ART. VI.—*Observations on Trismus Nascentium*. By ROBERT COLLINS, M. D., late Master of the Dublin Lying-in Hospital.

IN the last number of the Dublin Journal, there are some remarks by Doctor Breen on trismus nascentium, which he states he is induced to offer in consequence of the following observations made by me on this very fatal disease of infancy.

“With respect to the treatment of trismus nascentium I have no suggestions to propose, as I have never seen an instance where the child seemed even temporarily relieved by the measures adopted. Calomel has been tried in large quantity, often in small doses often repeated, as well as extensive frictions with mercurial ointment. I have tried frequent leeching along the spinal column, also repeated blistering over its entire length. Opium I have exhibited in many ways, both in large and small doses; also tartar emetic in the same manner, and at times both combined. I have tried tobacco extensively in the form of stupes, and injections of various degrees of strength, from one grain to the ounce of fluid, to five or more; besides the frequent use of the warm bath, oil of turpentine, tincture of soot, assafoetida, and many of the ordinary purgatives and stimulants, and all, as far as I could judge, without a shade of relief.”

To Dr. Breen's remarks I should not have considered any reply necessary, were it not that he states he cured *two* cases in private practice within the year 1834, and that Dr. Graves mentioned to him that he had cured another; he also, both in an indirect and direct manner, implies that my statement with regard to the great efficacy of ventilation, as recommended by the late Dr. Joseph Clarke, in lessening the frequency of occurrence of this disease in the hospital, was not supported by the facts adduced. Dr. Breen says, “I believe I am not *singular* among those who were concerned in the professional charge of

the Lying-in Hospital, Dublin, after the period of Dr. Clarke's mastership, in considering the opinion, that he had so materially diminished the occurrence and consequent mortality of trismus nascentium and *puerperal fever* by his system of ventilation, as a *hobby* of that respectable man. His system was not particularly scientific, as it consisted of three perforations in the upper part of the window frame, each an inch in diameter, and smaller ones in the upper part of the doors of the different wards, together with an aperture in the ceiling, without *any provision* for the introduction of a supply of pure air."

I cannot avoid expressing my astonishment on reading the first part of the statement, as coming from any one acquainted with the *facts* detailed by Dr. Clarke, or who had given his attention to the mortality of infants born in the hospital previous and subsequent to the improvement in ventilation. No man could controvert even a word of what Dr. Clarke has published as the result of the measures recommended by him ; and perhaps there is not on record a more striking example of the *instantaneous* and happy, I would even add, enviable success of the efforts of any individual for the preservation of human lives. Why Dr. Breen believes he is not *singular* in his opinion so far as trismus nascentium is concerned, I know not ; but this much I can state with truth, I never knew or heard of the most remote doubt on the subject previous to the opinion *now* advanced. As to *puerperal fever* which Dr. Breen has noticed in his remarks, it is not in any way alluded to in Dr. Clarke's Essay on *trismus* ; and why is this *vast* and *important* subject included in the assertion made ? As to the system of ventilation not being, in Dr. Breen's opinion, "particularly scientific," it is such, that to this day, *little alteration* has been suggested, though examined, to my knowledge, by the most competent judges with this object anxiously in view. "These improvements," Dr. Breen states, "were *first* detailed in a paper read before the Royal Irish Academy in the year 1789." Dr. Breen should have stated, that this valuable communication

made in 1789 by Dr. Clarke, was for the purpose of making known the *results* arising from *six years' experience* of the alteration effected by him in the ventilation of the hospital, so far back as 1783. Dr. Clarke *first* urged the importance of these alterations on the attention of the governors of the Lying-in Hospital of Dublin, when on the Continent in 1782 and 83, after visiting with much attention the London and Continental institutions of a similar nature. His correspondence on this subject with the then consulting physician of the hospital, Dr. Hutcheson, a copy of which is in my possession, is most interesting.

In the essay read before the Academy in 1789, Dr. Clarke states, "at the conclusion of the year 1782, of *seventeen thousand six hundred and fifty* infants born alive in the Lying-in Hospital of this city, *two thousand nine hundred and forty-four* had died within the first fortnight, that is nearly every sixth child. The disease, (he adds,) which carried off most of these children, perhaps nineteen of twenty,* was general convulsions, or what our nursetenders have long been in the habit of calling nine-day fits, as constantly occurring within the first nine days after birth."

