

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

COCAINE IN THE VOMITING OF PREGNANCY.

By FRANK COLLINS, M.R.C.S.

WITH reference to Dr. William Duncan's recent observations on this subject, I send the following case as an additional item of experience.

On Oct. 26th I was called in to consult on the advisability of inducing abortion in a case of continual and distressing vomiting, complicated with uterine hæmorrhage which the usual remedies failed to relieve. The patient was a primipara, aged twenty-seven, between three and four months pregnant. Vomiting began three weeks previously and occurred several times each day, gradually becoming more frequent until three days before I saw her, when it assumed so distressing a character after taking even liquid nourishment that she had kept nothing down for that period. The bleeding began with the straining fourteen days previously, and continued constant, but slight in quantity, though increased with each attempt at emesis. There was a history of delayed menstruation, but none of other disease. The patient was weak and exhausted, but not collapsed, complaining of "uneasiness," not pain, about the lower part of the abdomen. Pulse fairly good. Vaginal examination revealed a tender spot about an inch above the anterior lip of the cervix, and some tenderness of the cervix itself, from which drops of dark blood were exuding. Pelvic organs otherwise normal. With a tracheal sponge-holder I inserted, through a Ferguson's speculum, a plug of wool soaked in a 10 per cent. solution of cocaine to the depth of half an inch in the cervical canal, and retained it there from one to two minutes, afterwards swabbing the lips of the os all round with the same. The patient had vomited food taken some four hours before, and was expecting to reject some beef-tea taken a quarter of an hour before the operation. This did not occur, and all sense of "uneasiness" had disappeared before I left. Liquid food was taken and retained within an hour, and has been taken regularly ever since. The bleeding diminished by degrees, and the third day after the operation had entirely ceased, and the patient was doing well.

Seven days after the operation I learnt that the patient insisted on getting up and doing her household duties the day after the bleeding stopped. This was followed by a copious return of hæmorrhage, shortly succeeded by uterine pains; and the case will now probably terminate in miscarriage. The efficacy of the treatment appears to be emphasised by the patient's folly.

The points which appear to me worthy of notice are the almost instantaneous relief to the distress and nausea, and the absence of recurrence of those symptoms. Has cocaine some permanent action beyond its transient effect of causing local anæmia and anæsthesia?

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RECURRENCE OF SCARLET FEVER SYMPTOMS.

By STAFF-SURGEON FRENCH MULLEN, M.D.

(Communicated by the Director-General of the Medical Department of the Navy.)

HAVING seen in the THE LANCET of Nov. 19th a letter from "M.R.C.S." giving an account of the recurrence of the symptoms of scarlet fever in a child a few days after her discharge from hospital cured of that disease, and the editorial comment that "such cases are undoubtedly rare," I think the following case may be of interest to the profession.

R. C—, aged thirty-five, stoker, presented himself on the evening of Nov. 8th, 1868, at Chatham, complaining of rigors, headache, thirst, and malaise, which symptoms, he stated, had commenced the previous day. The following morning sore-throat appeared, and a bright red rash was uniformly spread over his trunk and extremities. He was immediately sent to hospital, where the diagnosis of scarlet fever was confirmed, and he was retained until Dec. 15th, when he returned to his ship. In the following June (1869) he again

suffered from similar symptoms at Portsmouth, and complete desquamation took place. In July (1869), at Portland, the same symptoms recurred, but were milder and of shorter duration. Owing to the improbability of a patient having scarlet fever three times in nine months, the two later attacks were looked upon as a species of erythema, and were treated on board, and though no special precautions were taken, no spread of infection took place.

In this connexion the following case may be worth recording.

G. R—, aged twenty, ordinary seaman, was placed on the sick list at St. Vincent, West Indies, on the evening of Jan. 30th, 1885, complaining of sore-throat, rigors, and malaise; the tonsils were ulcerated and the fauces deeply congested, being of an almost venous hue. Temperature 102°. The following evening a profuse red rash, which did not disappear even on firm pressure, appeared over the whole body, and the temperature rose to 103.6°. The disease ran the usual course; the throat was quite well, and the rash had almost completely faded, save on the inside of the thighs and legs, by Feb. 4th (sixth day), and branny desquamation set in. On this date an eruption of urticaria, but without itching, appeared over the trunk and extremities. It subsided in a couple of days. The patient was isolated on board, every possible precaution being taken. Desquamation was completed by Feb. 17th, on the 19th he suffered from a slight attack of sciatica, and on Feb. 27th he returned to duty. No extension of the disease took place among the crew.

Now this patient had not communicated with the shore from Dec. 9th, 1884, when the ship was at Halifax, Nova Scotia, to the date of his seizure, Jan. 30th, 1885; he had had no washing done on shore, none of his family at home were suffering from scarlet fever (which might have caused it to be conveyed by letter), and I could not find that scarlet fever was present at any of the West India islands visited, so that this was either a case of extraordinarily prolonged incubation (fifty-two days), or it was a species of erythema more severe than has been hitherto described. The eruption of urticaria on the subsidence of the erythematous rash lends support to this view. I may mention that I assured myself of the absence of gonorrhœa, and that the patient had not been taking copaiba, eating shell-fish, &c. The disease ran too regular a course for it to be symptomatic erythema; and so the fact of his having taken two fifteen-grain doses of the salicylate of soda prior to the appearance of the rash would not be sufficient to account for it.

THE MORE FREQUENT USE OF LONG FORCEPS IN LINGERING LABOUR.

By T. WOOD HILL, L.R.C.P., M.R.C.S., L.S.A.

IT is an unquestionable fact that the use of forceps is becoming more frequent, and is answerable for the great amount of relief to many a poor woman in the agonies of labour; so much so, that invariably when a poor creature has once had them used she naturally demands them again. In a highly nervous, excitable woman who dreads the pains of labour, what practice can be more judicious and productive of good than the administration of an anæsthetic and the application of the long forceps, and thus in the majority of cases terminate most cases of lingering labour? From my own practical experience I have seen far greater suffering relieved by such practice than by the old exploded doctrine of allowing nature to perform the task unaided. Certainly in some cases nature will, at a very great expense of acute suffering, terminate its work; not always satisfactorily—ruptured perineum or puerperal troubles may follow. But what is the good of having such scientific instruments at our own command, if we are not to use them in suitable cases? A woman, I maintain, ought not to be allowed to suffer unnecessary pain. Why should she? It has been my pleasure to help many a poor creature out of her trouble by the timely use of the long forceps; in primiparæ their proper use is even more satisfactory. When I look back at the cases of lingering labour that have fallen to my lot, a shudder comes over me to think I was not qualified to help nature. The more I see of difficult labour, the more certain am I that it is our bounden duty as medical men to minimise suffering; use the forceps and save suffering.

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