

lowest 99; and they often varied between 120 and 100, approaching the latter number oftener than the former. The blood of persons, then, whose lungs are beginning to be tuberculous, offers that particular modification which belongs to feeble constitutions; they are truly in a state of commencing anæmia, and their blood is like that of patients who have been bled several times.* This association is not, however, one of that indispensable kind which we regard as cause and effect, but full of meaning in respect to the "choice and application of modes of treatment."

Finally, respecting many morbid associations, it is impossible to offer anything satisfactory, because the obscurity which prevails as to the nature of many diseases implies that we have no positive information in what manner their components are associated or combined. Through what chain of derangement the extrinsic causes of disease operate in bringing about the malignant diseases, it is not possible to say precisely, for though these affections are mostly united with low states of vitality and imperfect states of nutrition, and with anæmic conditions of the blood, yet all these morbid elements may exist separately, without being necessarily accompanied with the establishment of such disorders. The same applies to the formation of cysts, hydatids, and the production of parasitical growths, which are observed to attend low states of the system, although the precise conditions necessary for their evolution are yet not properly understood. It is acknowledged that the common external influences of cold and moisture, and other ordinary agencies, in the production of disease, are, in themselves, insufficient to bring about such derangements; and it, therefore, remains for us still more attentively to analyze the morbid conditions which compose the malignant diseases, and observe the associations which connect them into a common whole.

In the next paper, I shall pass on to a brief consideration of the subject of the *co-existence* of morbid conditions; here concluding what I have to say on the *association* of morbid action: not that I have by any means exhausted the subject, but it would be tedious, if indeed it were possible, to anticipate all the modes in which the processes of disease may be connected. Sufficient may have been said to show the importance of the subject, and to indicate in what manner the mind should be directed to the observation of the relations of the more elementary forms of disease. It then only remains to apply the same system of inquiry to any new series of combinations which may present themselves.

We see that, independently of what are called *extrinsic* causes of disease, the morbid changes, thereby produced, may create further derangement by their *alliance with each other*.

Broughton, near Manchester.

EXPULSION OF THE OVUM, ENTIRE, AT THE FULL PERIOD OF GESTATION.

By W. SYMONDS ROOTES, Esq. M.D. Ed., &c. Ross, Herefordshire.

THIS morning, October 10th, at eight A.M., I was requested to attend M. S—, the wife of a shoemaker of this town, in labour. Visited her at ten; at eleven, the waters broke, and she went to bed; on examination, found the head of the child presenting naturally; it had cleared the brim of the pelvis, and at half-past eleven the child was born in one pain, no arrest or delay occurring. After detaching the child, and before I had time to place my hand on the patient's abdomen, my attention was attracted by a very strong pain—attracted to it by the nurse and the movement of the patient, for throughout the whole of her labour she never gave utterance to a single cry or even moan. Thinking the placenta was coming away, I introduced a finger into the vagina by the side of the funis, and found the head of another child presenting very low down; by its side, partially over it, and likewise protruding through the vagina, was a large bag of the membranes distended with water. This I tried to rupture, but at the same moment a strong pain came on, and the second child was born, enveloped in the unbroken membranes, containing the liquor amnii, and with the placenta attached; the placenta of the first child, to the margin of which the second placenta was adherent, being all that remained in the vagina. I lifted up the bedclothes, and showed the nurse this, to me, unique and beautiful sight; we distinctly saw the child, through the transparent membranes, moving, as also the cord, which was coiled round its neck, and the divisions of the latter where it joined the placenta. I lost no time, however, in gazing on it, but proceeded to rupture the membranes, and liberate the child's neck from the

pressure of the cord, and I then detached it. Placing my hand on the abdomen I found the uterus well contracted down into the pelvis. The placenta were then removed. The woman had previously given birth to eleven children, she is 41 years of age; has a very roomy pelvis, but says all her children have been born small. The twins are somewhat less than the average bulk and size, but not much; both cried lustily and kicked vigorously at birth; they take their food well and, in short, are likely to thrive. The first born and the smallest of the two is a boy; the other, and larger, a girl.