* The following letter was received by Dr. Clarke at Bordeaux in 1783, from Doctor Hutcheson.

MY DEAR SIR,

"I have thus long delayed acknowledging your very obliging and acceptable letter from Brussels, that I might inform you about the steps we are taking in consequence of your remarks. Doctor Rock, (the then Master,) Mr. Croker King, (the consulting Surgeon,) and I have had several meetings in order to have some digested plan to lay before the Board, as deliberations there are not generally the most advantageous to the despatch of business, nor do we think it prudent to divulge too publicly the disagreeable fact to which our attention has been called. *We find that almost all the children who die are carried off by what the women call the nine-day fits, as always attacking the infants within nine days from their birth. That when once seized, all remedies hitherto tried have been found ineffec-*

Such was the frightful mortality in our Lying-in Hospital previous to the alteration in ventilation. This it was which first induced Dr. Clarke to examine minutely the mortality of infants in all the similar institutions he visited, and which proved to him that the construction of our hospital must be defective to cause a mortality so immensely beyond what occurred elsewhere ; and instead of answering the original design of contributing to the preservation of young lives, had quite a contrary effect. Another circumstance which strengthened Dr. Clarke in this opinion was, that in the old hospital in George's-lane in this city, conducted by Dr. Mosse, the mortality was greatly less, as of 3,746 children born there, only 241 died within the *first month*, which is about one in fifteen and one-half.*

Dr. Clarke in his treatise on this subject states : " my observations had the effect I wished with Dr. Hutcheson and the medical governors. Apertures of a considerable size (*twenty-four inches by six*,) were made in the ceilings of each ward, which have been since changed for air-pipes of six inches diameter.† Three holes of an inch diameter, were bored in an oblique direction through *each* window frame at top. The upper part of the doors opening into the gallery, were also

tual. Your observations have been maturely considered, and in consequence of them we shall recommend the apertures in the ceilings, &c. &c. After stating the means to be adopted to improve the ventilation, he concludes "you may depend upon it that (as far as in my power) due attention shall be paid to your remarks, and that the governors shall be properly informed to whom this humane inquiry is owing.

" I am, dear Sir,

" Yours, very sincerely,

" F. HUTCHESON."

To Joseph Clarke, M. D.,
Bordeaux.

* See Dr. Clarke's Observations, page 93, vol. iii., Transactions of Royal Irish Academy.

† These air tubes pass to the roof of the building, where there are several large *louvered* windows, so as to establish a *free* communication with the external air.

perforated with a great number of holes.* By these means a *free* and *easy* passage was given to the air through the wards at all times, and executed in such a manner as to put it out of the power of nursetenders or patients to control. Since the above period also, the number of beds in the large wards have been reduced to seven, and several changes made in their construction which render them more airy, and more easily kept clean. The consequences have been favourable far beyond the expectation of every person concerned. The *nine-day fits* became visibly less frequent; and the abstract of our registry shews the fact, at first view, to the most inattentive observer. Of *eight thousand and thirty-three children* born since the above period, only *four hundred and nineteen* have died in the hospital; that is nearly *one in nineteen* and one-third, instead of the enormous mortality before mentioned. Had the mortality of infants been in this proportion since the commencement of the Dublin Lying-in Hospital, the number of children dead would have been somewhat about *thirteen hundred*, instead of the present number, *three thousand three hundred and sixty-three*; or in other words, *two thousand* lives would have been saved to the community. That this diminution of mortality is to be attributed to improvements in ventilation, can admit, I think, of little doubt. No other new mode of management has been of late practised to account for it; no other remedies used than such as have been tried a thousand times unsuccessfully.”†

Such are the *facts* Dr. Clarke had the happiness to be able to communicate to the Royal Irish Academy, in June 1789, as the *result* of his alterations in the ventilation of the hospital

* Sixteen, each *an inch* in diameter.

