tions of hers as to her innocence, be they never so solemn, shall convince him that she still is not guilty? This is the juncture at which the physician may be the balm or the worm-wood; therefore upon him rests the responsibility of deciding the question. But if he be ignorant of the possibility of a dead child being carried in utero for such a period, he condemns the lady, and, I need hardly say, the consequence is too apparent. If, however, subsequently, the ill-judged, ill-treated, and unfortunate lady's innocence be proved, what shall become of the reputation of that physician who unhesitatingly pronounced her guilty? But if no such happy result should ensue to the lady, what shall and ought to be the feelings of that man, when, in after years, he shall discover his ignorance, and think upon the mischief it had entailed upon society?

ART. VI.—*On Asthenic Dysentery.* By G. H. YOUNG, M.D.,
L.R.C.S.I., Surgeon to the Holywood Dispensary, Co.
Down.

THE discussion of a subject like dysentery has peculiar interest at the present moment, when the fearful mortality of our troops in the East is so fresh in our recollection. It has ever been the scourge of armies, and a necessary accompaniment of war, and generally counts more victims than the most ingenious method of slaughter practised by man. In the Peninsular campaign, during thirty-one months, there were 23,000 cases of dysentery and diarrhœa, and we have it on the authority of Sir James Macgrigor, that dysentery was the disease which produced the greatest mortality in the army. However skilfully conducted modern warfare may be, dysentery will be sure to take *its* part in the campaign. There *must* be fatigue, cold, and wet, or burning and sultry heat; we *must* sometimes march through pestiferous jungles, and pitch our camps in a malarious atmosphere; we cannot *always* have pure water and the most wholesome food:—these are often unavoidable circumstances; and however well clothed and temperate the men may be, there will still be a long sick list and a high mortality.

Now, to my mind, it does not require a very vivid imagination to see that the dysentery which we sometimes meet is in all essential respects a similar disease to that of a besieging army in winter time. Do our poor not suffer from a scanty and unwholesome supply of food? Are they always warmly and comfortably clad? and do they not often pine away and die

from exposure to the inclemencies of the weather? In fact, there are few conditions of an epidemic like this, in any army, that may not find their parallel among the poor at home; but I will go farther than this, and express my conviction, that the identity of dysentery, in every quarter of the globe, is much greater than is generally supposed, and my belief that (with some rare exceptions) the mode of treatment found successful here would be, *ceteris paribus*, equally so everywhere else.

It is true that abscess in the liver is a more common complication in India than in this country, but it would be a mistake to suppose that it is present in every case; thus Dr. Morehead states, that of 30 fatal cases (of chronic dysentery), 12 were attended with hepatic abscess; Dr. Parkes, that out of 25 cases at Moulmein, in 7 there were abscesses; Dr. Innes, 84th Regiment, mentions 7 out of 39 fatal cases;—but although reasons of a climatic and dietetic nature would sufficiently account for the liver being so often and so seriously affected in India, yet we need not suppose that the same organ entirely escapes in our climate. Abscess is certainly a rare complication, but not so softening and congestion. Speaking of post-mortem appearances in chronic dysentery, Dr. Mayne says:—“The liver alone, of all the glandular organs, was invariably diseased.”

In the seventh and tenth volumes of the present series of this Journal may be found two papers on acute and chronic dysentery, which, conjoined, form the best essay on the subject that I know. I have carried out the treatment there recommended, and having had peculiar opportunities for testing its efficacy, I can truly say that I have seldom been disappointed, and that in simple sthenic dysentery the mercurial plan, as advised by the author of these papers, is the safest mode of treatment with which I am acquainted. However, at page 370, vol. x., he says:—“Some cases, undoubtedly, there are, where the disease, from the very outset, is of so bad a type that the most judicious management fails to be of the slightest avail.” Now I presume he refers to that class of cases characterized by the asthenic, typhoid, or malignant type*; it is to this description of dysentery that my present remarks have particular reference. The two plainest divisions of dysentery are, undoubtedly, the sthenic and asthenic, both of which have many and various degrees of severity. I believe dysentery is

* A less violent amount of pain, more copious evacuations, of a less viscid and tenacious description, are generally present in asthenic dysentery.

infectious in exact proportion to its virulence; and though this is opposed to the views of some of our best writers, Harty among the rest, I feel justified in recording my decided opinion of its infectious nature. That simple sthenic dysentery may not only propagate itself in one case, but also give rise to asthenic dysentery in an unhealthy subject in another, is not more extraordinary than that a mild attack of typhus should in one man be followed by, perhaps, a milder case than itself, and in another by a most deadly and malignant affection; and the cause of the apparent anomaly in this, as in every other infectious disease, is too evident to acquire elucidation.

