the external opening, and as far as possible below its insertion into the neck of the uterus, prolonging the incision to the extent of four inches and a half. This incision made, the fœtus is expelled, by the contraction of the uterus, into the abdominal cavity, in the same way as happens in rupture of the uterus or vagina. It may be extracted with forceps.

Another mode of operating differs from the above only in respect to the peritoneum, which is divided at the same time with the abdominal parietes. The rest of the operation is rendered more easy in consequence of the section of the vagina, being thus capable of greater extension.

We shall only remark that the above operations appear to us most horrible, difficult, complicated, and, we venture to prognosticate, impracticable.—*Lon. Medico-Chir. Review.*

Peculiar Spasms in Children. By JOHN NORTH. The disease to which Mr North's attention has been drawn, nearly resembles that described by the late Dr John Clarke, in the fourth chapter of his Commentaries. But it was long ago alluded to by Underwood, and, ten years ago, minutely described by Dr Kellie, in the 12th volume of the Ed. Med. Journal. In the year 1817, Dr Johnson published a short paper on the disease (which he denominated 'carpopedal spasm'), in the 3d volume of the monthly Med. Chir. Journal. Some of these sources of information Mr North has overlooked. The affection is thus described by the acute observer last mentioned.

'The premonitory symptoms occur at an uncertain age—generally, I believe, between the third and seventh month. At first, they may not be sufficiently striking to attract the particular attention of the friends, although the practitioner, who has had opportunities of watching the progress of similar cases, might, with much confidence, predict the series of symptoms which is yet to be developed. Each time the child wakes from its sleep, the breathing is for some moments unusually accelerated, and is accompanied by such a kind of noise as would be caused by an increased secretion of the mucus of the aerial passages. If the little patient has previously enjoyed a good state of health, the characteristic rotundity of features observable in the infantile state, will quickly undergo a remarkable change. The countenance soon becomes anxious; the sides of the nose are drawn in; the face is pallid and emaciated. When put to the breast, the child sucks greedily for a moment, but suddenly ceases to do so, and frequently throws back the head, which remains rigidly extended for some time. What-

ever may have been the previous condition of the bowels, they now become constipated.

‘This state may continue for a very uncertain time, without any remarkable alteration: the following symptoms, however, are gradually added to those above enumerated; they occur irregularly. A convulsive affection of the hand is usually the next morbid sign which excites attention. The child’s thumb will be found constantly and firmly pressed upon the palm of the hand. The wrist and ankle joints are bent rigidly inwards. The head is now almost constantly thrown backwards, keeping the anterior muscles of the neck upon the stretch. The inconvenience the child suffers, when he wakes, is no longer confined to a mere acceleration of the breathing. This symptom still continues in an aggravated degree, but the noise accompanying the respiration has gradually assumed a very different character from that which marked it at first: each respiration is now attended by a loud crouping noise, which might be heard in an adjoining apartment. The child has frequent attacks of convulsions, during which the features are much distorted. These convulsive paroxysms vary in violence and in duration in different cases; sometimes the whole body is affected. In the child of a Mons. Lambert, in whom the convulsions were frequent and severe, the state of opisthotonos was so complete, that for many days the head and heels were the only parts which touched the bed: if, with difficulty, this apparently painful position was altered by the mother, it was quickly resumed. The brow of the child is generally knit. The anxiety of the countenance is extreme. There is no febrile action in the system to be detected. No determination of blood to the head is manifested, either by an increase of heat or a flushed countenance.

‘I have known the firm contraction of the thumb, the rigidly bent position of the hand and foot, and the crouping noise in respiration, continue for many weeks without intermission. The child sometimes appears lively: its countenance will be animated by a momentary cheerfulness; but it almost invariably awakens from its slumbers, however tranquil they may be apparently, with a convulsive paroxysm, similar to that which I have described. The paroxysm having terminated, the child appears much exhausted, and almost motionless for some time. Dr Clarke observes, that the term of chronic croup has been sometimes applied to this affection; “but it is very different from croup, and is altogether of a convulsive character.”’ p. 40.