† Whoever will refer to an essay on this subject by Dr. Joseph Clarke, inserted in the third volume of the Transactions of the Royal Irish Academy, must be convinced that a more or less vitiated atmosphere contributes to its production. See a paper by A. Colles, M. D., in vol. i. Dublin Hospital Reports, on *trismus nascentium*.

in 1783 ; which, from that date to the present hour, have been productive of *increasing* and incalculable benefit.

Thus I feel justified in stating without hesitation, that by his valuable suggestions, 16,371 lives have been saved ; as had the mortality of infants continued *one* in six till this day, (as from the time the hospital was opened up to 1783, a period of *twenty-six years*) the number of children dying of the 131,227, which is the total number born in the hospital, would be 21,871 instead of 5,500, as the hospital registry now shews.

In my seven years' residence in the hospital as Master, during which 16,654 children were born, 284 died, or in the proportion of *one* in *fifty-eight* and one-half ; only thirty-seven cases of trismus nascentium occurred ; of these fourteen were met with the *first* year, seven the *second*, three the *third*, three the *fourth*, three the *fifth*, three the *sixth*, and four the *seventh* year. This was in the proportion of one in 450 for the entire time ; but for the last four years *one* in 666.* Dr. Breen remarks, " does Dr. Collins's assertion, that in his mastership from 1826 to 1833, he reduced the occurrence of trismus nascentium from fourteen in the year, to three or four, support Dr. Clarke's views ? Does it not confirm the suspicion of the imperfection of Dr. Clarke's system of ventilation ? Also, does it not rather lead to the opinion, that there is a periodicity in the invasion of trismus nascentium, as we know there is in that of puerperal fever, and several other diseases ?"

To the first of these queries I give the most decided answer in the affirmative, as I have elsewhere stated, the diminution in the number attacked after the second year is explained by the *additional* steps taken to free the wards from impure air.† Does not, I would ask, this prove the correctness of Dr. Clarke's views to the *utmost extent*, that in proportion as his

* Compare this statement with the fact before given, when every sixth child died, and *nineteen-twentieths* of the deaths were caused by *trismus nascentium*.

† See page 515 of my Treatise on Midwifery, for the measures adopted.

suggestions were more rigidly carried into effect, the disease became more nearly banished?

To the two last queries I give an equally decided negative. What proof has the writer given that there is a *periodicity* in the invasion of trismus? Are fourteen cases in one year, or *twice* that number, to be looked upon as such, when compared with the death of every *sixth* child born? Is not the *simple fact* that, even taking the *total number* of infants born in the hospital since first opened for the reception of patients, the deaths are *now* not more than *one* in *twenty-one* sufficient to prove the contrary? This, in my opinion, amounts to a demonstration, and exhibits a vast *progressive* diminution in the mortality ever since the improvements made by Dr. Clarke in 1783. To avoid doubt on this point, I have calculated the total number of children born, and the deaths *since that period*, and the result is, *one* death in every *forty* born. If any other proof be necessary, the still *progressive* decrease within the last seven years, *viz.* to *one* in *fifty-eight* and one-half is strongly corroborative of what is here given as my opinion.

Dr. Breen, alluding to my assertion, that 16,371 lives have been saved, states—"there is an error in the elements of this calculation, fatal to its value as a statistical fact. It being assumed in the calculation, that the length of time the patients remained in the hospital was equal, or nearly so, at all periods since its foundation, which is a mistake, as the institution was above twenty years established before 1000 women were delivered in any single year. In these early years, the patients were frequently not dismissed for nearly double the time at which, when the building became more crowded, it was necessary to discharge them, *as I ascertained* when assistant, from examination of the registry. The number of children dying then in the institution, according to the general law of mortality in early life, now demonstrated, was necessarily greater than in after years, when they remained little more than half the time in the hospital."