Asthenic dysentery may, as I have often seen, give rise to sthenic dysentery; and as to the complication with typhus or continued fever, I cannot do better than quote Dr. Copeland's observations:—"Many writers conceive that the asthenic varieties described above are complications of simple dysentery, with different kinds of fever, and that when they are infectious, it is not the dysentery, but the fever, which possesses this property. Some authors suppose that the typhoid variety, especially, is a complication of this description; but if such be the case, wherefore should the disorder which is communicated be always dysentery, and not fever? Moreover, this form of dysentery is often present where a case of typhus cannot be found. The fact is incontrovertible, that the asthenic forms, some of which are considered as complications by many writers, are direct and necessary, and uniform results of certain diversified but concurrent causes, and not contingent associations of two diseases capable of separate existences." These causes are: "Cold and moisture, unclean, unwholesome food and water, or emanations contaminating the fluids." With regard to the opinion held by many, that dysentery *always* arises from a specific malarious origin, I may say that three-fourths of all my cases are unquestionably of this nature, and the symptoms are very frequently remittent in their tendency. Over a large part of the district under my care, the noxious exhalations from a mud bank, several miles in extent, covered by the tide for only a few hours out of every twenty-four, extend their dangerous influence; and the westerly winds which prevail saturate the atmosphere for miles with poisonous emanations. The dysentery that arises under these circumstances is, for the most part, simple and easy of cure; but, owing to extreme poverty and filthy habits, or a cachectic state of body, very bad cases now and then occur.

In the early part of the winter of 1853 I was attending a poor

but respectable family, consisting of three sisters and a maid-servant, living in a damp and malarious locality. The first sister had a very severe attack of simple sthenic dysentery; the second sister died of a most malignant form of the disease, being only ill for three days; the third escaped altogether, and the servant had a very mild attack, hardly requiring treatment. On the 1st of November, 1854, at 11 P. M., I was sent for suddenly, to see a member of this family, who was described to me as being in a dying state^a. On my arrival I was greatly concerned to find the third sister, who had escaped on a former occasion, in precisely the same condition as that in which I found the one who had died so rapidly, in spite of the most energetic treatment. Her bowels had been slightly disturbed and pained two or three times during the previous twenty-four hours, but she had gone about minding her usual business until the evening, when she was suddenly seized with vertigo, a violent pain in the lower part of the abdomen, and a desire to evacuate the bowels. On examination, the stool was found to consist of pure blood, dark in colour, and about a pint in quantity. The face was livid, and covered with cold sweat; pulse 140, weak and small; tongue whitish and clammy; some tenderness on pressure in the hypogastric region, great nausea and anxiety about the præcordia, and a remarkable degree of apathy and tendency to stupor. Having seen many examples of this form of dysentery, both in this country and in India, I believed, if the ordinary routine treatment were pursued here, the result would be fatal; accordingly, I began to reflect seriously whether a new and rational method might not be tried in this apparently hopeless case:—Gallic acid to allay the hemorrhage, quina to support the sinking powers of life, and opium as the *sine quâ non* in any treatment of dysentery.

The following medicine was then ordered to be taken every third hour, with a little weak brandy and water to wash it down:—Sulphate of quina and gallic acid, of each two grains, with one grain of opium. Having desired a bran poultice to be applied over the abdomen, I left her, with directions to be sent for, if any change for the worse took place during the night.

