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CASES IN PRIVATE PRACTICE.

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I. *Case of Apoplexy, with fatal termination, from the injudicious administration of Fahlenstock's Vermifuge.*—Miss ———, æt. 9 years and 11 months, a beautiful child, of sanguine temperament, had always enjoyed perfectly good health. From appearances manifested for some days prior to her being subjected to the remedy, it was conceived that she was suffering from worms; she had, during the last summer, taken the same medicine under similar circumstances, with apparently good effect. Two bottles of the vermifuge had been administered in divided portions daily, for four days, she had been kept from animal food, and had taken no other medicines.

On Saturday, the 20th of June, she exhibited something peculiar in her manner, not distinctly comprehending, as it would seem, what was said to her, and mistaking one thing for another; but from the natural liveliness and playfulness of her character, this was not calculated to attract any particular notice.

At 5 o'clock, on the morning of Sunday, the 21st, her mother was aroused by her nurse informing her that Miss ——— was in great pain, screaming from its severity. The pain was complained of in the stomach, and from her having been kept on low diet, while she was taking the vermifuge, some wine was given to her with apparent relief. She almost immediately afterwards, however, fell into a state of stupor, which so much alarmed her parents, that they sent for a physician in the neighborhood. This gentleman, although not in civil practice, promptly and most kindly attended, and having learnt the history of the case, ordered sinapisms to be applied to the legs, stimulating frictions to the vertebral column, and an enema to be administered. He then took his leave, recommending the parents to send for their ordinary medical attendant, and offered, as his opinion, that the little patient would in all probability, in the course of a few hours, awake from her then lethargic state, as the effects of the remedy would, it was likely, by that time be exhausted. About noon she had so far recovered, apparently, from her state of insensibility, that she recognized her mother and father, embraced them, and

even masticated a morsel of bread that had been put into her mouth. She soon relapsed into the same comatose state in which she had been in the morning. I was sent for at half past 1, P. M. On entering her room, I found her in bed in a state of complete coma; no stertorous breathing, but occasionally a deep sigh; the pupils much dilated, with now and then very slight convulsive movements of the fingers; skin natural; no heat of head; features calm; face pale; occasional borborygmus; bowels confined; pulse 120, weak and fluctuating. I ordered fresh sinapisms to the feet and legs, and a long one from the nape of the neck to the last dorsal vertebra; hot fomentations to the chest and over the epigastrium, and bottles of hot water between her knees; burnt brandy was administered every ten minutes by the mouth, and an enema of castor oil and spt. turpentine was thrown into the intestines.

Feeling fully sensible of the perilous position of my little patient, I requested a consultation. Dr. Crawford met me. In addition to the counter-irritation already made, a mustard poultice was applied to the epigastrium, and a mixture of spts. æther sulph. and spts. ammon. aromat. given internally, alternately with the brandy. The enema was repeated.

She continued in much the same state until about 8, P. M., when feeling a slight sensation of heat in the head, the pupils apparently disposed in the least degree to contract, the bowels having once been moved and urine passed, I was led to fancy that re-action might set in, and as her residence was at some distance from the city, wishing to be prepared I sent off for a dozen leeches, which, from re-action having commenced by the time they were brought, I immediately applied, assisted by Dr. Crawford, to the temples. The blood abstracted by the leeches and subsequent hot fomentations, was considerable in quantity; pounded ice was now applied to the top of the head, a blister to the nape of the neck, five drops of croton oil diffused over the tongue and fauces, and another enema, the same as before, but containing several drops of croton oil, thrown up into the intestines. The convulsive movements noticed in the fingers, during the early part of the day, had become increased in force, attacking the muscles of the face, neck, back and extremities, and at about 4, P. M., were so severe, that ice cold water was poured upon the head from a height of about four feet, but without any benefit. After the leeching, they became less frequent in their paroxysms, and were most strikingly noticed in the muscles of the neck and back. The only result of the latter part of the treatment in this case, was the return of the features, which, with the setting in of re-reaction, had become puffed and purple, to a perfectly natural hue, and the breaking out over the surface of a general perspiration.