This objection is noticed in Dr. Clarke's Essay, see p. 99, as above. After stating the *instantaneous* reduction in the mortality of the children born subsequent to the alteration in ventilation, he adds: "I know it has been objected, that it may be owing to their mothers now remaining a shorter space of time in the hospital than formerly. In order to ascertain whether this be a *fact*, I have for the last two years had an entry made of the day on which each infant died; the number dead has been 114, and they have died on the following days after their birth, viz. Thus two died on the first day and so on :

Number of Day.	1	2	3	4	5	6	7	8	9	10	12
Number of Patients.	2	10	5	6	18	37	24	5	3	3	1

The following table shews the length of time each of the 284 who died during *my residence*, survived their birth. See *Observations on Midwifery Treatise* for the period, eighteen of the 284 lived :

	MINUTES.			HOURS.																DAYS.															
Length of time	5	10	15	3	1	2	3	4	5	6	8	9	10	11	12	13	17	30	36	1	2	3	4	5	6	7	8	9	10	11	12	14	18	37	
No. of children	15	3	7	5	7	7	2	7	1	9	3	2	3	2	14	5	3	1	4	11	19	31	11	20	23	13	4	3	1	1	1	1	1		

Hence it is obvious, that of the 380 deaths, 345 occurred within the *seventh* day, 364 within the *eighth*, and 370 within the *ninth*, leaving only *ten* deaths subsequent to the ninth day. Thus we clearly prove the *fatal period* to be within the average time of the mother leaving the hospital, *even* when both the *child* and *herself* are well ; as *no patient* is *ever permitted* to leave the institution until this be the case, no matter what length of time may be necessary, where it is practicable to detain her. The calculation therefore, as a statistical fact, is, in my opinion, *little* affected, especially when we bear in mind, (in connexion with the statement here given,) that, during the

period the infants remained *longest* in hospital, nineteen of every twenty died of *nine-day fits*, which invariably occur before this day.* I feel, therefore, that the importance of ventilation and cleanliness is most satisfactorily confirmed by the *facts* detailed ; and that, from the result of my own experience, I am called upon to *urge* attention to these subjects, not only as an "*advantage*" in the construction of hospitals or other buildings, where *young creatures particularly* are to be the inmates, but as *vitally necessary*, and that "*too much benefit cannot be attributed to such efforts.*" I have little doubt that by *strict adherence* to free ventilation, in conjunction with *extreme vigilance as to cleanliness*, so as to entirely destroy and prevent an *accumulation of foul or heated air* in the wards, this frightful disease may be nearly banished from lying-in hospitals.

As to the treatment of trismus nascentium, *as met with in hospital*, I can add nothing to the observations above noticed, nor have I ever witnessed more than *one* instance out of the institution, and that in a *wretched hovel*, when I was assistant in the hospital. The report of *two* cases of recovery by Dr. Breen, in his private practice in the year 1834, and *one* by Dr. Graves, as given in the remarks of the former, appears to me to require some explanation. In a disease the *cure* of which must prove so *singularly interesting*, ought not Dr. Breen to have *detailed* the cases with the *utmost minuteness*, so as to enable his professional brethren to form their own opinion? This would have added great value to the statement, as the complete success of the *same remedies* in *his* hands, which have so *repeatedly* as completely failed in those of others, would seem to leave room for suspicion that the attacks were as widely different in character. Dr. Breen states, "Mrs. P.'s

* See, also, the mortality of infants in the original Lying-in Hospital, George's-lane, as above, viz. *one* in fifteen and one-half, when the patients remained *one month* after delivery.

child, a male, her first, was a preternatural case, the breech presenting ; there was some difficulty in establishing respiration after the delivery, and as the powers of life were languid, a grain and a half of calomel was given immediately after its birth." These circumstances tend much to strengthen the suspicion, as it is well known that those children who suffer from compression in the birth, so as to cause respiration to be established with difficulty, are liable to severe convulsive attacks. It would have been more satisfactory had Dr. Breen given the *total* number of cases he met with even in the *one* year, as the *unsuccessful* cases must have been numerous ; agreeing, as he does with me, in its being "*a very fatal disease of infancy.*" If we suppose *one* in seven cured, Dr. Breen must have had as many cases of trismus nascentium in the year, as occurred in the hospital for the last *five years* of my residence, during which *eleven thousand three hundred and twenty-three children* were born.* This calculation is necessarily a surmise on my part ; but even if Dr. Breen met with only the *two* cases cured, in one year, I should consider it a very extraordinary occurrence ; as even in the hospital for *four* successive years but *three* cases were met with in each year, and about 2500 patients were delivered annually. Are not these circumstances also strongly calculated to create a doubt as to the *exact similarity* of the cases *cured*, with those which have proved *invariably fatal*, under the care of *every* physician who has had charge of the hospital ? Should not Dr. Breen have stated the result of *his own* observation and treatment of this disease, when assistant in the same institution for *three years*, where he had every possible opportunity of seeing the