15th. 9 A. M. Bowels only twice disturbed through the night; the contents were grumous and muddy-looking, and fearfully fetid; pain on pressure increased; vomits everything

^a This case was read at a meeting of the Belfast Clinical and Pathological Society.

swallowed; pulse firmer, 130; tongue with a deeper fur, urine scanty, and thirst great. A marked change had commenced: the countenance, from being listless and apathetic, was becoming more clear and lively. As I had no longer the same dread of the hemorrhage (which, if it had returned, might have terminated the case at once), I substituted gray powder for the gallic acid.

9, P. M. Says if she had a sleep she might awaken quite well; bowels five times disturbed, with great tenesmus; a blister to be applied over the seat of pain, and effervescing saline draughts to check the nausea and allay the thirst.

16th. Tenesmus less; streaks of bile in the evacuations; had some, but not refreshing sleep; pulse 120; tongue more loaded; ordered the powders to be given every six hours.

17th. A wonderful improvement; nausea entirely gone; pain abated; pulse 120; tongue moist; evacuations not nearly so offensive, though their characters are various. Four different motions were shown me to-day; the first something like gruel in colour and consistence; the second reddish; the third greenish; and the fourth gelatinous and bilious; all more or less fetid.

18th. No motion from the bowels since yesterday; she was ordered one drachm of castor-oil, which was followed by a healthy stool; the powders to be discontinued, and quina and laudanum to be given in their place, in doses of one grain of the former and ten minims of the latter, three times daily, in water acidulated with muriatic acid: she continued taking this medicine for ten days, when she was quite convalescent, though several months elapsed before the system entirely recovered from the debilitating effects of this very formidable malady.

Such is a meagre outline of the first case in which I used the threefold combination given above, and since then I have employed it in thirty cases of asthenic dysentery, of various degrees of severity, but all presenting symptoms of an adynamic type. However, out of these thirty cases there were only six as severely affected as that I have just narrated. In no instance was there a fatal result. This will not appear very extraordinary to those who remember what Reid (one of the earliest advocates for the treatment of dysentery by bark) says. He informs us that out of nearly 300 cases of dysentery treated by himself during his residence in the West Indies, there was but one fatal, and that one where bark was not employed. I would not be understood as wishing to claim the

title of a specific for the mode of treatment I now advocate; I publish it with the simple intention of pointing out a method which, to say the least of it, has been, in my hands, more successful than any other. I have no doubt, however, that, sanguine as I may be about the matter, fatal cases will take place even under my own eye; but I can hardly think that the principles involved in the application of these remedies to dysentery characterized by decided asthenic symptoms can ever be called in question. Dysentery is, for the most part, of a remittent and often of an intermittent type. I have already stated that the great majority of my cases partook of the former symptom. That it is also most frequently of a malarious origin my own experience, as well as that of the highest authorities, abundantly confirms. On this point Dr. Baly says:—"I infer that dysentery is always produced by a poison introduced into the system from without, and that in most instances this poison is generated by the decomposition of matters contained in the soil."

Dr. Watson says:—"The remarkable decline of dysentery in this metropolis has been contemporary with that of other serious disorders, and is due to the same combination of causes." "To the better construction of houses in the rebuilt city, to the increased means of ventilation, to the more general formation of drains and sewers, to the more copious supply of water, and to the more temperate and cleanly habits of the people, we may fairly ascribe our present exemption from dysentery, from ague, and continued fever, which are often the parents of dysentery, and from the plague itself."

That the form of the disease of which I am now speaking is attended with a dangerously low set of symptoms, in which all the powers of life are withered and depressed, needs no illustration here. What remedy, may I ask, is so well adapted to fulfil the indications so plainly set forth in such a complaint, as bark? This question might fairly arise, supposing there was no precedent for the use of bark in dysentery; but the names of those who have employed it are legion, and may be seen in the pages of Copeland or Harty. As to the use of opium to subdue the pain and soothe the shattered nervous system, procure sleep, and counteract the tendency to inflammation or irritation,—what so likely to serve the end, in conjunction with a mercurial preparation? what remedy so powerful and efficacious in so many disorders? Harty says that the obvious effects of opium, when employed to an adequate extent in dysentery, are the temporary alleviation or cessation of its most distressing