Miss ——— died at 4, A. M., on Monday, the 22d of June. No *post-mortem* examination could be obtained.

The inferences deducible from the above are, in my opinion, the following:—

1. That this preparation, of the nature of which so little is known, must be ranked among the class of narcotico-acrid poisons, producing

its effect primarily upon the stomach and small intestines, and secondarily through the ganglionic system upon the entire cerebro-spinal axis.

2. That its effects from accumulation must be guarded against in the same manner as those of digitalis, &c.

3. That oleaginous purgatives should be combined with it, and that the absorbent system should not be excited by a system of low diet being enforced during the time of its administration.

4. That the manner in which death occurred in this case, was clearly that, which would be referable to Bichat's "death commencing at the head."

II. *Case of Pregnancy, unaccompanied by any of the ordinary signs of this state, in a woman already the mother of three children.*—Mrs. Franklin, æt. 25, of middle stature, a nervous temperament, the mother of three children, had always enjoyed good health prior to her marriage, five years ago. Had had natural labors with all her children. On the occasion of her last confinement, the midwife who attended her was under the necessity of removing the placenta in consequence of adhesions. For some time after this labor, she suffered a good deal from pains in the thighs and legs, and remarked that the lochial discharge was not so abundant as on previous occasions. Her youngest child is now (the 21st May) nearly ten months old, and has been weaned nearly six weeks.

Just about the time of weaning her child, she was seized with a bloody discharge from the vagina, which continued for two days and nights, then ceased; at the expiration of a week it returned, lasting for the same length of time. These discharges have returned with regularity ever since at similar intervals, and lasted the same period. When called in to see her, I found her in a pool of blood which had issued from the uterus. I prescribed for her two scruple doses of the diacetate of lead with a little vinegar. There was a tumor of a fig shape, flattened in front, extending from the symphysis of the pubis to the middle space between the navel and the ensiform cartilage. The hand could be easily passed behind the cornua of the tumor and its base. Had had none of the usual signs of pregnancy; the mamillæ were particularly flaccid; the areolæ pale and without the appearance of surrounding papillæ or congested cutaneous veins. No placental bruit could be heard either immediately or mediately. The os tincæ was natural, as a matter of course retracted upwards and backwards. Had taken acid medicines and castor oil. A dose of the latter she had taken in the morning.

22d.—Had some discharge during the night, but much less than usual; has more the appearance of menstrual and other blood mixed, than ordinary blood. Complains of weakness; pain at the top of the head. The bowels have not been affected by the castor oil taken yesterday. I ordered an enema to be administered. At my second visit, found the midwife, who had been sent for to carry out my instructions, and who expressed to me her conviction that there had been a miscarriage some weeks since; that she had at that time been sent for, and was perfectly satisfied that such was the case. She (the midwife) was a person of

great experience, and practice, and, moreover, a sensible woman. Therefore, I admit, that I was influenced by her report. I plugged the vagina with pounded ice, and applied cold cloths to the vulva and a general bandage.

There was much less discharge on the next day, pain in the back induced only by considerable direct pressure on the tumor, or when the mass is moved from side to side. I conceived either that the tumor was caused by a collection and retention of blood oozing from an abraded surface on the interior of the womb, or that there was a quantity of menstrual blood which could only partially escape through the cervix and os uteri. The bandage round the pelvis was adopted, and a mixture of the supersulphate of magnesia in infusion of quassia was ordered.

