introduced immediately afterwards for the removal of the placenta; the uterus acted well, and expelled both. From the moment of her admission, cordials and stimulants were freely given, which, after delivery, were occasionally combined with opiates; notwithstanding which, as also the sedulous application of cold, pressure, &c., a slight discharge of blood continued, and she died in two hours. On dissection, the intestines were found completely blanched; the uterus was contracted to the ordinary size. On making a section of it, a rent was discovered in its mouth, which was evidently the cause of the continued draining. This injury, no doubt, occurred in the delivery of the child, although it was effected with great care, with no difficulty, and very little exertion."

I have no desire to pass over the fact, that in many cases the os uteri, undilated at the time, yields with tolerable facility before the hand, and admits of turning with safety; or another fact—one of great importance—that occasionally, through a happy coincidence of skill and chance, the feet of the child may be seized by two fingers, and turning performed without the necessity of passing the hand into the uterus at all. Neither of these fortunate occurrences can be counted upon. The voice of experience is loud as to the dangers of turning even where there is no placental presentation. It is decisive in the cases we are now considering.

We have, then, three formidable facts before us:—

1. The woman may die from flooding so early, before the dilatation of the os uteri, that forced delivery is out of the question.

2. If forced delivery be attempted before the os uteri is dilated, a fatal result is eminently threatening.

3. If forced delivery be performed when the os uteri is dilated, it may contract around the neck of the child; and even if it do not, such injury may be done to the womb in the extraction, that death may follow.

A remedy then is urgently required, to replace in certain cases, at least, forced delivery.

(To be concluded.)

Clinical Lecture

ON

A CASE OF FRACTURED RIBS,

WITH

WOUNDED LUNG AND EMPHYSEMA, FOLLOWED BY DELIRIUM TREMENS, AND COMPLETE RECOVERY.

By SAMUEL SOLLY, Esq., F.R.S.,

SURGEON TO ST. THOMAS'S HOSPITAL.

JOHN B—, aged forty-seven, was admitted into Abraham's ward about half-past six A.M., June 11th, 1857, suffering from the effects of a fall from a ladder on a place covered with rough stones. It was stated by those who brought him to the hospital, that whilst on the top of the ladder, it slipped, precipitating him from a height of between twenty to thirty feet, and they considered that he received some of his injuries by pulling down the ladder on him, as he kept hold of it during his fall. He was perfectly sober, though wearied from extra work at the time. When taken up he was insensible, but when he arrived at the hospital he was conscious, and answered questions rationally, but was not disposed to speak. These details regarding the accident, and his mental condition at the time of his admission, are very important in connexion with his mental condition after he had been in the hospital some days. The fact of his being insensible immediately after the accident shows that there must have been some concussion; but that it was very slight is clear from the fact of his answering questions rationally when admitted, the distance of the hospital from the site of the accident being very small. His disinclination to speak you can well understand when you learn that his lung was wounded by the fractured rib; so that we must not look to the brain for an explanation of his torpor. He complained of great pain in his

left side, and on examination three or four ribs were found fractured on that side. The exact number were not ascertained from the pain the examination occasioned him. On the right side no ribs were broken. There was a severe bruise at the lower part of his back; a slight scalp wound on the occiput, and also slight wounds on the nose and lower lip.

From his previous history it appears that about twenty years ago he was a sailor, but quitted the sea when he married; since that time he has worked in the Docks, and for the last fourteen years in the service of Alderman Humphrey. His wife states that about fifteen years ago he had an attack of brain fever, and afterwards had four or five fits, the last of which occurred about twelve years ago, since which he has never been at all affected in his head, and has generally enjoyed good health. His fellow workmen say that he is a civil, well-conducted man, that he is accustomed to drink a considerable quantity of beer during the day, sometimes as much as seven or eight pints, but that he never gets actually drunk. He has also been in the habit of chewing a quarter of an ounce of tobacco daily for some years, but he does not smoke. He has had two or three slight accidents before this one.