* In order to ascertain the result of their observation in the treatment of this disease in hospital, as well as the frequency of its occurrence in their private practice, I addressed Dr. Labatt, (formerly Master of the Lying-in Hospital,) and Dr. Evory Kennedy, (the present Master,) by letter ; they have kindly permitted me to publish their reply.

disease in its unequivocal form ? This, I think, was at least an oversight on his part, when commenting on mine.

Dr. Breen states, "My *panacea* consists in small doses of laudanum joined with calomel, and castor oil, to promote the purgative effect of the latter. When the complaint developes itself, I order *one* drop of laudanum in *an ounce* mixture ; and of this I direct a tea spoonful every second hour, until the patient appears to be affected with the narcotic properties of the opiate, which often happens after the third dose, then the mixture is given less frequently. *A grain and a half* of calomel is also administered every fifth or sixth hour up to the third time ; afterwards it is not given more frequently than *twice* or *three* times in the twenty-four hours, with intermediate doses of castor oil, in the quantity of a large-sized tea spoonful, sometimes joined with a third part of spirits of turpentine."

These are the medicines which I have declared to have failed in almost *every variety of dose*, and which, above all others, have been *most frequently* resorted to. I certainly did not give so *minute* a proportion of laudanum as the *eighth* part of a *drop* ; my *ordinary* dose was the *half*, *third*, or *fourth* of a *drop* every one, two, or three hours, and the quantity of calomel was usually *half a grain*, or a *grain* every *hour*, or *second hour*, so long as the child could swallow ; and both castor oil and oil of turpentine I have seldom failed to administer freely, both by the mouth and rectum, where it was practicable ; but often this is not possible, as every effort to introduce any kind of fluid into the stomach fails, and greatly aggravates the spasmodic attack when the disease becomes fully developed. I was deeply interested in the treatment of this disease ; and when assistant, have from hour to hour watched its progress, remaining almost constantly in the ward, and administering every particle of medicine myself, at the same time diligently supplying it with suck alone ; so long as when given by drops the infant could swallow, and when this failed, endeavouring by nutritious injections, in small quantities, to

support the strength. In every instance I have been disappointed. How often have I witnessed the utmost attention of my assistants, from the very first symptom of the attack, followed by no better result. Had I not these numerous and incontrovertible proofs, in my own experience, of the fatal course which this disease runs in hospital, without being even apparently checked in its progress by treatment, often *as nearly as possible similar* to that recommended by Dr. Breen, and in mahy, varied in every possible manner our united thoughts could devise or suggest, I might have looked upon the cases cured as alike in character; but with such evidence as my long residence in the hospital afforded me, I feel justified in doubting their similarity; nay, I will even state, that from the *diligent* and *extensive trial* given to the medicines above recommended, (if administered in the manner and proportions pointed out,) it is my conviction the result will be unfavourable.*

I have not yet noticed the case reported in Dr. Breen's remarks, as cured by Dr. Graves in conjunction with Dr. Plant. The writer, however, could not have inquired accurately into its history from either of these excellent practitioners, otherwise he would not have added it as a *third* case of recovery from

* Since Dr. Breen's publication, I applied to Dr. Evory Kennedy, the present Master of the hospital, as to the result of his success in the treatment of trismus nascentium. As both his efforts and mine were alike unsuccessful, it was at once agreed, that Dr. Breen should have instant notice of every case met with in the hospital, and that under his superintendence, the treatment pointed out by him should be *scrupulously adopted*. This, in my mind, will *test* the correctness of the opinion I have expressed, which, if not based on practical experience, I would not have ventured to put forward.

