some metals, should be selected for either suicidal or homicidal purposes; the facility with which it can be procured, however, leads to the occasional use of it for both purposes, although far more seldom for homicidal than for suicidal purposes.

According to a Parliamentary Report for the years 1837-8, the persons poisoned by sulphuric acid were thirty; by diluted sulphuric acid, one; total, thirty-one. In ten of these it was taken by adults, the verdicts with regard to which, in three instances, are not recorded; but in all the remaining seven, it was taken suicidally. The majority of poisonings by sulphuric acid, however, occurred in children. Of the total number, thirty-one, there were twenty-one children; with regard to one of these, no verdict is recorded, but the remaining twenty constitute a melancholy catalogue of carelessnesses of an extremely culpable kind, in all of which, the verdicts record that the deaths were caused by accidents and mistakes. In eight, the nature of the accident is not stated. In six, it was given by mothers or nurses in mistake for medicines—viz., to four, it was given in mistake for Godfrey's Cordial; to one, for castor oil; and to one, for syrup of rhubarb. In the remaining six cases, it was left in places accessible to the children, three of whom took it in mistake for ginger beer.

It is proper that you should keep in mind these various circumstances under which sulphuric acid might be taken, as well as the varied symptoms produced, in order that you may be less likely to overlook the true cause of symptoms you may have to decide upon, where, from concealment or otherwise, you are left to the suggestions of your own vigilance. A fact which I would recall to your recollection, is the comparative tranquillity, both mental and bodily, which you witnessed in our patient within two hours after the poison was swallowed: this is a condition extremely likely to mislead. 1st, It is likely to prevent a suspicion of what has been taken; and 2nd, It is likely to encourage a too favourable prognosis: that condition continues, moreover, in many instances, until a very short time before death, as it did in this patient.

It is not only proper to administer calcined magnesia, or other alkaline earths, or salts, but it is desirable not to trust too much to their powers as antidotes: free evacuations should be anxiously encouraged. For another reason, also, it is desirable to keep the internal surfaces well supplied with diluents, mildly alkaline. The coagulation of the mucus forming the films I have spoken of, which adhere to the surfaces where they are formed, is a process by which the acid is incorporated with the mucus, and of course cannot be removed by the evacuants, but remains adherent and corroding; mildly alkaline diluents being in contact with these, might be absorbed, and modify their effect. With regard to promptitude in the administration of remedies, it is impossible to speak too strongly; and we cannot fail to regret that the poor woman we have lost should have been so long before she was brought to the hospital: even moments are of importance, to say nothing of minutes; but she was at least an hour between taking the acid and being under medical treatment.

Original Papers.

ON DEFORMITY OF THE CHEST IN CHILDREN.

By GEORGE A. REES, M.D. Lond.

IN the report of the proceedings of the Westminster Medical Society, contained in THE LANCET of May 1st, mention is made of a paper, read by Mr. Hird, "On Deformity of the Chest in Children, accompanied with altered Movement of the Ribs in Respiration," which is, though, most probably, without the author being aware of it, a transcript, to some extent, of a paper I sent, some years since, (1839,) to the *Medical Gazette*.

It is singular that a paper was read before the Westminster Medical Society in 1841, by Dr. Snow, on the same subject, to which paper he referred at the late meeting, when speaking of Mr. Hird's cases, and which paper contained exact quotations from mine in the *Medical Gazette*; but without any mention of the source whence the quotations were derived—an omission I complained of at the time. I think Dr. Snow, when referring to Mr. Hird's cases, should have made the *amende honorable* by stating who really did first point out these cases, and not have been content with the statement, "that this kind of deformity had been noticed by writers in this country." It is true, priority of remark in so simple an affair is little to boast of, nevertheless, it is well to cultivate in trifles that strict sense of liberality and justice

which should be the guide of professional conduct—a want of which I believe has mainly contributed to the present disorganized state of the profession; and it is necessary to remember, that they who have made no great discoveries are the more cautious about what they may really call their own.

Turning from this unpleasing subject, I would add a few words as to the cause of the alteration of shape in these cases. To ascertain this, it is necessary to keep in mind the exact nature of the deformity, as well as the precise point at which it occurs; and to distinguish correctly what it is, it may assist us to begin by enumerating what it is not. It is not simple and uniform narrowing of the sides of the chest, with projection of the sternum more apparent than real, such as is met with resulting from enlarged tonsils, forming one, and perhaps the most frequent, form of pigeon-chest—cases pointed out first by M. Dupuytren, and presenting themselves so often in the daily routine of practice. It is not a bending in of the ribs themselves, beneath the arms, owing to a softening of the bones from strumous diathesis—cases seen especially among the children of the poorer classes inhabiting dark, ill-ventilated, perhaps underground apartments, and forming the next most numerous class of pigeon-chests. Neither is it, I may add, a bulging forwards of the whole front of the thoracic parietes, from solidification of the lower lobes of the lungs—cases not rare among infants, and which, though not unimportant, I believe have never been described; but it is a contraction of the chest, *sui generis*, effected by a depression, developing itself at the point of union between the ribs and their cartilages, giving the thorax a channelled appearance on either side at that point. This deformity is always accompanied with more or less altered movement of the ribs in respiration, (the latter exists at times without the former,) and in the many fatal cases I have examined after death, has always been associated with a peculiar morbid condition of lungs, (*atalecturis pulmonum*), in which portions of those organs become not only solid, but shrunken in volume, and hence, I believe, the contraction of the chest; but as I have fully described this condition of lung and its results in a paper published in THE LANCET so recently as July 11th, 1846, it will be unnecessary to allude to it further on the present occasion.