October 15th.—Mother and children both doing well.

CASE OF PLEURO-PERIPNEUMONIA.

By JAMES K. DOW, Esq., Surgeon, Downham-road, Islington

ON the 8th May, at ten P.M., a friend of mine, a medical student, called and requested me to accompany him to see, and to take upon myself the responsibility of, the following case, to which he a few hours previously had been called, and for which he had prescribed.

Elizabeth F—, single woman, aged twenty-one, a shawl and parasol-fringer, went to her place of work that morning in her usual state of apparently good health: about 2 P.M., while at work, she was suddenly seized with severe pain in her right side, and was forthwith brought home in a cab.

I found her in bed, lying on the left side; in reply to my questions, she complained of great pain in her right side, and placed her hand upon the space occupied by the sixth, seventh, and eighth ribs as its seat; she said there existed no pain elsewhere, and certainly there was no other place that exhibited tenderness on pressure. On watching the respiratory action, it was so short and hurried, as to convey the impression of approaching suffocation; there was no cough. The whole of the face, especially about the lips and beneath the lower eyelids, was remarkably livid in its hue, and so "puffed," as to warrant the conclusion that she had fared the worst in some recent pugilistic encounter. The pulse was frequent, small, quick, occasionally wiry, and intermittent. The tongue was furred, and rather moist. On percussing the chest, there was much dullness in each of the regions; on applying the stethoscope, I at once detected the rhonchus sibilans, sibilans, crepitans; this last, the *râle* crepitant of Laennec was present in a very marked degree. The heart palpitated with great force, and frequency; the *bruit de soufflet*, was also very audible.

While exploring these regions, the turgid state of the mammæ, and their enlarged and darkened areolæ, at once evinced a state of far-advanced pregnancy, and led me to look for a corresponding swell, of a hemispherical form, in the umbilical region, and in this I was not disappointed: strange however, neither my patient, nor her relatives around, seemed to have the remotest consciousness, or idea of the existence of this "hidden treasure."

Such were the pathognomic symptoms, and on the strength of those derived from auscultation, especially on the rhonchus crepitans, I decided that this was a case of pleuro-peripneumonia, and that in the stage of congestion, the stage in which curative measures were for the present most urgently and imperatively required. What was indicated? The abstraction of blood until the approach of syncope: from this my friend shrank, and thought that with such a weak pulse she could not bear bleeding. In these cases this is the usual objection urged by young practitioners who have not availed themselves of the benefits of auscultation, and as it is a most erroneous one as this and numberless other cases prove, I allude to it that it may be the more exposed, and more guarded against. After a little coaxing, and some force, I was allowed to open a vein, and abstracted about 12 ounces of blood: consequent upon this loss, the pleuritic pain considerably abated, the dyspnoea was relieved, and the pulse at once became fuller: I moreover ordered that the right side of her chest, over the seat of pain, should be unremittingly fomented; that she should be allowed but a little gruel and barley-water; and prescribed the following medicines:—

R. Sulphate of magnesia, 1 ounce; tartarized antimony, 1½ grain; ipecacuanha wine, 1½ drachm; tincture of digitalis, 1 drachm; distilled water, 6 ounces; for a mixture, 1 ounce to be taken every three hours. R. Calomel, 12 grains; opium, 3 grains; extract of hyoscyamus, 15 grains; for eight pills, one every second hour.