From this state, the tumor gradually diminished, although with continued moderate discharge until the 28th, when I suggested to her husband, the propriety, in the early part of the ensuing week, of taking her to the country. The very next day he took her by steamboat to a small watering place a few leagues from the river, with her two children. She took off, before starting, and left behind her, her bandage. She was a good deal fatigued with attending to her children, and the journey. She felt the tumor increase suddenly, had another discharge of blood, and returned forthwith to town. I did not, however, see her again until the afternoon of the 8th June, when she called at my house, distant from her own residence nearly a mile. She had all the appearance of a woman in the seventh month of pregnancy. I sent her home, and called upon her the next day. Found her in bed, made a minute examination, and requested a consultation. Drs. Arnoldi and Crawford (the former my colleague, and Professor of Obstetrics in the School of Medicine) met me at 3, P. M. Dr. Crawford and myself were of opinion that the tumor was attributable to retained blood. Dr. Arnoldi thought that he could distinguish a solid body in the cavity of the womb. The stethoscope was again used by us all, with the same results as when I employed it early in the case. Although there was a slight difference of opinion as to the nature of the tumor, we were perfectly unanimous in our treatment, that ergot should be administered, and should that not suffice to cause contraction of the womb and the expulsion of its contents, a bougie should then be introduced. I prescribed for her three powders containing $\mathfrak{D}\text{ij}$. of fresh and very excellent ergot, combined with the same quantity of sub. borat. sodæ. She took them in the course of the next forenoon. Each dose caused nausea and vomiting, but not for a considerable time after it had been swallowed. She did not suffer from the usual pain elicited by the remedy, and passed a tolerably easy night, sleeping a good deal. The next morning, as agreed upon in consultation, I proceeded to introduce a large-sized flexible metallic bougie, but immediately on passing the cervix uteri, a sensation being communicated to my hand, of the extremity of the instrument striking against a solid body, I desisted forcing it on any farther. There was no discharge of blood from this operation. Designing to return the following day with Dr. Arnoldi, and to renew the operation if required, I stated my intention to her hus-

band. He begged of me to allow him to fetch Dr. A. at once. After a good of arguing with him, I at length yielded, and waited his return with my friend. I related to him what I had felt; he took the bougie and introduced it to its full length. This operation induced no great pain. We prepared her, however, for them. Ordered for her a dose of castor oil and spt. turpentine, and an anodyne if required. She took the former in the course of the evening, but from having no pains did not require the other. The succeeding day, she complained to me of severe pain in her back and belly, accompanied by a good deal of forcing. In the course of the day, she passed clots of blood to the extent of nearly two quarts. The pains became aggravated towards night. Saw her again at 8, P. M. Had passed more clots; was in violent pain, like that of labor. I gave her the anodyne draught.

I had scarcely reached my own house, when another messenger came to me, stating that my patient was bleeding to death, and that my attendance was urgently required. I met on the way, and took up with me, my friend Dr. Arnoldi; armed with sugar of lead, ergot and opium, we entered the room. We found the woman lying on her back, pale, but perfectly composed and calm. A woman on the bed beside her, accosted us by expressing the fright which she had herself had, "for the *child was born.*" The poor woman's fear had not been greater than was *our* surprise, inwardly felt and talismanically communicated to each other. The child was born, but the placenta was not yet detached. The removal of this occupied only a few minutes. The *fœtus* was a male of about eighteen weeks. From its external appearance it had been dead several days. The patient had slight after-pains, but went on perfectly well up to the time when my attendance ceased.

Is the above case to be looked upon as a case of partial placenta prævia? Or is it to be attributed to an oozing and gradual deposition, with coagulation of blood between the inner surface of the uterus and a portion more or less considerable of the decidua reflexa? One valuable lesson is to be learned from it, at all events—never to offer in positive terms a diagnosis, where there is any complication.

Montreal, July 14th, 1846.

APPLICATION OF THE TREPHINE FOR A NEURALGIC AFFECTION OF THE CRANIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the first No. of the New York Journal of Medicine and Surgery, of July, 1838, there is a case published by myself, detailing the facts connected with the removal of part of the tenth rib for a neuralgic affection of the intercostal nerve, consequent on a violent contusion of the bone. It is unnecessary to detail the nature of the accident or the steps of that operation. There was at the time an entire dissent to it of all the gentlemen who were consulted in the case, and it was only performed at the urgent solicitation of the patient, who had tried every imaginable