view to expel the air. This was persevered in for about three-quarters of an hour, but proved fruitless. Silvester's and Schultze's methods of artificial respiration were then adopted, and given a fair trial for more than an hour, and this time the treatment met with some success. The child made one or two feeble and gasping efforts at respiration. Brandy was placed on the tongue and also applied to the chest and regions over the heart; at length the child began to whine, while the stethoscope revealed very feeble cardiac beats. The catheter was again introduced into the glottis, and the lungs were insufflated for another half hour. The child was once more alternately immersed in hot and cold water, and it started screaming at the second immersion. It was then wrapped up in a blanket, a few more attempts at artificial respiration having thoroughly established the function. On auscultation the heart was now heard to beat regularly and distinctly. My object in publishing this case is to show once again that life, though apparently extinct in a new-born child, may be present, and restoration be brought about even after three hours' suspension by persistent efforts at resuscitation. It only remains to be added that both mother and child are progressing favourably.

Mansfield Woodhouse, Notts.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

FOUR CASES OF TRAUMATIC RUPTURE OF LARGE ARTERIES.

(Under the care of Mr. GEORGE LAWSON.)

THE following four cases are examples of injury to main arteries. The patient in whom the abdominal aorta was ruptured died in thirty-six hours. All the others made good recoveries, and in each the expectant treatment adopted was amply justified. In each case the force producing the injury was very violent, being sufficient in one case to rupture the biceps, in another to fracture the bone, and in the case of ruptured aorta to fracture transverse processes and rupture the anterior common ligament. In two cases the force was applied directly to the injured part—viz., in the case of injury to the femoral artery and the case of ruptured brachial artery and biceps; whilst in the other two the force was applied indirectly. Excluding the case of injury to the abdominal aorta there were a few symptoms common to each case. 1. In all the main channels below the point of injury pulsation was for a time totally absent, showing that the path of direct circulation was almost if not quite excluded. 2. In each case good collateral circulation was rapidly established. 3. In each case the injured limb was much colder than its fellow. It will also be noted that in no case was there any indication for immediate or later operative procedure, nor did any case at any time show any sign or symptom of traumatic aneurysm. It is worthy of remark that in two of the cases—those of injury to the brachial artery—there was rapidly formed a very considerable, tense, painful tumour, whilst in the case of the femoral artery there was a total absence of such swelling. It is certain that in the latter case, as in the case of rupture of the abdominal aorta, the vessel was not torn completely through, but its inner and middle coats only were ruptured, and these curled inwards upon themselves so as to form a valve-like obstruction to the flow of blood. This may have been the total amount of injury in the cases where there was much swelling, and the latter due to the rupture of small vessels about the point of injury; but, on the other hand, the artery in these cases may have been completely ruptured, and, after a short temporary extravasation of blood from it, the inward curling of the inner and middle coats may have prevented further leakage.

CASE 1. *Oblique fracture through the lower epiphysis of the left humerus with injury to the left brachial artery.*—The patient, a boy aged nine years, was admitted into the Middlesex Hospital on Nov. 23rd, 1893, complaining of injury to his left arm. A short time previously, whilst vaulting the horse in a gymnasium, he had slipped, and in endeavouring to save himself had fallen with extended hand and arm on to the mattress. On his admission there was found to be considerable swelling about the left elbow-joint, chiefly on the inner side, and extending from just below the flexure of the joint for some three inches up the upper arm. The swelling was very tense and painful. The left forearm and hand were much colder than the right. Pulsation in the radial and ulnar arteries was very indefinite, at one time appearing totally absent and at another moment apparently faintly perceptible. The swelling two hours after his admission had not markedly increased in size. He was seen at the hospital within half an hour of the accident, and the swelling, as stated, was then very considerable, quite obliterating all outlines of the elbow-joint. Four hours after admission the swelling had increased slightly, and on account of the excessive pain and tenderness the boy was anæsthetised in order to make a more thorough examination than could otherwise be obtained. Under the anæsthetic faint pulsations could be detected in the radial artery, but no fracture or dislocation was discovered. Under these circumstances the limb was wrapped in cotton-wool, placed on a