9th. 9, A. M.—On inquiry I found that the interval had been

* Essay on the Blood in Disease. Translated by Meigs and Stillé, 1844.

restlessly spent, though the partial subsidence of the pain in the right side had continued; and that she had coughed considerably. On inspecting the blood, it was, in a most marked manner, buffed in its coat, cupped in its form, and fringed at the edges; in my reasoning upon these elements of course I did not forget the pregnant state of the party from whom the blood had been abstracted. Her face still presented the originally livid and puffed up appearance; her respiration was as short and hurried as on the occasion of the preceding visit; her pulse was still rapid and feeble; the action of the heart was normal. On applying the ear to the chest, the rhonchus crepitans was as audible as at first; equally so were the sibilant and sonorous rhonchi: the character of the sounds elicited on percussion were as dull as at first: on grounds, then, the same as those existing at my preceding visit, I repeated the bleeding to 10 ounces: this was immediately followed by relief in each of the unfavourable symptoms: the antiphlogistic regimen and medicines were ordered to be continued.

3, P.M.—On inspecting the blood, it was buffed, cupped, and fringed as strongly as that abstracted on the preceding evening. In every respect she appeared worse, and the heart was again palpitating with great force and frequency. From an alteration in the young woman's manner, my suspicions were excited, and after some equivocation, I was informed by her mother that her thirst had been quenched an hour previously by some warm rum-and-water, she, it was alleged, preferring that to an infusion of toasted bread;—"the ruling passion strong in death,"—the "ruling passion," I say, as the nutmeg appearance of her liver afterwards disclosed. Among the lower orders of London, no diseases are more frequently induced by indulgence in alcoholic drinks than this. Some pastry, too, had been given to her.

9, P.M.—Breathing less hurried; countenance less livid; pain in the side not complained of, and considerable pressure borne without occasioning pain; pulse, however, much more rapid, and weak. The bowels had twice acted freely. Pills ordered to be discontinued, and a little beef-tea, thickened with bread and boiled rice, to be given.

10, P.M.—Hastily sent for, and found that without a single emotion or symptom of an unusual nature, or premonitory pain, she had given birth to a fetus of between seven and eight months. Having afforded the assistance requisite in such cases I left her in a state of greater ease than any she had experienced since the commencement of her illness. On the following morning, however, at half-past three, she died; there was no flooding.

It having been bruited abroad that, on the morning of the day on which the deceased was seized with illness, she had been maltreated, kicked, &c., by a man whom she called husband; it, also, having been circulated by her relatives, that her illness was but incidental to her pregnancy—was but "the throes of labour"—and that she had been erroneously treated, an Inquest on the body was held by Mr. Wakley, the Coroner, he having previously ordered Mr. Bateman, Surgeon, Islington-green, to examine the body internally. Of this, I was not made aware, until the hour at which the Inquest was held, and consequently I was not present.*

Having at the Inquest given these leading views, Mr. Bateman next detailed the *post-mortem* appearances which the body presented sixty-three hours after death, and which were as follows:—"There was a slight lividity of the body; general *embonpoint*; slight bilious tinge; a slight lividity of the second toe of the right foot on its anterior surface as from a blow. The adipose tissue was abundant and of a yellow tinge; the mamma were both enlarged; there was a dark areola around each nipple; and the glands on division yielded some yellow milk. The brain was perfectly healthy. The right cavity of the pleura contained about $\frac{3}{8}$ ss of bloody serum and soft lymph; the lung was very dense in its structure, and, except at its uppermost part, completely hepatized; it sank in water except at its uppermost part; the bronchial membrane was reddened throughout, and its tubes for the major part were filled with slightly bloody mucus; some of the tubes in the lowest lobe, contained coagulated blood; the left cavity of the pleura contained $\frac{3}{8}$ ss of bloody serum, but no lymph; the pulmonary tissue of the left lung was hepatized nearly throughout and

* The order to open the body was sent to Mr. Bateman, as a medical practitioner who had not been previously consulted in the case, the relatives impugning the conduct of the medical gentleman who attended the deceased woman in her illness. It is a general direction, in all such cases, to the practitioner opening a body, that he shall inform his brother practitioner on what day and hour he will perform the autopsy. The omission on the present occasion must have been accidental. The verdict of the jury exonerated all persons from blame in relation to the death.—Ed.