symptoms, and the production of costiveness. Could, he says, the former object be attained without the latter, no medicine could be more valuable; but as that cannot be, few articles in the *Materia Medica* have done more mischief than the intemperate or untimely use of opium in dysentery. Now that opium is uniformly followed by such effects, I deny, and I beg to refer the reader to the published observations of Drs. Graves and Stokes in confirmation of my views on this point. It is true that they were writing principally on inflammation of the external coats of the bowels, and that I am now speaking of a disease attended with inflammation of the internal coats; but, from what I have seen, there can be no doubt that opium plays very nearly the same part in one affection as the other. Gallic acid I have only given in those rare cases of asthenic dysentery attended with profuse hemorrhage, of which I have already related an example, and a continuance of which I would dread so much. Cheyne says that it is surprising the relief that is sometimes afforded to the dysenteric patient by profuse hemorrhage from the bowels, and this, as illustrating the value of venesection, which he says was certainly the remedy the least equivocal in its effects, the most uniformly useful of any which we employed. This was, no doubt, quite true of the disorder as it manifested itself in that period; but could the same be said of the form of the disease we see now? For my part I look upon every variety of hemorrhage from the bowels in the most serious light, except when its source is due to piles. The advantages of exhibiting gallic acid in melæna and hematuria are forcibly pointed out by more than one writer in the pages of this Journal.

I come now to the use of mercury, a medicine which, more than any other, has been relied on for the cure of dysentery in every part of the world. I have already said that, as the main element in the treatment of the disease in its acute or sthenic aspect, it is our mainstay, but to rely on it as the chief agent in the low or typhoid forms would be attended with disappointment and vexation. But there can be no objection to its taking a secondary part in the performance, and employing it in its mildest and safest shape. Hydrargyrum cum cretâ, by its alterative and sedative properties, and given till healthy bilious evacuations are brought down, in conjunction with quina and opium, will, I am sure, stand the test better than any other preparation of mercury. I do not think it necessary to carry the administration of any of these remedies to the extent of showing their specific action, such as cinchonism, nar-

cotism, or salivation. With regard to salivation I may here express my opinion, that it is a state to be avoided, if possible, in any variety of the affection, particularly the typhoid^a.

I do not claim any more novelty for this mode of treatment, than prominently bringing forward a combination of remedies, any two of which have been long known to the profession; and though, as a general rule, I prescribe quina and opium in large doses, and gray powder in a moderate dose, as two grains of quina, one of opium, and two of the latter, every third hour, I can easily believe that it might be desirable to change these proportions from time to time. It is also important that I should observe, I was led to adopt this treatment from the extreme urgency of a particular case, and not from any preconceived theory or notion derived from the experience of others; it was only when examining the recorded opinions of those who had the most enlarged and extended knowledge, that I find so remarkable a verification of my own ideas and thoughts, based on the pathology and etiology of the disease. It struck me that quina was likely to meet one set of symptoms, opium a second, and mercury a third; and if, in addition to the success I met with, I add the fact, that each of the remedies has got its own powerful advocate, it will not seem extraordinary that I should with some confidence propose the combination of all three, as the most likely means we yet possess of conducting asthenic dysentery to a favourable termination. Blisters, hot stupes, bran poultices, effervescing draughts, suppositories, and anodyne injections, suitable diet, &c., &c., will be required, and a continual effort will be needed to guard against a relapse from indiscretion in getting up too soon, or overloading the stomach.

I append the notes of a few cases to show more clearly the form of dysentery to which this treatment is applicable, and to illustrate some of the preceding observations.