One case only occurred since this arrangement, and through the kindness of Drs. Kennedy and Breen, was treated accordingly. The infant died in less than thirty hours: of course no conclusion can be drawn from a solitary case. Dr. Breen's plan, however, will be fairly tested, and the final result of these investigations Dr. Kennedy will, at some future period, report to the Editor of this Journal.

trismus nascentium, as the child, when first visited by Professor Graves, was *nine days old*, and Dr. Graves saw it but *once*.

Dr. Breen concludes thus: "Though at present believing the diminution of *trismus nascentium* in the last years of Dr. Collins's management of the Lying-in Hospital, to be attributable rather to what I have ventured to denominate its *periodicity* than to *his improved system of ventilation*; should succeeding years afford as few cases of *trismus nascentium* in that hospital as those referred to with honourable pride by him, I will hail his improvements in ventilation as valuable triumphs in science, over unmanageable morbid actions."

I trust the striking and indisputable *facts* adduced, will appear at least to justify my assertions with regard to the *preeminent utility of ventilation* in banishing from our hospital a disease so cruelly fatal to its tender inmates; and that the *vast and progressive diminution* shewn in its occurrence in the institution for a period of *fifty years*, in like manner justifies me in denying that there is any *periodicity* in the attack.

I would conclude in nearly similar language with my commentator; that, though at present believing the two cases of *trismus nascentium* cured by Dr. Breen as totally different in character from that disease as met with in the Lying-in Hospital, should succeeding years prove to us the efficacy of the treatment, as in the instances referred to with honourable pride by him, whilst I must hail his improvement as a valuable triumph, yet I will ever esteem *prevention* better than cure.

The following are the letters before alluded to, which I received in reply from Drs. Labatt and Evory Kennedy. The importance of these communications, will be duly estimated by all acquainted with the extensive opportunities these physicians have had of treating *trismus nascentium*.

"1, Rutland-square, January 28th, 1836.

"MY DEAR SIR,

"I should feel more satisfaction in replying to your note on the subject of *trismus nascentium*, if I had

anything new or useful to communicate on the nature or treatment of that fatal disease.

“During ten years and a half that I was resident in the Lying-in Hospital, within which period 28,894 women were delivered, I witnessed 16 or 18 cases of the disease on an average annually. I gave a fair trial to all remedies of repute, to calomel, opium, turpentine, musk, camphor, castor, assafoetida, and tobacco, I tried local bleeding, blisters, rubefacients, mercurial frictions, the hot and cold bath, and change of air, but all without effect. I sometimes, indeed, gave myself credit for removing symptoms which were considered strongly indicative of the approach of the disease, and a few infants who were deemed by myself, and some of the most experienced nurse-tenders as seriously threatened, were apparently saved by being removed from the hospital, but in no case, when the disease was fully formed, with tetanic countenance, locked jaws, and tetanic tension, and rigidity of the muscles, did I meet with a recovery.

“On looking carefully over the register of my private practice which has been rather extensive for nearly *forty years*, I find but two cases of trismus noted, both of which terminated fatally. I therefore conclude that it must be rarely met with out of hospital, at least in this city. I consider it quite unnecessary to advert to the various convulsive attacks occurring in infants from malformation of parts, and the many sources of irritation to which they are liable, such complaints can scarcely be confounded with genuine trismus nascentium.

“I have reason to believe that trismus nascentium, occurred more frequently in our hospital formerly than of late years, and it appears from the register, that the health of the hospital with respect to the infants, was greatly promoted by the judicious means adopted by the late Dr. Clarke to ventilate the wards. Soon after he was connected with the Lying-in Hospital, being forcibly struck with the great mortality of infants which prevailed therein, he entered upon an investigation

of the subject. Dr. Clarke made strict inquiry as to the comparative mortality of infants in different situations, and informed himself of the internal structure of other Lying-in Hospitals, and the result was, a conviction on his mind, that the great mortality of infants in the Dublin Lying-in Hospital, was mainly attributable to want of proper ventilation, and consequent vitiated state of its atmosphere, to remedy which he had apertures made in the doors, windows, and ceilings of the wards, and the number of beds in each ward was lessened, and the canopies of the beds were removed to render them more airy. By these improvements, which were effected in 1783, a free circulation of pure air through the wards was insured, and the results were salutary, even beyond the Doctor's expectations. *Vide abstract from registry for 1781, 1782, 1783, and 1784.* The importance of Dr. Clarke's discovery was duly appreciated by every one concerned, and the Governors of the hospital evinced their gratitude by a suitable vote of thanks.

