

knocking at her bedroom-door, on opening which, she saw Miss G— in her dressing-gown, presenting an appearance of great alarm and anxiety. She informed her what had happened, and that the medical man who prescribed the embrocation had cautioned her to be careful, as the smallest quantity swallowed would be fatal. At this time she only complained of "a sensation of madness in her brain." She was enabled to speak and swallow perfectly well until a few minutes before my arrival, when she appeared to lose the power of executing both those acts quite suddenly, and fell into the comatose condition in which I found her.—Twelve o'clock: There seemed to be a gradual improvement in her breathing, circulation, and general appearance; there was a slight twitching of the muscles of the right side of the face; not able to swallow; but we fancied she, in answer to a question put to her, said "Yes."—Five, p.m.: Symptoms remained much the same as last report; no evacuation from the bladder or bowels; pupils widely dilated and immovable; has slept a good deal; skin warm; pulse 112, feeble; still unable to speak or swallow.—Nine, p.m.: Countenance more natural. There was constant nictitation and picking at the sheets; if touched by any person, she jumped as if in great alarm. This I observed to occur whenever her hair was removed from her face, or when I felt her pulse. When thoroughly roused, she answered in monosyllables, and apparently attempted to form connected expressions, but they were unintelligible; pupils still greatly dilated; nor did they contract when a lighted candle was placed before the eyes; pulse 120; no action from bladder or bowels. On asking her if her throat was sore, she answered, "Dry;" on asking her if she could suck an orange, she said "Yes." I therefore had some orange-juice squeezed into a glass, and, by means of a teaspoon, got her to swallow perhaps half an ounce; but this was accomplished with great difficulty. Ordered an injection of a pint of gruel with half an ounce of oil of turpentine, and an ounce of castor oil, to be administered directly, and, when able to swallow, the following mixture:—Spirit of nitric ether, three drachms; compound tincture of cardamoms, two drachms; camphor mixture, five ounces and a half; mix. To take an ounce every three hours.

9th.—Eleven a.m.: Has passed a restless night, sleep being much disturbed by frightful dreams; complains of intense pain in head, and says it feels enormously large, as also does her throat; is much annoyed by a constant sensation of trembling in all the muscles of her body; bowels were moved after the injection, and some urine passed at the same time, none since; great intolerance of light and noise; tongue rather dark, but moist; skin natural; complains of thirst; pulse 88; pupils as dilated as ever. She says she can see me distinctly for a moment only, then my face becomes horribly distorted. The power of speech seemed to return about twelve or one o'clock, at which time she was very delirious, and would persist that there were very horrid monsters all over the room staring at her. Ordered eight leeches to the temples; effervescent mixture every three hours; and two grains of calomel, with seven of extract of colocynth, to be taken directly. She says she remembers my coming to her yesterday morning, but was unconscious of everything afterwards until the evening.

10th.—Better; head much relieved by the leeches; passed a restless night, her sleep, she says, being disturbed by "miserable phantoms;" bowels have been relieved two or three times, and urine has been excreted copiously; skin moist; pulse 100; slight thirst; pupils still unaffected by light; complains of the trembling of her muscles, but has lost the sensation of her head and throat being enlarged. Continue effervescent mixture, and to take some beef-tea.

11th.—Improved in every respect; pupils not so widely dilated, and are now slightly affected by light. To sit up on the sofa, take nourishing diet, and tonic medicine.

From the above date gradual amendment took place, and the power of vision slowly returned. It was, however, some days before she was able to walk, even with the assistance of a person on each side of her; this inability to walk did not arise from weakness, but she appeared to have lost all power of controlling the action of her legs.

*Remarks.*—This case is interesting, inasmuch as we possess but few opportunities of witnessing and recording the symptoms arising from the exhibition of poisonous doses of belladonna. The quantity taken, I afterwards ascertained from the medical man who prescribed the embrocation, was one drachm of extract of belladonna in an ounce and a half of soap liniment. Coma preceded any convulsive action by some hours, the twitching of the facial muscles not being perceptible until

twelve o'clock. The pneumogastric nerves were early influenced by the poison, as evidenced by the difficulty of articulation and deglutition. Orfila found that belladonna given to dogs frequently produced weakness of the posterior limbs. This effect was most palpable in the case before us, my patient being unable to control the action of her legs for some days after all the other symptoms had quite subsided.

Wolverhampton, 1851.

ON A

## CASE OF PREGNANCY, WITH IMPERFORATE UTERUS.

By EDWARD T. ROE, M.D. Glasgow.

THE case of Agglutinated Os Uteri, published in *THE LANCET* of March 22, 1851, and commented on in a subsequent number by Drs. Bennett and Fairbrother, is not unique either in its nature or successful termination, as will be seen by reference to the works of Nægele, Gooch, Smellie, Davis, and others.