The previous history in a case of this kind is of the greatest importance; and though there is often some difficulty in procuring accurate information, you should always take great pains to obtain all that is possible. Only a short time since, you watched with me a case of considerable interest, where a man was brought into the hospital having received a violent blow on the back of the head, causing severe concussion of the brain, followed by epilepsy and delirium tremens, cured by tonics and stimulants. In that case, a knowledge of the previous habits of the man guided us to a correct diagnosis of the true pathology of the case. In this you will find that the delirium and general aberration of intellect which followed were also explained by a knowledge of his habits of life. It is seldom that you can obtain a correct account from the wife of the patient; she will generally speak of her husband as sober if he does not come home drunk every night; whereas a man who drinks his six, seven, or eight pints of beer every day, though without being drunk, is a bad subject for an accident. The sudden removal of this amount of stimulus, which is necessary in the early stages of the treatment of such an injury is very likely to induce delirium tremens. There was another habit in which he indulged which would tend to the same point—viz., chewing tobacco. I am not now going to dwell on the injuries inflicted on the human race by this weed. I am thankful to say that the observations which I made in this theatre some months ago, and the correspondence to which those observations gave rise in THE LANCET, have already produced a great abatement of the evil. I would, however, here remark, by the bye, that the information regarding the extent to which tobacco smoking was productive of insanity, which our own lunacy doctors have been unable to supply, has been given us from America. I have been told by some of those medical men who have had the charge of lunatics in this country, and, not being smokers themselves, can take a candid view of it, that it is very difficult here to separate the effect of tobacco from the effect produced by the intemperate use of intoxicating drinks, the habits being so generally associated amongst the lower classes of this country. The following passage occurs in the report of Dr. Kirkbride, of the Hospital of the Insane, Pennsylvania:—"Five cases were clearly attributable to tobacco. Common as is the use of tobacco in some of its various forms, its injurious influence on many constitutions is much more serious than is commonly supposed, and not unfrequently the cause of exceedingly troublesome and obscure nervous affections, which cannot be cured while its use is persisted in. The effect on many insane patients is so striking that an intelligent attendant is often able to say without difficulty when it has been used to any extent. When occasionally gratified, the craving for it is very strong, but an entire disuse of it for a week will commonly obviate all serious annoyance from abandoning the habit, and I have never known any injury to result from its sudden discontinuance. I have no doubt that much advantage is gained from its use being strictly interdicted within the walls of an institution for the insane."—p. 24.

To return to my own patient: I have said that in addition to his habit of drinking every day six or seven pints of porter, that he chewed tobacco. I advert to the fact now to impress upon you the importance of gaining a knowledge of every habit to which your patients have been addicted, if you wish to treat successfully the disturbed functions of the brain. I have often pointed out to you the difference between the delirium ebriosorum—that is, the delirium of the drunkard—and the delirium e potu. In the former, the disease is anæmic; in

the latter, hyperæmic. And always remember, that a man is a drunkard in a medico-therapeutical point of view even though he is never seen positively drunk, if he is repeatedly imbibing during the course of the day stimulating drinks.

In the true delirium tremens—the delirium ebriosorum—the brain is irritable and acting abnormally from the want of its accustomed stimulants and sedatives, you cut short this disorder of the brain, and even if that organ become diseased with repeated attacks, by renewing the stimulants with the addition of opium; and on the same principle you will act wisely if you add tobacco, supposing the brain has been habitually under the influence of that powerful narcotic poison. Where your patient has been “chawing,” this can be easily managed, even in a hospital; not so with the smoking, though in extreme cases it of course might be allowed.

These are the cases in which you are justified in using tobacco as a medicine just as much as opium; but it is no argument in favour of the use either of opium or tobacco, except as drugs.

Let us now return to our notes of the case:—

June 11th.—On his admission, he was put in bed, and a flannel-roller applied. During the day he remained quiet, dozing, breathing with evident difficulty, and, when questioned, complaining of pain in the wounds on his head. I saw him about one P.M., and ordered a rhubarb and calomel powder, one scruple. In the evening, some slight emphysema was observed about the neck.

12th.—He passed a restless night, and at times kept muttering about his work and domestic matters. By the morning the emphysema had increased, and by the middle of the day had extended very considerably, swelling up the arms and shoulders, and neck and face. There was also an appearance of congestion about the face. His dyspnoea was frightful; and he seemed almost in a dying state from difficulty of breathing. I saw him again about half-past one P.M., and opened a vein in both arms, but only a very small quantity of blood could be obtained. He was at this time sufficiently sensible to respond to directions regarding position, &c.