Dr Kellie’s description of this curious disease is worth stating

in this place, because the pathology of the complaint has given rise to considerable discrepancy of opinion, and the disease itself does not appear to be known to the generality of practitioners.

‘But in many cases this remarkable tumour of the hands and feet has appeared to me to constitute but a part of a disease, of a somewhat more serious and striking nature. Even the swelling itself deserves a more particular description than has been bestowed upon it by Dr Underwood.

‘It has a considerable degree of roundness and elevation, and looks like that sort of tumour which might arise on the same parts from a blow or contusion. It seems to arise suddenly, as it has generally this roundness and elevation from the time of its first attracting observation. When first observed, it has somewhat of a mottled, livid, and purplish colour; I would say it looks cold like, or that it resembles the chilled hand of a full and healthy child after exposure to a cold and frosty atmosphere. It feels cold also, at least it has no inflammatory heat, and does not appear to be morbidly sensible, or to give any pain to the child when handled. It does not pit on pressure, but rather gives the sensation of firmness and resistance; and when pinched, and attempted to be moved sideways, it has always conveyed to me the notion of a disease of infants, which is known by the name of Skin-bound.

‘The swelling, which is confined to the anconal aspect of the metacarpus of the hand, and to the rotular aspect of the metatarsus of the foot, terminates abruptly at the carpus and tarsus, insomuch, indeed, that, in lusty children, it seems in these places as if confined by a cord or bandage. I have known this tumour to continue for weeks together. Sometimes it disappears in a few days, not again to return. In other instances, it has from time to time disappeared, and reappeared at short intervals. When it continues without abatement for any length of time, for a week or two, it sometimes softens, becomes looser and more compressible; its colour changes to paler, and acquires more of a leucophlegmatic hue; in a few cases it has become truly leucophlegmatic, and the œdema has spread upwards on the legs and thighs. But this is a very rare occurrence, of which I have seen but one or two examples. Its more sudden disappearance, without undergoing these changes, or without passing to the state of leucophlegmasia, is by far more common. But this swelling of the tops of the hands and feet is, according to my observation, connected, in a great proportion of cases, with another appearance of a more formidable nature, a spastic contraction of the flexor muscles of the thumbs in the

upper, and of the toes in the lower extremities. The thumb is rigidly contracted, and permanently bent downwards, and laid flat upon the palm of the hand; and, in like manner, the toes are bent down to the plantar aspect of the foot. Along with the thumb, the carpus also is, in some cases, drawn toward by a spastic contraction of its flexors, which much increases in appearance the prominence and sphericity of the metacarpal tumour. The child labouring under this state of disease is unhappy and restless, but does not appear to suffer much, if any, pain, in the parts affected, unless an attempt be made to force them from their situation; and even this forcing of the thumb or toes from their unnatural position, does not always make the child cry. Though peevish, fretful, and evidently suffering from irritation, he cannot be said to labour under pyrexia at all times. In some cases, indeed, the pulse is more frequent than in health, and towards evening there is an increase of heat, and perhaps flushing of one or both cheeks, with coldness of the feet. The bowels are commonly torpid, and the stools obtained by laxatives are, as Dr Underwood has described them, fetid and clayey, or green, sour, and slimy. This spasmodic affection, though on some days it may appear more relaxed than on others, is, upon the whole, wonderfully persistent. I have known it continue, with little abatement, for many weeks. In others, it has yielded within a shorter period, in a few days, in a week or a fortnight. In one child, who at length died of supervening marasmus, the contracted state of thumbs continued, with little occasional relaxations, for three months. The greater number of cases which I have seen have terminated favourably. I have sometimes known eclampsia to supervene to this tonic spasm of the thumbs and toes. One child had repeated fits of convulsion, on three successive days, and eventually recovered. Two others have died after supervening eclampsia. In another case of this disease, in which the thumbs and toes had been contracted for three or four weeks, fever supervened, and the child died after passing through all the symptoms of hydrocephalus acutus. Two other children, affected with the disease in question, have tardily sunk under that train of symptoms which Dr Armstrong distinguished as the hectic of teething. These are the only instances I have met with, in which this disease has had a fatal termination; and that termination, it may be observed, has been by a sort of conversion, or gradation, by the supervention of eclampsia, hydrocephalus, or abdominal fever.' 450.