"In the winter of 1819 and 1820, the puerperal fever being prevalent in the Lying-in Hospital, I determined on making some alterations so as to render more perfect the ventilation, and, having this object in view, proceeded to examine the upper part of the building with an intelligent and scientific friend, when we found that the tubes which had been substituted for the apertures made in the ceilings by Dr. Clarke, to carry off the vitiated air terminated under the roof, which mode of ventilation I still further improved, by having additional tubes made to pass through the roof and communicate with the external air. The alteration was considered at the time by those best acquainted with the subject of ventilation, to be of great importance, and I entertain no doubt, it has materially contributed to improve the general health of the hospital.

"I am, dear Doctor,

"Your's faithfully,

"SAMUEL BELL LABATT.

"*Doctor Collins, &c. &c.*"

" Lying-in Hospital, Jan. 27, 1836.

" MY DEAR SIR,

" In answer to your inquiries, I beg to inform you, that the proportion of what I should term cases of true trismus nascentium, occurring in the Lying-in Hospital since my appointment to its charge as Master, average between six and seven annually, and they have, without a single exception, terminated fatally, although every variety of treatment that could be devised has been tried with them. I have, however, met with convulsive attacks both in hospital and private practice, which, although much resembling trismus, were essentially different, and quite under the control of medicine. These may occur as the effect of difficult births from cerebral congestion, or as symptomatic of deranged bowels; nor are they like trismus confined to the first nine* days, but may be observed at an indefinite period after birth. My attention having lately been called to this subject by a paper of Dr. Breen's, in which he reports two cases of trismus cured, I readily acceded to your wish, from my anxiety to avail myself of any plan stated to have proved successful in the hands of others, and requested his superintendence in putting the treatment recommended by him into effect, which he was good enough to afford me; as but one case has since occurred, of course no conclusion can be drawn upon the subject, but the fairest trial shall be afforded to Dr. Breen's plan under his own directions, and the results promulgated at a future period. It appears to me, however, that there is a misunderstanding on the subject. You have accurately related the result of your observation in true trismus, which is so very rarely met with out of hospital, and which has, as you state, proved invariably fatal. Dr. Breen on the other hand, has described an equally distinct form of disease, which, although it bears a

* Of sixteen cases of trismus, the total number noted in my case book, I find none attacked later than the sixth day from birth.

strong resemblance to that alluded to by you, must appear at least to those accustomed to witness trismus in hospital, quite a different disease. What confirms me in this opinion is, that Dr. Breen does not deny the fatality of the disease as seen in hospital; on the contrary, he fairly stated to me, when in attendance on the case above alluded to, that seven out of eight cases of that form of the disease terminated fatally.

“ In answer to your query as to the effect produced by Dr. Joseph Clarke’s improvements in the ventilation of the hospital, I can only say, that this matter is not one of opinion, but of fact; which the records of the hospital incontestably proved forty years ago; and which every succeeding year has if possible conclusively verified.

“ As for my opinion on the subject, if we except Jenner, I know of no physician who has so far benefited his species, making the actual numerical calculation of human life saved the criterion of his improvements.

“ I remain, your’s very truly,

“ EVORY KENNEDY.

“ *To Robt. Collins, Esq. M. D.*

“ *&c. &c. &c.*”

ART. VII.—*Account of a Case in which Death ensued in consequence of Nitric Acid having been poured into the Ear; with a second Case, in which the Epiglottis was divided in an attempt to commit Suicide.* By J. MORRISON, M. D., Member of the Royal College of Surgeons, London, and Surgeon to the Newry Dispensary and Fever Hospital.

Catherine O’Neill, aged 40, of a naturally good constitution, but latterly addicted to occasional drunkenness, had a quantity of nitric acid poured into her right ear, on the 6th of June, 1833, while in a state of intoxication.

I saw her about a week afterwards, when she stated that she and her husband were in the frequent habit of quarrelling, that she was raised from her sleep on the day above mentioned.