

REPORT OF A

CASE OF GASTRITIS, WITH REMARKS ON THE UTILITY OF BLEEDING IN INFLAMMATORY AFFECTIONS.

By J. LANGLEY, Esq., Surgeon, London.

ON March 26th, 1849, I was called to Miss T—, who had previously been under medical treatment for a week, suffering from acute gastritis. Severe pain in the region of the stomach, intense thirst, incessant vomiting, rejecting the slightest ingesta, either solid or liquid; dry parched tongue; hot feverish skin; rapid, small, but wiry pulse; urine high coloured and scant in quantity, were symptoms presenting themselves to my notice upon my first visit, and which, I was informed by the medical attendant, had existed, with trifling variation, throughout the week, followed, as could not otherwise be expected, by extreme exhaustion, debility, and prostration of vital power; indeed, so much so, that the medical gentleman in previous attendance considered the case hopeless. Upon inquiry, I found the usual praxis of effervescent saline draughts with opiates, digitalis, hydrocyanic acid, counter-irritants; and as aperients could not be retained upon the stomach, enemata were very properly resorted to; cold water internally and ice poultices externally—all means correctly indicated and rightly suggested, but which proved very ineffectual in accomplishing the reduction of such a condition of inflammatory action, so conspicuously evidenced by all the enumerated symptoms; and it appeared to me surprising that the only means by which such morbid action could have been controlled should have been omitted, and that the motive assigned for not adopting it should have been the progressive state of sinking and debility, which had been induced by, and was still existing as, the effect of merely such inflammatory action, attacking so vitally important an organ—which Hunter emphatically describes, “as the centre of sympathies”—I immediately proposed full depletion by general bleeding. This proposition was strongly opposed by the medical gentleman in previous attendance; and, as is always the case, from natural aversion, by the relatives of the patient, but nevertheless I carried it out to the following extent, and, as will appear by the sequel, with most beneficial results.—Ten A.M.: Bleeding to twenty ounces; cold water by table-spoonfuls every half-hour.—Three P.M.: Pain somewhat relieved; thirst not so distressing; the two last spoonfuls of water retained. Continue the water. A mustard plaster to the pit of the stomach.—Eight P.M.: Pulse 95, softer and more voluminous; less thirst; complains of a distressing feeling of heat in breathing; retains the cold water; pain rather more severe. Bled to sixteen ounces.—Eleven P.M.: Pulse 90, still softer and more voluminous; had an hour's refreshing sleep. By her own request had taken a teacupful of milk, and retained it; a remission of the distressing heat of breath; had a relaxed evacuation; urine more abundant, but high coloured. Continue the cold water, and repeat the mustard plaster.

27th.—Ten A.M.: Had passed comparatively a tranquil night; had slept, at intervals, about three hours; pulse 90, character as last night; complains of severe pain in the stomach; frequent eructations, of the character of hiccough; tongue red and dry. Bled to nine ounces. For the first time slight delirium; had not rejected; four wineglassfuls of cold milk, at intervals of an hour.—Three P.M.: Pulse 90, of good character; has had no return of sickness; feels very slight pain; expresses herself as feeling much better and stronger; urine more copious and paler; favourable general diaphoresis; complains of hunger; tongue moist, and cleaning at the edges; breath much cooler. A wineglassful of beef-tea every hour.—Eleven P.M.: Pulse 95; skin hot and dry; complains of more pain; sensorium slightly disturbed, as evidenced by incoherent remarks. Bled to ten ounces; a blister to the pit of the stomach; a turpentine enema; cold to head by evaporating lotion; omit beef-tea, and return to milk.

28th.—Eight A.M.: Has passed a very comfortable night; slept four consecutive hours, from half-past twelve to half-past four, when disturbed by diarrhoea from the irritation of the turpentine injection; fell asleep again at six, and slept until my visit; is perfectly free from pain; tongue moister and cleaner; gentle general diaphoresis; wishes to take tea and toast for her breakfast; sensorium quite rational, and singultus has ceased. Allowed her tea and toast as she wished.—Five P.M.: General improvement in every symptom; return to the beef-tea and bread; diarrhoea ceased; expresses herself cheerfully as much better.—Eleven P.M.: Better in every respect.