In all the cases, the age was between six months and two years—consequently within the period of dentition. Dr K.

therefore looks upon dentition as the chief, though probably not the only cause of the disease in question.

Dr Johnson, in the volume before cited, has related a case, which appears to have been an exquisitely marked one of this peculiar affection—and, as it is short, we shall cite it.

‘The patient was a delicate female child, nineteen months old, and cutting three or four teeth at the time. She had been ill eight days before the Reporter saw her; but according to the mother’s account, there was little or no variation in the symptoms all the time. When first seen, the child three or four times in the hour was seized with spasmodic affections of the respiratory muscles, consisting of repeated attempts to fill the chest, during which she threw herself back, as in opisthotonos, and appeared as though she would be suffocated. These fits would last ten or twelve minutes, after which the child was somewhat easier, but always fretful and peevish. The backs of the hands and insteps were swoln and hard. The thumbs were rigidly contracted, and locked across the palms of the hands. The toes were bent down towards the soles of the feet, and both wrists and ankles were rigidly bent by the flexor muscles, and kept permanently so. The little patient could take no food: she was slightly feverish; the bowels torpid; and the stools clayey, slimy, and offensive. The eyes looked very heavy and inanimate. The child extremely irritable and restless both by day and by night.

‘For reasons unnecessary to mention, no very active means were employed for some days, during which the child got worse, and was evidently declining fast. Hydrancephalus or ocellipisia being now dreaded, leeches were applied to the temples; calomel and antimonial powder were exhibited thrice a day, and the warm bath was employed in the evening. After the bath and bleeding, the spasms went off for twelve hours entirely, and the child took some food. They returned, however, but not so violently as before, and the convulsive respiration was much relieved. The calomel and antimony were continued, as was the warm bath; and the gums were deeply scarified wherever a tooth appeared to be coming. From this time the child gradually recovered, and on the 18th day the spasms had entirely disappeared.’*

In no instance has Mr North seen the disease fatal—and we can say the same in our own practice. It is well known, however, that the late Dr Clarke, and the present most able practitioner, his brother, together with their élèves, looked, and

* *Med. Chir. Journal*, for May, 1817, p. 448-9.

still look upon this disease, or this train of symptoms, as indicative of hydrocephalus, or rather of that state of brain which leads to hydrocephalic effusion. The treatment is consequently the same as in the last-mentioned disease. While we do not coincide with this school in viewing the disease in so grave a light, we think it prudent, in all these cases, to guard the head, while we freely lance the gums, and act upon the bowels. It must be evident that the spasms above described can only be produced through the instrumentality of the brain and nervous system, by which all power is supplied to the muscles, whether within or without the salutary boundary. But a sympathetic affection of the brain and nervous system, as from dentition, bad secretions in the bowels, &c. is a very different thing from an idiopathic affection of the same organ, constituting an inflammation. The latter is dangerous, and cannot continue long without fatal consequences—the former (in which we include the subject of this article) is far less dangerous, and may go on, as the cases prove, for some weeks, or even months, and terminate favourably, without any very active measures. Still we would not advise that it should be treated too slightly, but always with the danger of cerebral inflammation or effusion, in our mind—not in the active manner of acute hydrocephalus, but as a preventive of any such supervention. This appears to be the sentiment of Mr North and of Dr Kellie.

‘The treatment (says Mr N.) demanded in the above state, may be very briefly laid down. The gums should be freely lanced, if they appear swollen or inflamed. To keep the bowels open, purgatives must be freely given: calomel, in combination with powder of jalap, is perhaps the best remedy. During the convulsive paroxysm, the child should be put into a warm bath. The diet, if the child unfortunately is deprived of its mother’s breast, should be very strictly attended to. The digestive powers are evidently weakened, and it is destructive to impose upon the stomach a task which it is not capable of performing, by giving solid food in any form.’ 41.

We have now put our readers in possession of all we know respecting the symptoms and treatment of this disease. Its pathology is obscure. For our own parts, we think it is produced by the irritation of dentition, or by morbid secretion in the digestive organs.—*Lon. Medico-Chir. Review*,