In many cases, I have found no enlargement of the tonsils, though I have examined the throat purposely for their detection. In Mr. Hird's case, excision of these glands seems to have afforded but partial and temporary relief, since the deformity still went on increasing, when the cause, according to that gentleman, was removed; and I must enter my protest against the performance of such an operation on a sucking infant—an operation, I believe, scarcely ever, if ever, necessary in older children. This belief I entertain from having seen many examples, where the glands were so much enlarged as nearly or entirely to meet in the mesial line, some of which had been condemned to the knife, in which careful attention to securing a dry diet, warm clothing to the trunk and extremities, and tonic medicine, (with external applications of iodine,) have caused a gradual but complete reduction of those glands to their pristine volume.

Dr. Murphy's remarks apply to a different kind of deformity, depending upon strumous diathesis, and taking place, consequently, in the bony portion of the ribs.

Dr. Snow is perfectly correct in stating that these cases are usually combined with more or less abdominal enlargement; but in considering the deformity, the result of such enlargement, he has, in my opinion, mistaken the effect for the cause. The fact is, the altered movement of the ribs in respiration prevents the due action of the abdominal muscles, which consequently fail to compress the intestines and other abdominal viscera, as they should; and consequently, on inspecting the abdomen after death, the enlargement is found to depend upon the intestines, the colon especially being distended with an unnatural quantity of flatus.

Finally, I fully coincide with Mr. Streeter, "that the walls of cavities are influenced in their shape by the contained organs, and not by external causes."

With regard to the bulging forwards of the front of the chest in infants, already alluded to, it is at times of no mean importance as a diagnostic symptom. I have seen it as the result of pneumonia, where hepatization of the lower lobes has continued some time, the upper lobes being apparently hypertrophied to atone for the diminished extent of the aërating surface; but I have observed it more marked in phthisical infants. In these patients, the tubercles are extensively diffused throughout the lungs, and are especially numerous in the lower lobes, presenting a striking difference, in this respect, to what takes place in the adult. There are

exceptions to this, and as lately as last month, I opened an infant, aged seven months, in which a large quantity of tubercle, and a cavity, the size of a walnut, were met with in the upper lobe of the right lung, the tubercular matter being only sparingly scattered in the lower portions of the lungs. As a general rule, however, tubercle is deposited in infants, more especially in the lower lobes, the intervening portion of pulmonary tissue in those lobes being, from congestion, more or less impervious to air, often entirely solid; and in these cases, this bulging of the chest in front, the extreme length of the eyelashes, I have noticed elsewhere; and the oppressed hair on the forehead, lately spoken of by Dr. Wilsher, will assist materially in forming a correct opinion on what, at that early period, is often an obscure disease. At the same time, it is necessary to add that either or all these may be present in infants labouring under chronic affection of the lungs, when no tubercle is present.

Artillery-place, Finsbury-square, July, 1847.

INFLAMMATION, WITH ULCERATION OF THE CERVIX UTERI, OF SOME YEARS' DURATION, TREATED BY CAUTERIZATION.

By JOHN DALSTON JONES, Esq., M.R.C.S.E.

MRS. W—, aged twenty-four, married at the age of nineteen. She had before marriage enjoyed perfect health, and began to menstruate at the age of sixteen, which continued regularly, without pain, for some months after marriage, when she began for the first time to suffer, and an abundant leucorrhœal discharge followed. This being attributed to the effect of marriage, no advice was asked.

I was first consulted on the 24th August, 1844, when she was, from her calculation, four months pregnant. Her appearance then was that of general debility, and of very great suffering; even walking across the room caused such violent hypogastric and lumbar pains, that she was glad to remain almost constantly in the recumbent position. Leucorrhœal discharge had been for some months very abundant, and for the last few days slightly tinged with blood. An occasional grasping pain in the abdomen made me fear that the uterus was about to expel its contents; the bowels were constipated, rarely, if ever, acting without medicines. I ordered absolute rest, some castor oil, and an emollient injection, so as to effectually relieve and empty the bowels; and light, but nutritious diet. Upon my next visit, I found that more blood was mixed with the vaginal discharges, and the pain in the region of the womb much increased; the castor oil and injection had brought away a very large quantity of hardened feculent matter. I explained the necessity of an examination. Upon introducing the index finger of the left hand, and reaching the cervix, I was much impressed with a peculiarly doughy, or perhaps more correctly, velvety feeling of the os, so well described by Dr. H. Bennet; the anterior lip much enlarged, and much longer than we might expect at the end of the fourth month of pregnancy. Upon withdrawing the finger, I found it covered with muco-purulent discharge, tinged with blood. This slight examination gave so much pain, that I desisted from repeating it. Aloetic purgatives, and strict attention to diet, so far removed the constipation, that in a few weeks I was enabled to administer iron, with so much benefit, that by the end of October I had great hopes that she would go her full term of pregnancy. Her husband imprudently, at this time, took her out for a long drive, and early the next morning I was summoned in haste; premature labour had advanced so far, that by eight o'clock A.M. she was delivered of a living child, surviving its birth but a few hours. Her recovery was slow and tedious. Before taking my leave, I explained to her husband, that I believed his wife was labouring from inflammation and ulceration of the mouth of the womb, of very long standing, and at the same time explained to him the treatment I considered necessary for her recovery. He promised to think of it, and let me know.