I must here remark on the question of performing venesection in such cases. Some little time ago there was no difference of opinion, every surgeon believing in the necessity of bloodletting. But in the present day you will find some who consider it quite unnecessary. My own opinion is, that as a general rule in these cases, as in almost every other, bloodletting from the arm is not required; that in most cases where you think it necessary to abstract blood at all, it is better done locally by leeches. During the last fifteen years I have not opened a vein in the arm half a dozen times. Twice previous to this case I did it to relieve dyspnoea from penetrating fracture of the ribs—cases in which the ribs had been driven inwards by the shaft of a gig, and some similar piece of blunt wood. In both these cases I believe the bloodletting saved the life of my patients, for the relief was so immediate and complete. In this case the blood would not flow, but the life of my patient has been preserved. This result as regards the preservation of his life from the effect of the wound of the lungs, and the consequent inflammation, I attribute to the action of the mercury; but I believe that the long-continued pain in his side, and shortness of breath would have been less if the blood had been taken as I wished at first. Powdered rhubarb and calomel, one scruple, repeated. The breathing remained very difficult, and the patient complained that the pain in his side was very severe. In the evening a cold lotion was applied to the head. During the night he had low muttering delirium.

13th.—Much the same; the emphysema has increased slightly. The bowels not having acted since his admission, he was ordered croton oil, one minim immediately, and two grains of calomel and a quarter of a grain of opium, four hours after the operation of the croton oil. During the day he continued in a dozing state, occasionally muttering about his work, &c. The difficulty of breathing and emphysema were not diminished.

14th.—He passed rather a better night, but wandered in his mind at intervals. In the morning Mr. Solly ordered croton oil, one minim, and castor oil, one ounce, the bowels not having acted up to this time; nor did they until the evening, when a turpentine enema was employed, after which he was ordered tincture of opium, ten minims; aromatic spirit of ammonia, half a drachm, and compound infusion of senna, one ounce, every six hours.

15th.—During the night the bowels were acted on two or three times; he passed a much quieter night than he has hitherto done; in the morning he had a slight cough.

16th.—He passed a tolerable night, and expressed himself feeling better, the emphysema having diminished slightly, and the breathing easier; the cough is rather troublesome. He

occasionally dozes, and then mutters in a rambling manner, but answers questions rationally when roused.

17th.—The emphysema is still diminishing, the cough less frequent, the breathing much freer, and he is feeling better. The gums and mouth being sore, chlorinated soda gargle was ordered.

18th.—The emphysema is gradually disappearing, though it still remains to a considerable extent; the pain in the side continues severe; his sleep is better; the bowels regular. His mental condition is somewhat peculiar: he takes strange fancies into his head, and rambles unconnectedly on various topics; his language is often coarse, and frequently impudent. It appeared to me clear that this state of mind was probably dependent on the want of his usual stimulus, and I ordered him a pint of porter daily in addition to full diet.

21st.—His general health is certainly improving, as also the local symptoms, the cough alone continuing troublesome; his manner, however, continues very strange; he frequently will rise in his bed, look about him in a suspicious manner, and is impudent and often abusive in his language; though evidently suffering from a species of delirium, his rambling, both in language and action is by no means meaningless. His answers to questions, though often ludicrous from their peculiarity, are more or less pertinent; he seems rather to glory in his insolence. He considers himself a very ill-used man, alleges that he gets no food or drink, and is very impertinent to the attendants. He accompanies nearly every sentence with an oath.

23rd.—The emphysema has now disappeared.

26th.—Since the last date this peculiar delirium has been increasing; he declines to take his medicines excepting when and as he pleases, and often refuses it altogether; he frequently expresses his determination to leave the hospital. I now ordered him port wine, six ounces. Towards evening he became exceedingly noisy and troublesome: about ten o'clock he persisted in getting out of bed and walking about the ward, and at last became so ungovernable that a straight-waiscoat was put on, and he was strapped to his bed.

In a case like this, you must not be discouraged in the use of stimulants because you find, as in this instance, that their first effect is apparently to increase the excitement. The object of the stimulants is to improve the condition of the blood through the organs of digestion, and until this is effected, and their secondary or sedative action, in combination with the opiates, brought into play, your patient shows no sign of improvement. But, supposing of course that you are right in your diagnosis—and upon this, I need scarcely say, depends all your success—you may even increase the amount of porter, wine, opium, &c., and in a short time your patient will begin to improve, as you will see from the result in this case, if we continue our details.

27th.—He is much quieter to-day, so that, on the removal of the straps, he did not attempt to leave his bed; in other respects much the same.