In 1836 I had a case very similar to Dr. Sheppard's under my care, and the course pursued by my friend and former teacher, Dr. Ashwell, on that occasion, fully and successfully shows—first, that cases may and do occur, although fortunately very rarely, where division of the cervix uteri is necessary to delivery; and secondly, in reply to some of the objections of Dr. Fairbrother, that that part of the uterus may be incised and lacerated to a great and fearful extent without being necessarily attended by the fatality which has hitherto characterized the extirpation of the uterus, the Cæsarian section, and division of the symphysis pubis.

No medical man deserving the confidence of the public would, it is to be hoped, advocate the use of operative measures until it was perfectly evident that all others must fail; but while he guards himself on the one hand against rashness and undue haste, he must be equally careful to avoid, on the other, timidity and hesitation; for many more lives are, I apprehend, lost by allowing the patients to be worn out by long-continued suffering before remedial measures are adopted, than by over-haste in operating.

The following is a brief abstract of my case, which has been published *in extenso* elsewhere,\* but is evidently unknown or forgotten by all those parties whose letters on the subject have recently appeared:—

CASE.—Eliza P—, aged twenty-three, a stout, robust, and healthy woman, was taken in labour with her first child in the night of Nov. 14th, 1836. She had been married on the 4th of the previous February, and had never menstruated since; but before her marriage, from the age of fourteen, the catamenia had appeared every four weeks, and sometimes oftener. Four or five days before labour commenced, a considerable discharge of thin reddish fluid appeared, and continued for forty-eight hours, unaccompanied by pain. After very careful examination, I could detect no os uteri; every pain forced down into the vagina a globular mass, as large as the foetal head, but without any opening or mark where the os had been, beyond a slight thinning or puckering at the most dependent part. The pains continuing severe and constant without producing any alteration in the condition of the uterus, I requested Mr. Tweedie's aid, and in the night of the 15th Dr. Ashwell's assistance was also obtained. He arrived at eleven p.m. She had then been in active labour twenty-three hours, seventeen of which I had been in constant attendance on her; the pains were still unabated in force, but her bodily strength was now fast failing; her pulse was quick and irritable; tongue dry and injected; skin hot and feverish; and her features pinched and anxious. Dr. Ashwell's most careful examination satisfying him that the os uteri was obliterated, and the condition of the patient warning him that no time was to be lost, he proceeded to incise the uterus by passing a curved sharp-pointed bistoury, guarded by the left forefinger, to that part where the walls appeared thin, and where a slight dimple or puckering could be felt, and cutting forwards and backwards to the extent of about an inch and a half in each direction; scarcely any blood was lost; the liquor amnii immediately gushed forth, and the child's head fell on the artificial opening, which appeared to be about an inch and a half in diameter. The pains were less violent than before the operation, until four a.m., (the 16th,) when suddenly the edges of the incision split up in two directions, one anteriorly about two inches,

\* Guy's Hospital Reports, vol. ii, 1837.

the other backwards and to the left side, farther and beyond the reach of the finger. She felt faint, the pulse became fluttering and almost imperceptible, and the skin cold and clammy, but she eventually rallied, and at eleven A.M. was delivered of a living child, which was with difficulty recovered from a state of asphyxia.

The subsequent progress of the patient was satisfactory, and on the 25th she was convalescent.

About a month after, she was examined, and the following report made:—

The vagina is short. There is no cervix uteri. The uterus is reduced to nearly a normal unimpregnated state. At the extremity of the vagina there is a puckered, irregular orifice, into which the tip of the finger can enter; it is soft, with smooth and thick edges, not perfectly circular, in consequence of certain indentations, as if from the drawing together of several small rents. Radiating from this central aperture can be distinctly felt three ridges like lines of adhesion—one forwards towards the right ilio-pubic junction, traceable nearly to the reflexion of the vagina; one opposite to this, backwards towards the left sacro-iliac synchondrosis, whose extremity is lost in the reflexion of the vagina; and the third of short extent, about one-third of an inch long, passing backwards and to the right side.

In January, 1839, she was again confined, when, from the rigidity of the previous opening, it was found necessary to divide the edge of the cicatrix in several places before the child could be born.

Objections similar to those of Dr. Fairbrother in Dr. Sheppard's case were made in the *British and Foreign Medical Review* to the treatment of Mrs. P.—The incision was thought justifiable; but it was suggested, "that had a free venesection been premised, and some further time given, an os uteri might have been found."

But Dr. Ashwell does not hesitate to assert that the operation was delayed even beyond the bounds of safety; for "from anxiety not to incise the uterus, if it could be avoided, the woman was permitted to incur more risk than was justifiable."

"I am confident," he goes on to say, "so far at least as it is possible to be confident, in cases where a high probability must be our only guide, that where fatal results have occurred, they might often have been prevented by timely incision of the parts."

The supposition that an opening existed, but was undetected from mal-position of the uterus, is, I think, scarcely deserving consideration, when it is recollected that the tendency of the labour pains would be to bring the uterus sufficiently low down to admit of accurate examination, as well as to alter any previously existing obliquity.

Princess-square, Plymouth, 1851.

## ON A CASE OF ACUTE LARYNGITIS.

By WILLIAM BRAYBROOKE, M.R.C.S.E., Army Medical Staff, Ceylon.