29th.—Twelve, noon: Feels so much better as to be desirous

of sitting up; diet, a little fish; a general remission of unfavourable symptoms.

She continued to amend to the 2nd of April, when I took my leave of her, as quite convalescent, requiring no further medical care; and, as she expresses herself, “notwithstanding all her bleeding,” quite as strong as she was previous to her attack. Now, be it remarked, that not one single dose of medicine was administered during this treatment, therefore of the “modus curandi, eruditi judicent.”

Southampton-street, Fitzroy-square, Sept. 1849.

ON THE EMPLOYMENT OF THE FORCEPS IN MIDWIFERY.

By C. STEWART, SEN., Esq., Surgeon, Dumblane.

FROM the period in which the forceps were invented and employed in the practice of obstetrics, up to the beginning of the present century, the instructions regarding their use, delivered by the fathers of the olden school, are, and must have been, to a mind endowed with the most ordinary acumen, so vague and unsatisfactory, as would lead a practitioner to suppose that the instrument was one whose use was fraught with the utmost danger, or of such difficult application, that none but those enriched with the wisdom of a Solomon should dare to make a trial of its powers. The time at which they ought to be called into operation, and the innumerable cautions regarding their proper application, were, to many of the more cautious and timid, such insurmountable barriers, that the *facies Hippocratici* itself could hardly have induced them to overcome, and, even by the lapse of years, the vestiges of these instructions seem not yet to be entirely obliterated, for in this age of learning and enlightenment they are far from holding that high position with many respectable practitioners which they appear to me so eminently to deserve. From these circumstances such fearful fatality attended their application, and, of necessity, such heavy responsibility, that it cannot be a matter of astonishment they were but sparingly employed, and next to the last, and always as a desperate resource, and that the instrument thus gained for itself unmerited disrepute, being looked upon with more horror than death itself; for, as is usual, those who were least acquainted with their use were loudest in their condemnation, and threw upon them that opprobrium which all the wisdom of the present century has not been adequate to efface.

In a number of THE LANCET for January, I have observed a communication from Mr. Joshua Waddington, F.R.C.S.E., of Margate, on the “Employment of Instruments in Midwifery,” who evidently seems to have imbibed somewhat of the spirit and the caution which pertained to the early writers on the forceps, and, of course, has a most unfavourable opinion of their frequent use, and who, in order to strengthen his position, introduces a dislike his uncle, the late Dr. Jarvis, had to the use of instruments, with the result of his own practice, and thus quotes from Dr. David D. Davis’ “Elements of Operative Midwifery:”—“Of all the questions that may occur during a deliberate consideration of this subject, none can exceed in importance that of the average frequency with which we should apply to the instrumental resources of our art, I am sorry to say that we are not in possession of sufficient documentary evidence to enable us to decide this point; whilst the evidence we have is of so unsatisfactory and conflicting a nature, as to afford us but very slender materials for useful practical deduction.” And again,—“Upon the whole, therefore, I am much inclined to the opinion that it cannot be absolutely necessary to have recourse to the use of the forceps or the lever more frequently than once in three hundred, or at most in two hundred and fifty cases, in order to insure for puerperal women the greatest possible advantages attainable from these obstetric powers.” From these extracts I readily infer that Dr. Davis drew his conclusions, not from actual experience, but from the statistics of others, and on this account “is much inclined to the opinion, that it cannot be absolutely necessary to have recourse to the use of the forceps or the lever more frequently than once in three hundred, or at most in two hundred and fifty cases.”

To determine when the forceps becomes “absolutely necessary” is at all times a point of the greatest nicety, and which no accoucheur can ever be justified to wait upon, when they can, long ere such a crisis, be used with the utmost safety. Why draw a bow at a venture when the object can be made certain? Why peril the fate of the patient upon a point when it can be rested upon a broader base? Where is the