Martha Huxley, aged 40, a delicate woman, had been ailing for a few days with chilliness, loss of appetite, pain and slight disturbance in the bowels, when she was suddenly seized with excessive prostration, and inclination to go frequently to stool, with little or no relief. When I visited her, the tongue

^a The combination of quina and opium, and occasionally gallic acid, was used by me in the epidemic of 1852; and Dr. Playne of Dunmurry says:—"As regards treatment, when great prostration existed, and that was the stage in which I found nearly all my cases, I gave opium, quina, and camphor, together with mercurials and astringents, at the same time applying counter-irritants. My opinion is strongly in favour of mercurial preparations." See the Number of this Journal for August, 1853.

was only slightly furred, but the pulse was 160, and weak, though steady; there was great thirst, but the stomach rejected everything that was swallowed; pain on pressure not great; the evacuations were rather copious, reddish, gruel-like, and floating on the top were a great number of lymph-looking matters, not unlike burst barley. I ordered a blister to the epigastrium, to diminish the nausea and irritability of the stomach, and quina, opium, and gray powder, in the usual way. On my second visit, next day, every symptom was improved, but the tongue looked as if covered with wet clay. She was ordered to continue the powders thrice daily. This woman was quite well in a week.

Henry Montgomery, aged 45, a labourer, a few days after visiting his sister (whose case has just been mentioned, and who lived at a distance of a mile from her brother), had a smart attack of acute dysentery, for which he took castor-oil, but this having failed to give relief, in four days after he applied to me. He was now greatly prostrated, had a brown, dry tongue, a quick and feeble pulse, and a burning skin; urine very scanty, and dark red; great nausea and thirst; evacuations in colour and smell not unlike the expectoration which I have seen from fetid abscess of the lung. This man felt relief from the first powder, and after using them every third hour for the first day, and three times daily for the next three days, he was quite convalescent.

The third case was the best-marked example of the intermittent variety of the affection which I have seen. A policeman, with symptoms of ordinary sthenic dysentery, took three powders of calomel and Dover's powder, when he reported himself as quite well. Next day, however, he said that he had a sharp attack at 3 o'clock in the morning, and that he felt very weak, having passed a great deal of blood, and been up twenty times, he supposed, at the night-chair. I ordered him three more powders, and on my visit next day he informed me that he had experienced great ease from the powder, and slept until 4 o'clock in the morning, when he became as bad as ever. I ordered a turpentine stupe, and the quina powder every third hour. Next day I found that the attack had returned, but in a very slight degree; the powders were continued every eighth hour. Convalescence followed almost immediately.

It will thus be seen that on four successive mornings this man had a severe paroxysm of dysentery, while during the

day he was quite free from pain or uneasiness, with a pulse at 90, and a tongue rather brownish.

The fourth case I will bring forward was one that I treated for a week as acute sthenic dysentery, on the ordinary principles, namely, leeches, fomentations, calomel, and Dover's powder, &c., until the tongue became absolutely black, and the pulse 140. Having prescribed the quina, opium, and gray powder, she soon showed signs of improvement: her eye became clear, her aspect more lively, the black coating came off in patches from her tongue, and the pulse fell. In four days I omitted the opium and the gray powder, and gave her quina alone; this she took for a few days longer, when she was able to resume her usual avocations.

ART. VII.—*On that Peculiar Deformity of the Pelvis, originally described by Professor Fr. Ch. Naegele, of Heidelberg, as the "Pelvis Obliquè Ovata."* By EDWARD B. SINCLAIR, A. B. T. C. D., Licentiate of the College of Physicians of Ireland; Member of the Royal College of Surgeons of England; formerly Assistant-Surgeon of H. M. Royal Regiment; Ex-Assistant Physician to the Rotundo Lying-in Hospital; and Secretary to the Dublin Obstetrical Society^a.

SPECIMENS of the obliquely deformed pelvis are scarce; still more rare are those instances where an opportunity has been afforded to the obstetrician, of obtaining the history of a case in which this peculiar malformation existed, so complete as to throw some light upon the obscure question of its origin. The following complete account of a case, then, which came under my observation, cannot fail to prove of interest to the profession.

A. J. was admitted into the Rotundo Hospital on the 3rd of July, 1853, for her first confinement, at full term.

She was thirty-two years of age, having a full florid countenance, below the middle height, muscular and thickset. She was affected with pes equinus of the right foot, and had a slight limp in her gait, but otherwise she appeared well formed: however, the metatarsal, metacarpal, and phalangeal bones were short, thick, and stunted. These circumstances, though, in addition to her peculiar age, were sufficient to lead us to expect some difficulty in the labour, and a vaginal examination proved

^a Read before the Obstetrical Society of Dublin, May 21, 1855.