28th.—He continues quiet, but still talks in the same strange manner, and refuses his medicine. He was ordered an additional pint of porter, and half a drachm of the solution of hydrochloride of morphia in camphor mixture, immediately, and repeated every four hours if necessary.

30th.—Since taking the morphia he sleeps a good deal during the day.

July 1st.—He was ordered six ounces of rum.

3rd.—He is evidently improving, but still takes some peculiar fancies into his head, and talks somewhat strangely, though in a much milder strain than previously.

13th.—He was directed to chew his accustomed quantity of tobacco, which of course he had not done since his admission into the hospital.

17th.—As he was complaining of a good deal of pain on the lateral aspect of the left side, a blister was applied there. He is now quite quiet, and all but quite rational in his general conversation.

18th.—The pain in his side is much relieved by the blister.

20th.—He is now quite rational, and the pain in his side is much less in degree and extent.

Aug. 1st.—At the present time he is taking no medicine. He is on full diet; porter, two pints; port-wine, six ounces; rum, six ounces. During ordinary respiration, and when walking quietly, he has no local pain; but if he takes a deep inspiration, or should he by chance stumble in his walk, he feels a sharp momentary pain at a point a little anterior to the angle of the ninth rib. (Previous to the application of the first blister, he experienced a more diffused pain under the same circumstances over the greater part of the left side, more especially on the posterior aspect, but it became much relieved

after the blister, and has been again lessened by the application of the second on the 27th.) He had a poultice applied to the blistered surface; there is some pain on pressure over the part indicated independent of that arising from the soreness of the blistered surface. The lower and lateral part of the chest is dull, though breath-sounds are heard when he takes a deep inspiration; a distinct friction sound is also perceptible. At times he feels a little giddiness when walking, so as to oblige him to lay hold of a pillar or some other support; he also complains of a little dimness of sight, obliging him to hold his book when reading, or paper when writing, almost at arm's length, characters not appearing clear when closer. His head is quite free from pain, his appetite is very good, tongue clean, bowels regular, sleep sometimes disturbed owing to an abrupt motion occasioning pain in his side. He feels that he is daily gaining strength. He is now quite rational in his conversation and behaviour, and seems an intelligent, well-disposed man; his conduct in the ward towards the sister, nurses and patients, is in every respect marked by propriety.

The contrast between his present conduct and that when suffering from this obscure and imperfectly-marked form of delirium tremens is quite astonishing. No two men could be more dissimilar. Well might Shakspeare say, "Oh, that men should put a thief into their mouths to steal away their brains!" It is, indeed, a disgusting sight to see a man disguised by liquor; but it is much more frightful to view the lasting consequence of intemperate habits in such a case as this, where the effect does not cease with the cessation of the habit, but returns again as an avenging angel to punish him for past transgressions.

Let me, finally, impress upon you the necessity of combining the study of medicine with surgery if you wish to treat even what are called pure surgical diseases with any chance of success. Supposing, for instance, in the treatment of such a case as the above you had seen merely the local injuries of the chest and head, and looked to them alone to explain all the symptoms. In all probability you would have hurried your patient into an untimely grave. The delirium you would have attributed to an injury of the brain, the effect of his blow upon the head, and have treated it, *secundem artem*, by leeches to the head and other antiphlogistic measures. The first blood-letting not knocking down the delirium, another would, as I have seen formerly perpetrated, have followed as a matter of course; and if by the repetition of such heroic measures you had the opportunity of observing the pathological condition of the brain in the dead-house, serous effusion was found as the consummation. The anxious surgeon would point in triumph to his surrounding pupils to the proof that the disease was inflammatory, and that he died in spite of all his judicious treatment, and not, as we should now believe, in consequence of it.

ON A CASE OF

ASCARIS LUMBRICOIDES IN THE LARGE INTESTINE,

IN A CHILD TEN YEARS OLD, AND NOW FIRST SUDDENLY PRODUCING ALARMING SYMPTOMS, SIMULATING THE EFFECTS OF AN IRRITANT POISON.

By EDMUND ARCHER, Esq., M.R.C.S., Ware,

LATE SURGEON TO THE FARRINGTON GENERAL DISPENSARY, LONDON.

In the beginning of February last I attended a pauper child, aged ten years, the son of a labouring man, for slight tonsillitis, which in a few days yielded to a nitrate of potash gargle. This was the only time for some years that this child had been under medical care until the early part of last month, when my brother was requested to see him. The tonsils were again inflamed; recovery, however, proceeded favourably under the internal use of the disulphate of quina and dilute sulphuric acid; and during convalescence—the boy being rather pale and weakly, seemingly from the abstinence enforced by the quinsy—some wine was ordered daily. Under this treatment the case, which had not at any time presented serious features, continued to mend.

