CASE OF
COMPLETE OSSIFICATION OF THE HEAD OF A
CHILD AT THE FULL PERIOD OF GESTATION.

By W. D. EMMETT, M.R.C.S.E., Darlington.

ON Saturday, Nov. 13th, I was called to attend Mrs. B— in her confinement. On inquiring from the husband, I found that her last labour had been tedious, requiring perforation, and that her recovery subsequently had been slow. I therefore went prepared for the worst; but on examination I was glad to find the vagina moist and cool, the os uteri about the size of a half-crown, the posterior edge thin, the anterior thick, but dilatable, and showing a tendency to overlap. The membranes had been ruptured about an hour and a half; the head was presenting, but so buoyant, that on the slightest touch it receded. The pains during the next twelve hours were trifling. On Saturday evening, about twenty hours after I had been there, there was very trifling constitutional disturbance; she had sat up at table, and taken tea and coffee as usual. Secale was administered, but rejected instantly. About three A.M. on Sunday morning, twenty-five hours after I had been called, I, unknown to Mrs. B—, applied the forceps, but without success, as I could not get the head to pass the brim.

As the patient's strength was good, and the movements of the child vigorous, I felt a great disinclination to terminate my work by destroying the child. I ordered therefore a dose of castor oil, and administered an opiate, promising to return in a few hours. I called on my friend, Mr. Jackson, who kindly met me at nine A.M. The patient had had some refreshing sleep, had passed water freely, and had had an evacuation. Mr. Jackson applied the forceps; but the head resisted all the efforts it was deemed prudent to make. We now resolved on perforating; but at the moment the instrument touched the head, it seemed to partly revolve or recede, as mentioned by Dr. Murphy in *THE LANCET* for December 18th. Turning was resolved on and accomplished, and the child easily extracted, until the head became again engaged. (Allow me here to state that the difficulty imagined to exist by Dr. Murphy will not, in those cases adapted for turning, prove of much consequence; for whether Dr. Murphy means, that the turning could not be effected, or complete delivery, comes to much the same thing,—if neither of these suffice, a still more dangerous and troublesome method must be resorted to.) To resume. With a little difficulty I hooked down the chin, and all moderate efforts being unavailing, I passed the perforator through the roof of the mouth, and broke up the base of the skull. The bones now gave way, and the child was born. Mr. Jackson extracted the placenta, and in a few minutes the patient appeared as comfortable as is generally the case after an ordinary labour. On examining the head of the child, (a full-grown boy,) it was found perfectly ossified, the fontanelles even being perfectly closed. The head measured sixteen inches under the chin, over the head, in front of the ears; sixteen inches over the parietal eminences, from before to behind; and ten inches and three quarters from one mastoid process to the other. For two days Mrs. B— had no bad symptom. The uterus remained firmly contracted and small; the bowels soft, cool, and gently open; no thirst, no headach, and the mammae soft. The urine was passed freely.

16th.—Ten A.M.: An anxious expression of countenance; eyes glistening; skin cool; tongue moist; would not speak; pulse 125, weak, and thready; there is a sudden appearance of debility, with muscular tremor. Ordered, stimuli, with camphor, spirit of sulphuric ether, opium, &c. Beef-tea &c. were administered with apparent benefit, but for a short time only. She refused to take her medicines, resisting all attempts furiously. Enemata were tried; but at length every attempt proved futile, and she died on the 18th instant, at three A.M.

I shall make very few remarks on this case. The sinking was sudden; there had been no previous excitement; and I had once great hopes that my patient would get well through her confinement. She had been previously subject to fits; and the muscular tremor, her suspicious glances, her sudden obstinate silence, &c., induced me latterly to fear that nervous energy had become almost extinct, and that stimuli would be but ill able to restore it. Scarlet fever, of a most malignant character, had been raging in the neighbouring houses, and I had seen some typhoid cases of the worst character. Whether this or some obscure affection of the brain, or simple exhaustion from the labour, was the cause of death, must be left unascertained—no post-mortem could be obtained. In

all future cases, at all analogous, I shall certainly turn; for after any part of the child has been extracted, it is not, except in extreme cases, such a very difficult matter to extract by perforation or evisceration.

Darlington, Dec. 1847.

ENLARGEMENT OF PAROTID GLAND CURED
BY TINCTURE OF IODINE,

AFTER UNSUCCESSFUL EMPLOYMENT OF IODINE OINTMENT.

By J. MORISON, Esq., Surgeon, Hutton Henry.

THE following case is one of many I have treated successfully with the above application, after the iodine ointment had been used for a period of five weeks without any good effect.

