

biological authority, that hitherto it has been a matter of doubt whether the foetal kidney secretes at all, though I apprehend the above case will prove, in the most decided manner, not only that the secretion does take place, but that it is most abundant. Though it may be difficult to get a supply for chemical analysis from the human foetus, it may readily be obtained in any of the larger foetal quadrupeds, either from the bladder or the allantois; and until we are in possession of more exact information as to its constituents, it is hardly worth while to hazard an opinion upon the subject, though I cannot help thinking it may have some share in the production of the liquor amnii.

I much regret that, at the time of delivery, the whole of the fluid contained in the bladder should have been allowed to escape. I intend, however, at the earliest opportunity to supply the deficiency in this narrative, by an analysis either of the urine of a foetal quadruped, or, if possible, of the human foetus.

Derby, May 5th.

To the Editor.—SIR,—In mentioning to a medical friend this morning the case I sent you two days since for publication, I was surprised to learn that *THE LANCET* for March 14th contained an abstract of a paper by Dr. Lee, upon the very subject to which my communication refers. Not having noticed that paper, and having, perhaps, in my own letter considered that I had some priority in establishing the fact of the secretion of urine in the foetus, I hasten to correct the error. I know not, however, that the researches of Dr. Lee will at all tend to do away with the value of the case which fell under my own observation, and if you entertain the same opinion, you will probably still be disposed to record it in the pages of your valuable journal. I am, Sir, your obedient servant,

S. W. FEARN.

TRANSPOSITION OF VISCERA.—A case of transposition of the principal viscera, lately described at the Anatom. Society of Paris, by M. GRISOLLES, showed the evident connexion which exists between the left lateral concavity of the vertebral column, and the position of the aorta at the left side of the spine. This question has been long debated, and even BICHAT attributed the concavity to quite another cause, but in M. GRISOLLES' case the aorta being situated on the right side, the concavity was placed on that side also. It was ascertained that the subject during life was not left-handed.
—*Archives Gen.* March 1835.

CASES OF

UTERINE HEMORRHAGE

TREATED WITH THE

ACETATE OF LEAD AND OPIUM,

AND SUBSEQUENT SMALL BLEEDINGS.

By FRANCIS COOPER, *Esq., Surgeon,*
Southampton.

THE following cases of hemorrhage treated with acetate of lead and opium, afford ample testimony of the efficacy of those powerful medicines, when properly used. I say *properly*, because unless the dose be proportioned to the nature and urgency of the case, they are of little or no benefit, and, indeed, the latter (opium) is often positively injurious, when given in small quantities to a patient who is exhausted by long-continued uterine discharges. When half-grain or twenty-drop doses are given, the pulse is frequently quickened and rendered irritable, the very opposite of what we intend; but when a liberal allowance is administered after the uterine vessels have been discharging for some hours or days, the pulse is subdued in frequency, and the system is so completely tranquillized in the majority of instances, that the medicine seems to have acted like a charm. The pulse, too, acquires volume, and the skin, which was hot and dry, becomes warm and moist; the countenance, from being anxious and expressive, a few hours after the first opiate and dose of lead assumes a composed appearance, very different from the bloodless and vacant gaze which the practitioner sometimes meets with on his first visit. When the discharge has not existed long, and when the pulse has not undergone much change in force or frequency, the lead and opium may be given in moderate or small doses; but if, on the contrary, much blood have been lost, the medical man should lose no time in giving a full dose of each, varying the dose according to circumstances, from two to three, four, or even five grains of each, always bearing in mind that in proportion to the quantity of blood lost, the better, in nine cases out of ten, will the system bear a liberal administration of both. Nay, it not unfrequently happens that cerebral congestion evinces itself on the third or fourth day after the discharge has ceased, and the practitioner is called on to take a small bleeding from the arm, and this I have had to repeat twice or thrice before the head was relieved. From one

to three, four, or six ounces, will generally be found sufficient; but in young and delicate persons the lancet must be used very cautiously, and unless the attendant be confident of its necessity, he had better apply leeches. One or the other is necessary,—which of the two our judgment will dictate. Lisfranc is a great advocate for small bleedings after the discharge has ceased, and I certainly should not have ventured on them as I have done, had it not been for his authority; the result, however, has always been satisfactory.