It was on the 20th of June, 1846, when I was again requested to see her. She was now perfectly ready to place herself entirely under my control, and promised to adhere strictly to my directions. She had lost flesh considerably since I had seen her; her spirits were very depressed from the continued pain, and, lately, from the belief that her case was incurable. She had menstruated regularly, but with much pain; leucorrhœa more abundant than ever, and always tinged with more or less blood; but what distressed her most, was a constant dragging pain in the right inguinal region. I found that the slightest examination was accompanied with so much suffering,

that it would have been highly injurious to attempt introducing the smallest sized speculum. I advised her to remain in bed; to take a warm hip-bath night and morning, and inject into the vagina, while in the bath, three ounces of warm milk, mixed with the same quantity of solution of opium, (a scruple of opium to six ounces of warm water;) the bowels to be regulated with aloetic purgatives and some infusion of roses, with sulphate of magnesia, two or three times a day. The hip-baths and opiate injections were continued with great benefit till the 30th of June, on which day the speculum No. 2 of Dr. Henry Bennet was introduced with ease. The walls of the vagina were found to be highly congested, and when the anterior labium came fairly in view, it appeared of a florid red hue, and so much enlarged that it completely filled the end of the speculum, and presented a granulating surface to the extent of the size of the speculum. I freely cauterized the whole surface with nitrate of silver. The patient to remain in bed, and continue the hip-baths and injections as before. Upon inquiring at my next visit, I was pleased to find that the pain arising from the caustic had been very trifling, but it had, in a few hours, been followed with rather a free discharge of blood; this had, however, entirely ceased before my visit.

July 23rd.—The speculum was to-day introduced with ease, the congestion of the walls of the vagina having nearly disappeared, and the anterior lip so decreased in size, that the posterior was partially admitted within the speculum. This, also, was found, as far as could be seen, in a state of ulceration. I could also trace the ulceration within the os to some distance, owing to its being more open than is usual. The whole surface was again very freely cauterized; the patient continued the baths and injections. I learnt that before the second cauterization, the leucorrhœal discharges had very much decreased in quantity, but at first the caustic seemed to increase it.

Aug. 1st.—The granulating surface much improved in appearance, and covering less space. The whole of the cervix entering freely into the speculum denoted how much it had decreased in size. She was now feeling stronger and better than she had done for years, and while in the recumbent position, almost free from lumbar and hypogastric pains, the pain in the right inguinal region being still very troublesome when she moved for any length of time from that position. Her appetite had been regularly improving, and a more generous diet had been for some time allowed, with a glass of stout daily with her dinner. I now ordered her a decoction of aloes compound, with a mixture of iron compound, twice a day, and substituted decoction of oak bark for the milk in the injection. The application of the caustic was repeated at the intervals of a few days till the end of September, (viz., Aug. 8th, 12th, 21st, Sept. 1st, 21st, and 26th,) at the end of which time all local irritability had disappeared, the ulcerations were quite healed, and the cervix had recovered its natural colour, the size of the anterior labium alone denoting that disease had been there, the hypertrophy and induration not having disappeared as the ulceration became healed. I painted the whole of the enlarged lip with saturated solution of iodine every three or four days, till the end of October, by which time its size had become so much diminished that I determined to leave the remainder to Nature. I now advised her to spend some time at the sea-side, and to leave off all medicines, with the exception of some aloetic purgatives, if the bowels became constipated. On her return to town some months afterwards, I found her general health much improved, and personally she was so much altered that I scarcely recognised her; menstruation recurring at the proper period, and with as little pain as before her marriage, and with no sign of leucorrhœa since October. She felt herself capable of walking two or three miles daily with comfort.

Entire separation from her husband's bed had been strictly enforced during the whole treatment.

The remarks I wish to make upon the foregoing case are few and simple: the length of time the patient suffered, (doubtless immediately after marriage,) and the rapidity with which all the most urgent symptoms disappeared upon the application of the caustic, are the facts most necessary to be remembered. I believe this to be a very interesting illustration of the numerous cases passed over by the patient as one of leucorrhœa, and mentioned only casually to the medical attendant.

I think it right to say, in conclusion, that I have no other view in publishing this case than that of confirming the many interesting and important cases upon the same subject, published in *THE LANCET*, by Dr. Henry Bennet, and to offer my humble thanks to that gentleman for the care he has taken in placing so many valuable cases before the profession.

Queen's-road, Dalston, April, 1847.