June 3rd, 1847.—G. W—, aged twenty-one, states, that about eight months ago, he first observed a slight enlargement of the neck, over the parotid gland, without any pain or uneasiness, and that he cannot remember any such enlargement being left after scarlet fever or any other eruptive disease. Neither is he aware of any injury he ever received in that region; he thinks that the swelling proceeded from over exertion, he having had some heavy lifts about the time he alluded to, though he did not observe it immediately after any such exertions. He adds, that he has used various remedies for it, without any benefit. When first observed, he, by the advice of some old woman, used a stimulating embrocation; he then applied to a neighbouring surgeon, who also employed means, without producing any change; in fact, the swelling continued to enlarge. He began, in consequence, to get uneasy, and was advised by his friends to go to Sunderland and get the advice of a physician of that town, who ordered the iodine ointment to be used, giving him at the same time some medicine internally. He states, he was under this physician's care and used the ointment for a period of five weeks, but as he received no benefit, he was recommended to me by a patient whom I had cured of a goitre, (with the tincture.) He accordingly came under my care at the above date, June 3rd. I am in the habit of using the iodine, in the form of tincture, painted over the part affected, by means of a camel-hair pencil, or a common feather; and my reason for preferring the tincture is, that I consider it of a more stimulating quality, and adapted to produce a more rapid absorption, or to excite such a degree of inflammation as may terminate in suppuration. As an internal remedy I give the tincture of iodine, ten minims night and morning, in cold water; also the following laxative and alterative pills:—Barbadoes aloes, gamboge, blue pill, of each, two drachms; mix, and divide into sixty pills, two to be taken twice a week or oftener, according to the nature of the case. I pencilled the part affected with tincture of iodine on the 3rd instant.

4th.—Saw the patient to day; no change as yet has taken place; he, however, states that the tincture is a much more severe application than the ointment, which circumstance I considered favourable. The remedy again applied.

6th.—Saw the patient again to-day. He says he applied the remedy yesterday, (5th;) he complains of the application being severe in the extreme, but as a change has taken place in the appearance of the enlargement, I have ordered the tincture to be omitted for a few days, till the extreme tenderness is subdued. The part is so tender, that when the iodine was applied this morning, the pain it occasioned would have caused a syncope had I not placed my patient in the recumbent posture; the tumour is very irritable, and appears as if it would terminate shortly in suppuration.

10th.—The tumour is observed to be greatly reduced at the upper part; the depending part is large and projecting, and fluctuation is distinct. I proposed lancing, to which he objected, but I fear a cure will not be effected without it.

12th.—The tumour is still tender and fluctuation distinct; he will allow it to be opened at my next visit if I consider it necessary.

14th.—To-day the fluctuation still distinct, and as there was no appearance of the matter discharging itself spontaneously, the parts being so indurated, I again proposed lancing, to which he agreed. I accordingly made an opening at the depending part, and the matter following the lancet freely discharged itself to the amount of about a teacupful. The enlargement almost immediately disappeared, leaving only a slight induration around the margin of the former tumour. The patient has been able to follow his usual employment till to-day; but I advised him, after the opening of the tumour, to remain for a few days at home, he being so circumstanced that the loss of work for that period was no object to him.

16th.—The tumour has entirely disappeared; a slight discharge of serum with a little matter from the wound to-day. I have ordered the part to be poulticed with linseed, which I should have stated was used for a few days before its evacuation. In a few days the wound healed up and all went on favourably, only a slight induration being left, which disappeared from a week to ten days after the opening of the tumour.

Since I began to direct my attention to the treatment of such cases, I have used the iodine both internally and externally, and in no one instance have I been able to trace any bad effects from its use—namely, vertigo, or the absorption of healthy glands, &c.

Hutton Henry, Dec. 1847.

CASE OF SPONTANEOUS EVOLUTION.

By VERTUE EDWARDS, Esq.,

SURGEON TO THE TOWER HAMLETS DISPENSARY.

ONE or two reports of spontaneous evolution, occurring in cases of midwifery where the arm has presented, having appeared in the pages of *THE LANCET*, I am induced to forward to you an account, in brief, of a case of the kind which some time ago came under my notice.

About ten o'clock, on the morning of the 26th April, 1847, I was summoned to Mrs. R——, pregnant for the third time, who, I was informed, had been in labour many hours. Upon examination the os uteri was found fully dilated, and the arm of a child was protruding through the vulva. As the membranes had been but recently ruptured I proceeded at once to turn the child; but so exceedingly frequent and violent did the contractions of the uterus become, shortly after the introduction of the hand, that although enabled to reach the feet, I found it impossible to bring them down. Failing to accomplish my object, I requested my friend Mr. Kent, who favoured me with his advice and assistance throughout the case, to make an attempt to alter the position of the child; but after considerable perseverance he also was compelled to withdraw his hand, without being able to complete the task.

As some time had now elapsed, and it was becoming important that the uterus should be relieved of its contents, we determined, without further delay, upon perforating and eviscerating the chest. While preparations were in progress for the performance of this operation, the patient suddenly passed a large quantity of fæces, and immediately the arm of the child disappeared, and the breech, a minute afterwards, was found occupying its place. Two or three strong uterine contractions speedily expelled a female child, of an average size, but which had evidently been dead some hours. Hæmorrhage to a considerable extent followed the expulsion of the placenta, which, being repeated a few hours afterwards, rendered the period of convalescence somewhat extended; but eventually our patient became perfectly well.