To return to the lead, however. It is surprising to see the speedy benefit derived from it, both with and without opium, in arresting the hemorrhage. Even after the first dose the hemorrhage may be said to lessen; and at the end of six or eight hours it is reduced considerably. The hands and feet should be kept warm with bottles of hot water or warm bricks; the head low and the hips elevated. The bed-clothes should be light; if the extremities be attended to, the system will seldom take harm, although I cannot too strongly reprobate the plan of keeping the patient in a state of shivering for hours. Such a proceeding is apt not only to induce serious internal congestions and subsequent inflammation; but, by driving the blood from the surface, to keep up an increased discharge from the already relaxed vessels of the uterus.

Some have denied, I believe, the power of lead in arresting uterine discharge, because the *modus operandi* is not very easily explained, or because they have not given it in sufficient quantity, perhaps; but this much I will venture to say, that whoever will give it a fair trial, will find it as efficacious in the particular instance of hemorrhage already mentioned, as any other individual remedy in any other particular disease.

Case 1.—Dec. 16, 1833. Mrs. W., Bedford-terrace, an elderly lady, about forty-eight years of age, has, for the last few days, suffered from constant discharge. She experiences great debility and nervous anxiety; pulse feeble and weak. Ordered to keep on her back in bed; to have cold acidulated drinks, and a grain of opium and lead every third hour.—17th. Discharge nearly gone, more tranquil, but still troubled with nervous anxiety.—18th. Much better; discharge gone, but experiences some headach or confusion. Bleeding, to about three ounces, with decided benefit. Aperient pill and draught.—19th. Bowels open; better.—20th. Return of headach. Bleeding to about two ounces with much relief. Nothing further required. 23rd. Quite well.

Case 2.—Mrs. B., Orchard-place, a lady of full habit of body, has had considerable discharge, attended with anxiety and general debility. She was ordered to confine herself to the sofa by day, as she could not be prevailed on to keep her bed, and to take the remedies as above. One small bleeding was required on the fourth or fifth day, after which she progressively recovered.

Case 3.—Nov. 14, 1834. Mrs. Plaskett, Bell-street, a poor woman, about 38 years of age, has had severe and constant discharge, consequent on miscarriage, for the last two days. Her husband informed me that she was dying, and on my arrival his statement certainly appeared to be correct, for I never saw such complete physical prostration in my life. She could neither move nor speak above a whisper, which was inaudible at the foot of the bed. There was scarcely any pulse; her skin was damp and cold; and when asked to put out her tongue it trembled, and was completely bloodless; the eye was glazed, and her breathing was scarcely perceptible. Altogether, I never saw life so nearly extinct. I immediately gave her about sixty drops of opium, and ordered the following pills to be taken as soon as possible. ℞ *Plumb. Superacet.* gr. vi; *Pulv. Opii* gr. iv; *Panis* q. s.; misce; divide in pil. no. 2. statim sumantur; and two of the following every two hours. R. *Plumb. Superacet.* gr. iij; *Pulv. Opii* gr. ij; *Panis* q. s.; ft. pil. no. 2. ut supra sumendus. Bottles of hot water to the feet; the head to be kept low, and a pillow (straw if possible) to be placed under the hips, perfect stillness enjoined, and cold acid drinks to be taken. Nine p.m., about eight hours from my first visit, I found the discharge greatly diminished; the countenance was improved, and some little reaction had commenced. Contin. remed.—15th. Much better, but the discharge somewhat returned. R. *Plumb. Superacet.* gr. iv; *Pulv. Opii* gr. iij; *Panis* q. s.; ft. pil. no. 2 statim sumantur. And two of the following every second hour:—R. *Plumb. Sup.* gr. ij; *Pulv. Opii* gr. ij; ft. no. 2.—16th. Better. Improved in every respect; very little discharge. To take one pill every four hours.—17th. Discharge very slight. Bowels ordered to be opened with castor oil.—18th. Much better; wants a little broth. To have a little broth or beef-tea. From this period she continued to improve, and in a few weeks was quite restored.

Case 4.—Mrs. Lawes, Orchard-lane, æt. 30, about eight months advanced in pregnancy, has had considerable discharge for some days. Complains of weakness,

and says she has not felt the motion of the child for a day or two. She was treated as were the first two cases, with decided benefit, but premature labour commenced on the fourth or fifth day from my first seeing her, and the child was still-born for want of timely assistance, it being a footling case, and the head being lodged in the passages for some time before I could visit her, with the chin wedged against the pubis. Even in this case the lead arrested the hemorrhage, although, from the gravid state of the uterus, the vessels must have been in a very active condition, and much more disposed to pour forth their contents than in simple menorrhagia.