the specific gravity of its major part exceeded that of water; the bronchial membrane was red throughout, and the tubes contained much frothy and bloody mucus, but no coagula. The pericardium contained $\frac{3}{8}$ ss of serum, the heart was of moderate size, somewhat yellow and flaccid, although of normal thickness; both auricles and ventricles contained coagula. The liver was of the usual size, and presented a nutmeg appearance when divided; the gall bladder was full; the pancreas and spleen were healthy; the kidneys were of the usual size, but bled slightly when divided. The stomach was full of air and liquid, it, as well as the bowels, was removed for the examination of their contents at home, in case that should be required. The uterus was large and soft; it was about six inches long, four wide, and three quarters of an inch thick at its thickest part; it was internally covered with a thin layer of coagulated blood about a quarter of a line in thickness, and almost uniformly so; there was no large coagula, and no portions of placenta remaining. The child measured sixteen inches, and weighed three pounds and a half; the navel was nine inches from the vertex capitis, and seven from the soles of the feet."

In this case there are many particulars worthy of being dwelt upon; the absence of cough in the first place; its presence after bleeding; the fallaciousness of the pulse; the apparent health, with lungs exhibiting such long-standing disease, &c., &c., but I have occupied too much of your space already.

DELIRIUM TREMENS—POISONING BY LAUDANUM— ERYSIPELAS—RECOVERY.

By WILLIAM RYAN, M.R.C.S. Eng.

ON Friday, the 27th July, I was called to see Mr. —, aged sixty-one, half-pay, R.N. He was in bed, drunk, with swollen and bloated features, small pulse, and difficult, stertorous breathing. During seven days he had drank six bottles of whiskey, commencing in the morning, a thing altogether unusual with him, and eating scarcely anything before evening. This was occasioned by fretting, in consequence of his business being for years in the hands of lawyers. He is about the middle height, well-formed, and muscular. On examination, I considered there was retention of urine, but the attendant thought it was only corpulence; and, therefore, introduction of the catheter was deferred till next morning. Little could be got on questioning him, as he lay on his back, but a turning up of the eyes, a clasping of the hands, and maudlin expressions of misery:—"Oh, I'm lost!—I'm lost!" &c., &c. A mixture was prescribed, consisting of tinctures of gentian and orange-peel, aromatic spirit of ammonia and calcined magnesia, with camphor-mixture, every two hours.

Saturday, 28th.—He is this morning in a state of great nervousness and depressed spirits, exclaiming that he is lost; tremblings; complete loss of appetite; tongue loaded with a white viscid matter; breath extremely offensive and alcoholic, making, with the cuticular exhalations, an atmosphere of their own; pulse quick and weak; bowels confined. Has not been able to pass urine, of which I drew off three pints, of a high colour and strong smell. I reasoned with him, begging him to call all his strength of mind to bear on the subject; representing the frightful consequences of perseverance in such a course; and prevented him getting whiskey till after dinner-hour, when, some broth being taken by him, he was allowed a glass of whiskey-and-water. His medicines were continued during the day, and at night he got a pill of three-quarters of a grain of chloride of morphia, and four of camphor. Precautions regarding razors, &c., &c., were at the same time taken, and had I not depended much upon his strong sense of moral responsibility, I should have taken still further. Inability to pass water, at my next visit; catheter to be again used.

29th.—Symptoms similar to those of yesterday; ordered black draught; soups; whiskey-and-water as on previous day; the morphia at night. In the evening, I felt satisfied that he had taken more whiskey, but was assured by the attendant that he had not, the row of "six" empty "black bottles" being at the same time pointed out. The patient seemed anxious, and watched my movements uneasily, which made my suspicions stronger. I, therefore, insisted on opening a trunk, and there found a bottle half-full of whiskey, the remainder he acknowledged having taken. This was removed, and I determined to give him no more; but as he hoped to get money by next Tuesday, and pleaded his uncertainty on that head as the cause of his depression, promising after that to give it up, I allowed him some after dinner each day. I should mention that, on the 28th, he took two cathartic pills, which were followed by bloody stools and prolapsus ani.