On Monday, July 13th, I saw the patient, and examined his throat. The tonsils were now very little if any larger than natural, and the only trace of the past malady consisted in a few of the yellowish-white spots on the surface of the glands,

so commonly seen as a consequence of bygone cynanche. I considered, from his general condition, that after another bottle of the quinine, with a continuance of the wine, the boy would not require further treatment.

On Wednesday, the 15th, my brother saw the child, and told me I need not call again. The following evening, however, a messenger arrived in great haste, declaring that the boy was dying. I went at once to see him. He was lying on his side in bed, with warm perspiring skin (the weather was sultry at the time); expression devoid of anxiety; mind clear; pulse 80, small and soft; respiration natural; no cough; tongue moist, rather pale, but perfectly clean. No vomiting, no diarrhoea. Abdomen rather less full than natural, but soft and quite tolerant throughout. The boy did not complain of or acknowledge any pain; there was no enlargement or tenderness about the tonsils: in fact, I fancied that I had been unnecessarily favoured with a walk of some three miles. It was most difficult to obtain replies from the friends. I asked the mother what she had observed amiss with the child. She said she did not know, but supposed he must have fainted; which supposition (seeing the attack was said to have come on when the child suddenly assumed the upright posture, and considering also the extreme heat of the weather) I thought not impossible. As I was leaving, the patient's elder sister asked whether she should come for medicine? to which I replied, "No. The child is weak, but is not labouring under any disease, that I can discover, which medicine is likely to remove." On the following day the child was once more seen by my brother, who concurred with me in the belief that there was not any disease, and thought further visits unnecessary.

Thus matters rested for four or five days, when on the evening of the 21st a man brought word that the child was either dying or insensible, and assuring me that himself had *seen* the child, and that he was really very ill, I again visited him. He was lying down, quite sensible; but the circulation was feeble in the extreme, the pulse being perceptible only at one wrist; the tongue was still moist and perfectly clean. I observed to the mother that the child was sensible, and as I was wondering within myself what the alarming condition of the circulation might mean, a change came over the features of the poor boy, which I shall not readily forget, but which those who have stood by the bed-side of an unhappy sufferer from tetanus will at once fully realize. The skin was bathed in a profuse sweat; every muscle of the face stood out in bold relief; the eyes were fixed and staring; whilst the features altogether portrayed the greatest anguish and alarm. A thought crossed me that the lad might accidentally have run a needle in the foot, and be now suddenly seized with tetanus. I was about to place my hand gently upon the epigastrium for confirmatory evidence, when the child shrank from my touch as though I had endeavoured to stab him, but he could not speak. I found, moreover, that the lower limbs were bent *forwards*, and there was no true spasm, since the muscular action, though extreme in intensity, was evidently not involuntary. Vomiting at this time commenced and continued while I was there, and the mother now showed me two vessels containing the substance vomited previous to my arrival, comprising, amongst other matters, a dark brown, turbid fluid of some consistence, with masses of tenacious mucus intimately mixed with blood, and a fine white powdery substance; these masses sank to the bottom of the vessel, and were sufficiently firm to allow of their being removed by a piece of stick. I was assured on inquiry that the boy had been in his usual health until dinner-time, at or shortly after which vomiting began, attended with pain at the epigastrium, both which had continued ever since with scarcely an intermission.

Now, seeing the boy's *perilous depression; the pain and tenderness at the epigastrium; the incessant vomiting of a substance which*, from its appearance and general character, evidently *came from the stomach*; even had I not by previous examination fully ascertained that the condition of the throat forbade the suspicion of its origin from that quarter;—taking I say all the symptoms together, and learning that the boy had been in his usual health up to dinner-time, when he was suddenly seized with the pain, depression, and vomiting of a fluid which quickly showed abundantly evident marks of blood, as well as other fluid of suspicious character; and knowing as I did that the poor boy had been—so far as his symptoms enabled us to judge—free from disease so shortly before; seeing that even now, when death was imminent from the severity of the symptoms, the tongue was perfectly clean, I could not avoid fearing that, either from accident or design, he had taken something which had acted as a poison. And inasmuch as there was no abrasion of the inner side of the lips or mouth, no sore-throat,