

ON THE TREATMENT OF TETANUS BY WOORALI, CALABAR BEAN, AND CHLORAL HYDRATE.

By LAWSON TAIT, M.R.C.S., &c.

THERE is a characteristic of medical literature which is a painful one, and which must greatly retard the development of our art into a science—the small percentage of failures which are published in ratio to the published cases of success, both of operations and of the administration of remedies. It is very natural to suppose that men do not like to make known their failures; but if they were more frequently made public, I am quite sure much more would be learned from them than would compensate for the trifling uneasiness their exhibition would give rise to. One hears every now and then of a case having occurred in such and such a hospital, where some peculiarity in the case—say of ovariectomy—rendered it unsuccessful, through no fault of the surgeon's; and yet we too seldom get accounts of these valuable cases. Perhaps there is no disease about which men rush more ardently into print than tetanus; a single case often constitutes a paper, and from it other practitioners are led to use the vaunted remedy, only to meet with disappointment, and few record it. It has been my misfortune to see a good deal of tetanus, and I have tried many remedies, but always with the same result. If the patient lives over the twelfth day of the disease, he is almost certain to recover, whatever be the treatment. The acute cases terminate in from twenty-four hours to three days, and nothing seems to help them in the least; except perhaps that chloral hydrate gives them an easier death than they have without it. The last three cases of acute tetanus which I have seen I have treated severally by woorali, Calabar bean, and chloral hydrate. The results have been unsatisfactory as usual, and in the first case I believe that death was, if anything, hastened by the treatment. In these cases elaborate notes were taken of temperature, pulse, &c.; but as they reveal nothing not already well known, they are omitted.

CASE 1.—Roger P—, aged fourteen, five days ago had one of his little fingers crushed by machinery, and amputated on the third day after the accident.

March 18th.—Indications of commencing tetanus. From 4.20 P.M. subcutaneous injections of a solution of woorali were repeated at intervals of ten minutes, beginning with one-twentieth of a grain, and ending at 5.15 with a dose of two-fifths of a grain, without any effect having been produced.

19th.—10.15: Symptoms more severe; half a grain injected. No effect having been produced in fifteen minutes, another half-grain was injected, and five minutes had scarcely elapsed before a violent tetanic convulsion affecting the arms and muscles of respiration destroyed the patient. It is impossible to say how far the drug had acted in producing the last and fatal convulsion; but if it is to produce a good result in tetanus, and according to its physiological action, it ought to have a different effect.

CASE 2.—James C—, aged forty, on December 10th had his hand drawn into a hay-cutting machine driven by water power; and before the machine could be stopped, the hand was slowly chopped off, in lengths of about a quarter of an inch, as far as the basis of the metacarpal bone. There had been no bleeding, and the stump was placed in a carbolic bath.

On the evening of the 18th he complained of his throat being stiff, and of slight difficulty in swallowing.

Dec. 19th.—10 A.M.: Distinct trismus. Injected half a grain of the extract of the Calabar bean.—11.15 A.M.: Injected two-thirds of a grain.—1 P.M.: Injected half a grain, as he felt his jaw less stiff. My supply of the bean was now exhausted, and I had to wait till the

20th, at 9.45 A.M., when I injected one grain of the extract. He was suffering much from opisthotonos, and from the profuse diaphoresis so often seen in acute tetanus. At 1 P.M. the muscles of respiration were much affected, and I injected a grain and a half. At 3 P.M. he was no better, and I injected two grains. He died at 5.30 P.M. from sudden spasm of the respiratory muscles.

CASE 3.—Jude B—, aged thirty-two, was attacked by acute tetanus on the 28th of April, six days after amputation of the thigh.—8 A.M.: Gave him thirty grains of chloral hydrate, which had no effect, and was repeated at 9 o'clock, after which he went to sleep almost immediately. He awoke at 12 o'clock, when some nourishment was administered, and the dose of chloral repeated. The nurse was ordered to repeat the dose as often as the effect passed off, after administering what food and wine the patient could take.—4 P.M.: Nurse reported that when he awoke the difficulty of swallowing was very great.—At 9 P.M. I saw him awake, and found opisthotonos well marked. The treatment was continued during the night.

At 8 A.M. on the 29th he was much worse, and evidently sinking. At noon, when he awoke, it was quite impossible to get him to swallow anything, and the opisthotonos was very severe. A nutrient enema, containing forty-five grains of chloral, was therefore administered. I saw him at 4 P.M., when he was partially conscious, and he gradually sank till he died at 5.30.

In these cases it cannot be said that the treatment was of the slightest use, except that in the last case the chloral saved much suffering both to the patient and his friends. This could be formerly done with chloroform, but with much more trouble, and with no more satisfactory result. I fear that even chloral is not to prove of the value in the treatment of this terrible disease which some of the members of the French Academy recently predicted for it. The other two drugs are still more useless.

Wakefield, Aug. 1870.

NOTES OF A CASE OF HYSTERIA, ILLUSTRATIVE OF ITS MORAL TREATMENT.

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THE following case is placed on record, not on account of there being anything new in the plan of treatment adopted, but simply because it presents such striking evidence of the value of moral influence and persuasion in dealing with the class of hysterical cases of which it may be taken as a fair type—the class, I mean, which is mainly composed of delicate, sensitive girls, who are constitutionally prone to develop the very diseases of mal-assimilation which their cases often simulate, and whose treatment consequently has to be conducted with caution and gentleness as well as great firmness.

Eliza C—, aged twenty-six, residing with her mother in Kirkgate, Leeds, was placed under my care in March, 1864. She had been delicate from birth, though never seriously ill up to the time of her going into service, at the age of sixteen. The work of a servant proved too much for her strength, and in October of the following year she gave it up, and came under the care of the late Mr. Radcliffe, the Poor-law district officer. At that time (October, 1855) she was suffering not only from great debility, but also from constant headache, and from paroxysms of pain at the stomach, frequently accompanied with vomiting, and occurring at all hours, without reference to the times of taking food.

The history of the next nine years is just the history of the ineffectual treatment of a confirmed invalid for supposed ulcer of the stomach. Leeches, blisters, and issues in abundance to the epigastrium, repeated change of air and change of doctor, rigid dieting, and drugs innumerable, were tried, until finally the case was given up in despair, and for the two years previous to my seeing her she had scarcely received any treatment at all.

In March, 1864, she was transferred to my care, as being at that time senior pupil to Mr. Beardshaw, Mr. Radcliffe's successor. Her condition was as follows:—She was pale, thin, and delicate, with a resigned and languid expression. She had been confined to bed for five years, and for three years had been unable to step on the floor. During the day she sat up in bed reading or sewing, and was occasionally taken out of doors in an invalid's chair. She was scrupulously clean and tidy both in her person and her surround-