

ON A CASE OF TETANUS.

By EDWARD HODGES, M.D., Somerset.

RECOVERIES from tetanus being extremely rare, I forward you the following:—

On the 30th of December last, I was summoned to attend W. V—, a lad in his twelfth year, a light-haired, fresh-complexioned, and rather scrofulous-looking boy, on account of a lacerated wound of the great toe, necessitating the removal of a portion of its digital phalanx. The wound did exceedingly well, and the patient too, until the morning of January 11th, when the father called upon me, stating that his son could not open his mouth. I excited purgation without delay by the administration of a cathartic powder, and then resorted to the use of a hyoscyamus and camphor mixture, and directed the cervical spine and the lower jaw to be rubbed with a liniment. Powerful cathartics were (with due effect) again resorted to on the 13th, and followed by full doses of morphia, and for about ten days the patient was subjected to an antiphlogistic and sedative plan of treatment, calomel and tartar emetic being freely employed, as well as cathartics, opiates being administered nightly. This, however, did not prevent the disease extending to the extensors of the spine, and producing opisthotonos, and also to the muscles of the abdomen. About the 21st or 22nd of January, the symptoms of general excitement which had indicated the antiphlogistic treatment having subsided, though without diminution of the tetanic symptoms, that treatment was discontinued, and nocturnal doses of morphia only administered. On the 24th of January, the application of morphia (the hydrochlorate) to the wound was substituted for its internal administration—first in the form of powders, as the poultices were renewed, and subsequently by means of a piece of lint moistened with the following application:—Hydrochlorate of morphia, one scruple; tincture of hyoscyamus, two drachms; water, three ounces. This local treatment was continued until the 11th of February, when the general tetanic symptoms having much diminished, and the patient being able to protrude his tongue slightly, and to masticate a little, the foot was dressed and bandaged. The lad recovered perfectly, and is now to be seen daily about this neighbourhood, driving his father's (a baker) cart.

Though a considerable quantity of calomel was administered during the stage of arterial excitement, and also of tartar emetic, the gums were unaffected by the former remedy, and the latter produced no degree of emesis. On the subsidence of this stage, and the consequent discontinuance of the antiphlogistic treatment, the most liberal diet that could be taken by the spoon was allowed, and also some good bitter beer, and subsequently wine in small quantities.

I have only to add that the patient suffered no pain during the whole continuance of the complaint in the muscles most obviously affected, and that such as he did experience was of an equivocal character, and called pains in the bowels, which were sometimes severe at night, but which examination led me to refer to the muscles of the abdomen. It is not for me to say whether or not the treatment pursued in the above case had any influence in mitigating the violence of the disease, and preventing its full development, or in determining the final favourable result. Let the profession judge.

July, 1854.

ON A CASE OF
HEMATEMESIS, SUCCESSFULLY TREATED
WITH ERGOT OF RYE.

By CHARLES NEATE, Esq., M.R.C.S. & L.S.A.

THOMAS H—, aged sixty-two, labourer, has suffered of late years from severe catarrhal affections.

In the month of April last, after stripping off his clothes during a profuse perspiration, he states that he was suddenly taken with dimness of sight, weight, uneasiness, pain in the epigastrium, and griping of the bowels, immediately after which he vomited a large quantity of dark-coloured clotted blood; he was conveyed home, and I was sent for: this was on the 8th. Two or three hours had elapsed before I saw him, in the meantime he had vomited more blood, there was little or no fever present, pulse slow but hard, tongue furred, respiration short and embarrassed, the other symptoms much increased in severity. I ordered him acetate of lead in combination with opium every four hours, with a mixture of infusion of roses, tincture of digitalis, and dilute sulphuric acid; a blister over

the epigastrium, cold and acid drinks, &c. On the following evening he became worse; had brought up more blood in the night; pain and gripings much aggravated; had passed two black motions. To discontinue medicines, and take a drachm and a half of tincture of sesquichloride of iron every four hours. 10th and 11th.—Better; has lost no more blood; expectoration sanguineous.

12th.—The blood has again returned; has vomited several ounces in the night. To discontinue medicine, and take a drachm and a half of oil of turpentine every four hours.

14th.—Much worse; passed a wretched night, and has brought up blood several times since the 12th; pain in epigastrium, anxiety; in short, all distressing symptoms have returned. I was now induced to try ergot of rye, and commenced by giving him a drachm and a half of the powder, divided into eight doses; one to be taken every four hours; and to omit the other medicines.

15th.—Better; has vomited no more blood since taking the second dose.

16th and 17th.—Very much improved; no return of blood, except in expectoration, which is rather sanguineous. To continue ergot.

20th.—All the distressing symptoms have entirely disappeared, and there is no tinge of blood whatever in expectoration; indeed, from this time he very rapidly convalesced, and, with the assistance of wine and nutritious diet, gradually recovered strength, and is now able to do light work.

Remarks.—Now, in this case, the ergot has shown itself as possessing considerable virtues, and evidently of an entirely specific nature. At any rate there is one recommendation to its use, that it is neither an excitant nor a stimulant.

Utttoxeter, Staffordshire, July, 1854.

A Mirror

OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

ST. MARY'S HOSPITAL.

CASE OF NON-MALIGNANT TUMOUR, OF CONSIDERABLE SIZE,
SITUATED ON THE LATERAL PART OF THE NECK.

(Under the care of Mr. COULSON.)

AMONGST the admirable laws regulating the development of the animal economy, there is one on which physiologists have, perhaps, not dwelt as much as might have been expected—viz., the limits assigned to normal growths, as contrasted with the reckless and unrestricted increase of abnormal appendages. When once the maximum size of limbs, trunk, viscera, &c., has been attained, nutrition ministers to their continuance, and every portion of the frame retains a certain volume proportioned to the whole. But how differently are the various tumours circumstanced! They are unlimited as to size, and few of them are compatible with the healthful enjoyment of life, as they tend directly or indirectly to shorten existence. Some interfere with important functions, not exactly by their bulk, but by pressing upon organs the free play of which is indispensable to the maintenance of life; some produce the same effect after many years' growth, by dragging and irritating vital parts through their mere bulk or weight; some wear out the patient by pain; some exhaust his strength by profuse suppuration or by hæmorrhage; some seem to spare life, but render it miserable by depriving the sufferer of the use of one or more of the most important senses; and some, lastly, produce mere disfigurement at first, and slowly tend to destroy life by blocking up one of the canals of the economy, the patency of which is of primary necessity. An example of such a tumour has lately been offered at this hospital; it is mainly remarkable for its size, and for the moderate amount of inconvenience it has as yet produced:—

Edward T—, a carver, aged twenty-eight years, was admitted, under the care of Mr. Coulson, April 27th, 1854.

History.—Eight years before admission, the patient received