It would be useless to multiply cases after the above, but I may be allowed to add that I have found no single remedy more successful in any disease, than lead and opium combined, in all discharges from the uterus and neighbouring parts. With respect to bleeding after the hemorrhage has ceased, I have already said enough. Lisfranc seems to use it as a revulsive agent, but I chiefly use it to relieve the head, which suffers, more or less, congestively, from the opium, as well as from the metastatic effects of a distant and quickly averted hemorrhage.

Southampton, May 2, 1835.

CASE OF CHOREA

TREATED WITH LARGE DOSES OF THE CARBONATE OF IRON.

By CHAS. ROBT. BREE, Esq., M.R.C.S.,
Stowmarket.

S. CLARKE, ætat. 25, of a spare habit of body, has been for the last five years affected with chorea in the form of a convulsive rotary motion of the head, which, with one or two exceptions, has been unintermittent. The body occasionally assumes a similar action, which in each case has been much increased by over-exertion, or by anything which has occasioned depression of spirits. He has been frequently under medical treatment, from which he has occasionally found temporary benefit; but he says that he found no relief from bleeding, cupping, leeches, or the application of blisters, setons, &c.: on the contrary, he always considered that they did harm. His bowels are regular; his pulse is weak and 16; his appetite is various, occasionally indifferent, but sometimes morbidly great; his tongue is rather

furred, and he complains of a bitter taste in the mouth in a morning. Considering that the disease arose from some morbid affection of the nervous system, I ordered the following; March 16:—

℞ *Pil. Hydrarg., Extr. Conii, Extr. Gent.*, aa. gr. iij. M. Ft. pil. ii on hss.

℞ *Ferri Carbon. Precip.* ʒj; *Pulv. Rhei* gr. iij. M. Ft. pulv. ex theriaco ter die sumendus. Utat. balneo pluviale quotidie, primo mane.

March 19. Says he is much the same; the bowels have been open three or four times in the day. Contin. pilulæ. Habeat *Ferri Carbon.* ʒii ter die, sine pulv. Rhei.

22. Thinks himself better; the action of the head is less violent; the bowels have been relaxed, and he complains of the foulness of his tongue in the morning. ℞ *Hydr. c. Creta* gr. iij; *Extr. Conii* gr. ij. M. Ft. pil on hss. Habeat *Ferri Carbon.* ʒiij ter die.

25. Is much better; the convulsive motion of the head *has very much abated*; he feels it rather more in the evening. Bowels not so open as they were. Contin. pilulæ. Habeat *Ferri Carbon.* ʒss ter die.

28. Is evidently much better; the motion of the head is much slower and less violent than it was. He complains of an inward trembling; bowels open two or three times a day; pulse 90, still weak. Contin. pilulæ. Habeat *Ferri Carbon.* ʒv ter die.

31. Is much better. Aug. dosi *Ferri Carbon.* ad ʒvj ter die ss. Cont. Pil. et perstet in usu baln. pluv.

April 3. Says he has caught cold, and does not feel so well; the nervous affection is, however, upon the whole much better; complains of slight pain in the head; has had cold chill and night sweats. Omitt. *Ferri Carbon.* et *Pil. Hydrarg.* ℞ *Hydr. c. Creta* gr. v; *Pulv. Antim. Feb.* gr. iij. M. ft. pulv. hac et crastina nocte sumendus. ℞ *Magnes. Sulph.* ʒiss; *Vin. Ipecac.* f.ʒij; *Liq. Ammon. Acet.* f.ʒj; *Aq. Menthae* ʒviiij; M. ft. Mixt. de quibus sumatur cochl. magna iij ter die.

April 6. Is better — the febrile symptoms have subsided. Habeat *Ferri Carbon.* ʒv ter die ex theriaco.

9. Is much better. Has not perceived any convulsive motion of the head for the last two days. By close examination a slight tremulous motion of the head may be perceived. He says he is quite well. Habeat *Ferri Carbon.* ʒiij ter die.

12. Continues to improve very fast. Ordered to discontinue all medicines for