The change from an arm to a breech presentation, occurring spontaneously, is exceedingly rare, and perhaps ought to be; for assuredly an accoucheur would scarcely be justified in leaving a case of arm presentation, where it was possible to turn, to a chance so exceedingly remote as that of a "spontaneous evolution." As, however, the possibility of such an event is doubted by many, I conceive it to be incumbent upon us to place all such cases as do really occur upon record, and I know of no better means of securing for them the requisite publicity and permanency than those which are afforded by the pages of *THE LANCET*.

January, 1848.

ON THE EFFICACY OF ACETATE OF LEAD IN INTESTINAL DISEASE.

By J. C. BA DELEY, M.D., Chelmsford.

WELL aware that the pages of *THE LANCET* are ever open to the promulgation of useful information, and that practical science must ever take precedence of theoretical conjecture, I make no apology for contributing the following case, illustrating, as it does, the efficacy of the acetate of lead in intestinal disease.

The subject was a wheelwright in this town, who has long been affected with symptoms indicating a morbid action, if not structural disease, of the intestinal canal. He has on several occasions been in considerable danger from obstinate obstruction; and when I was recently called in I found him suffering from a relapse of this nature, attended with excruciating pain and spasm, vomiting, hiccough, and inordinate distention of the abdomen, though unattended by pain

on pressure, or other well-known characteristics of inflammation. As the leading indication was to procure a free evacuation, I concurred with Mr. Lovell, who was in attendance on the patient, in the necessity of the purgatives best adapted to this end; and pills, composed of calomel, croton oil, and colocynth, together with senna and jalap, aided by turpentine injections, soon produced the desired effect, and I took my leave. I was very soon, however, summoned again, in consequence of the distressing pain, tormina, and distention of the intestines, and an enormous accumulation of flatus, with gurgouillement, and cramp. Morphia and other sedatives were resorted to; injections of oil of turpentine and of the confection of rue, which are often very efficacious in flatulence, were thrown up. The abdomen was rubbed with stimulants and opiate liniments, and then covered with a large galbanum and opium plaster. He was enjoined to take but small quantities of food, avoiding fluids, and castor oil was prescribed, with the intention of procuring daily relief of the bowels. Calomel and opium were also given, in addition to other remedies which we considered calculated to remove the symptoms that presented. Vomiting, however, supervened after everything that was taken. The pain was only relieved, *pro tempore*, by the opiates. Hiccough recurred, both when asleep and awake, and the pains and distention were most distressing and obstinate; the intestines lay in large coils across the abdomen; and the noise occasioned by the incarceration of wind was so loud as to be audible down stairs. The tongue was coated, and the countenance unfavourable, though the pulse remained good. The case now presented so unpromising an aspect that his friends were summoned to take, in all probability, their last leave. The bowels acted only occasionally; and unsatisfactorily, and the spasms were as violent as ever. Very little food of any kind was taken—even the little which was swallowed, more from the persuasion of his relatives than his own inclination, returned; his appetite was nearly or quite gone, and his debility increased.

Feeling convinced in my own mind that, under the absence of inflammation, this distention proceeded from want of tone in the muscular fibres of the intestinal canal, and their consequent failure of power to contract and expel the increased generation of air, I ordered large doses of alum, persisting, at the same time, in the daily injection of turpentine, which appeared to give more relief than any other remedy which was applied. Again disappointed, however, in the result, and remembering the strong advocacy by Dr. Graves, of Dublin, of the acetate of lead in tympanitis, I determined to give it a fair trial, though not without considerable apprehension of its constipating effects. I prescribed, nevertheless, three grains of the superacetate of lead, with the sixth of a grain of acetate of morphia, in a pill, every four hours, and a continuance of the turpentine enema every evening. The excellent effects of this combination soon began to manifest themselves, by the comparative suppleness of the abdomen, the expulsion of large quantities of air, the subsidence of the cramps, spasms, and pain, and even by copious dejections. The hiccough gradually declined, the appetite began to return, and convalescence was at once established. The pills were reduced to only two in the twenty-four hours, and finally to one; and the patient is now only suffering from the debility and emaciation consequent on the severity and protraction of the attack. The validity of the theory of this practice is therefore, I think, sufficiently proved to entitle it to publication; and as the prominent feature of the disease is by no means uncommon, I shall be happy to find that my calling the attention of the profession to the value of the acetate of lead has been productive of similar success in the hands of other practitioners. About two years ago I was equally successful with the sulphate of zinc and opium, in the case of a lady who had been severely afflicted with enteritis, and consequent distention of the abdomen; but the inflammatory symptoms in that case required of course a different plan of treatment, and copious depletion, ere it could be resorted to. The case having been already published, I shall not enlarge upon it on this occasion. I shall only, in conclusion, observe, that I believe abdominal distention from flatulence, and also constipation, to be dependent very frequently on want of tone and muscular power in the canal, and that as the repetition of drastic purgatives is often productive of this unpleasant result, relief may often be obtained from metallic tonics and medicines of an astringent nature. The efficacy of the acetate of lead in Asiatic cholera, as stated in your review, last week, of Dr. Parkes's work, is unquestionably corroborative of the value of this medicine in intestinal affections.

Chelmsford, January, 1848.