BABBA, a tall, thin, delicately-formed Cingalese, aged thirty, admitted into the Gaol Hospital at Hambantotte, the morning of the 9th February, 1851, with the following symptoms:—Countenance anxious; breathing impeded and hurried; voice husky and thick; inability to protrude the tongue, which was, as far as could be seen, dry, and very much coated; constant spitting of thick, tenacious mucus; deglutition appeared impossible; pressure over the larynx and trachea caused intense pain; the whole of the trachea appeared swollen; pulse 100; skin hot and dry; bowels confined. A large opening made into the vein of right arm, and bled to syncope; about thirty ounces collected before he fainted; a strong injection immediately; and as leeches were not to be procured (owing to an extraordinarily long season of dry weather), a large blister applied all over the throat, and after it had risen, dressed with strong mercurial ointment.—Twelve o'clock: Much the same, large quantities of mucus running from his mouth; deglutition still difficult; voice gone; bowels acted; pulse reduced in number and strength.

10th.—Blister rose well; dressed with ointment; blood buffed, and cupped; other symptoms remained the same; every attempt to swallow caused spasm and the rejection of the fluid through nose; skin moist; countenance still anxious; unable to lie down; passes restless nights; blisters again applied all over the throat on the evening of this day; no medicine given internally.

11th.—Dangerously ill. Breathing hurried; sense of suffo-

cation; countenance expressive of great suffering; large quantities of mucus clinging to, and dropping from mouth; larynx tender; voice a mere whisper; any attempt to look into the mouth caused great pain; pulse 80; bowels acting regularly and naturally. As the blisters did not rise so well as they were expected to have done, linen was spread with emplastr. cantharid., and carefully applied to the whole of the throat.

On the 12th, expecting to find him the same, if not worse, was agreeably surprised at seeing him much improved. Breathing easier; countenance less anxious; tongue could be protruded to some distance; deglutition easier, and the mucus diminished in quantity and more easily expectorated; voice returning, though weak; pulse 80; skin moist. The blisters had risen remarkably well. Finding he could now swallow without increasing his sufferings, calomel in two-grain doses were given three times a day, with a mixture composed of nitrate of potash, five grains; tartar emetic, a quarter of a grain; in one ounce of camphor mixture every three hours; sago and sugar as diet. From this date he gradually improved; the voice became natural, and deglutition was performed without any pain. After taking the remedies already mentioned for two or three days, he was discharged quite well, and resumed the hard labour to which he had been sentenced. At one time, the operation for tracheotomy was in contemplation, but postponed, and with what wisdom, the result of the case proves.

Hambantotte, Ceylon, March 10, 1851.

## ON THE USE OF TURPENTINE IN MIDWIFERY.

By JOHN EVELYN CROOK, M.R.C.S.E.

THE turpentine enema, although frequently used, and with the best results, in abortions, to bring on reflex action of the uterus, and expel the ovum when unduly retained, has, I believe, been rarely, if ever, resorted to in labours under similar circumstances, the ergot of rye being almost exclusively used for that purpose; yet, from the success that has attended the many cases in which I have used it where the uterine action has been deficient, I am convinced that turpentine, when properly applied, is a most valuable remedy. I believe that the stimulant acting upon the excitor nerves terminating in the rectum, is more sure to bring on the reflex action of the uterus, than when the same is taken into the stomach, and has also the advantage of not causing vomiting. On referring to my book I might give you a long list of cases where the os uteri has been fully dilated, the head tolerably low down, and the membranes ruptured, yet, from want of the requisite pains, (notwithstanding the administration of the ergot,) the woman has remained four, five, and even six hours, much in the same state, the labour making little or no progress; but upon the injection of the turpentine, good pains have come on, and the patient has been quickly delivered. I generally use about three ounces of turpentine, mixed with about the same quantity of mucilage.

Should you think this paper worthy of insertion in your popular journal, I shall feel obliged by your doing so, and I doubt not but those of the profession who make trial of it, will find it save them and their patients many hours of unnecessary anxiety and pain.

Northfleet, Kent, May 9, 1851.

BRITISH MEDICAL PRACTICE IN PARIS.—An application was lately made to the National Assembly at Paris, by Dr. Moffat, an Edinburgh graduate, to obtain licence to practise in the French capital. Dr. Moffat was obliged to bring the matter before the Assembly, as the authorization he was seeking was refused by the Minister of the Interior. The latter usually refers applications of this nature to the faculty, which body generally report favourably; but in Dr. Moffat's case, they were more severe, and advised the Minister to refuse. Why the faculty thought proper to stand against a graduate of Edinburgh, and a man of character, we cannot pretend to guess; the more so, as a great number of British medical men freely practise their profession in Paris, both among their own countrymen and the French. Dr. Moffat states in his petition to the Assembly, that a great many Frenchmen practise in London with perfect freedom. If we are rightly informed, the number of these practitioners is not very large; though the French population in London is considerable. We shall be glad to hear of Dr. Moffat's success.