

would come on, sometimes in a sudden and copious gush, which would be brought up with little or no effort, and at others in a small quantity, accompanied with severe straining and hiccough, which could not be arrested.

I have not been able to convince myself of the exact nature of the matter called black vomit, but as it was often preceded by, and nearly always attended with, hæmorrhage from the mouth and anus, I am induced from this and careful repeated examinations, to incline to the opinion that it is coagulated blood blended with the gastric juice and other fluids which may be contained in the stomach.

I gave a full trial to that powerful remedy, calomel, and have the highest opinion of its beneficial effect. My object was to affect the system slightly, as soon as possible, by giving it in large doses, in combination occasionally with the compound antimony powder, having found that, in the great majority of instances, the sufferer might be pronounced safe as soon as this took place, when, in fact, I have been equally surprised and delighted by the rapid subsidence of the urgent symptoms.

The disulphate of quinine was likewise freely given, and with a success so marked, that I feel justified in recommending it as an invaluable, and, indeed, essential adjunct. The only difficulty is to determine the precise time at which it ought to be had recourse to; and my own rule was not to employ it until I could discover the mercurial odour in the breath, and not, of course, until the febrile excitement was completely subdued. Its operation then was often like a charm. Some of the German and Spanish physicians at Havannah give the quinine at a very early period of the disease, as soon, in short, as they observe anything like a remission, and speak favourably of its operation when thus exhibited.

In the cases where thirst was a prominent symptom, or where there was much irritability of the stomach, the saline effervescing draughts were frequently administered, and were found eminently useful, and very grateful to the feelings of the patient. Counter-irritation by blisters to the nape of the neck and pit of the stomach was also extensively practised, with a very advantageous result.

I deem it necessary also to state, that in this disease (more than in any other) the strictest attention to diet is of the first importance, inasmuch as the slightest error or excess therein will sometimes produce sudden and most dangerous relapses, which may have a fatal termination in a few hours, even although convalescence may have been many days fully established. This was well illustrated at Halifax, where three men lost their lives by eating a small quantity of lobster which had been smuggled into the ship. They had been walking about the decks for above a month, labouring only under the debility which always succeeds this fever, from which they were slowly, but steadily recovering, when, having imprudently partaken of the above, (in spite of a strict warning against doing so,) the consequence was, that they were seized in two or three hours with hiccough, which was quickly followed by black vomit, and within twenty-four hours they were all dead. On board of H.M.S. Volage, there were 147 cases, and thirteen deaths, and on board of H.M.S. Romney, at Havannah, thirty-eight cases happened, with only two deaths, which, looking at all the circumstances, I cannot but regard as a small proportion.

Mr. Charles Morrison, the assistant surgeon, was severely attacked at the commencement, and was for a long time in a very dangerous condition. As soon, however, as he had partly regained his strength, he gave me every aid in his power, and proved himself a zealous and deserving officer. My esteemed, intelligent, and experienced friend, Dr. Gilbert King, deputy inspector of hospitals, has employed the spirits of turpentine in yellow fever, especially in the latter stage, and has found it to be very serviceable. He was the first, also, for suggesting a plan for purifying the ship's hold, by having iron tubes opening into the pump well, and along the bottom, leading to one or two main pipes, which are to pass through the galley fire to the upper deck, and thus, whenever this was lighted, the air within would become rarefied and ascend, and a constant current would be kept up from the lowest and foulest parts of the vessel. This plan, I think, worthy of general adoption.

In conclusion, I feel it due to Captain Sir William Dickson, Baronet, to express my grateful sense of his uniform kindness to me, and of the interest and anxiety which he invariably displayed for the welfare of my patients, and I have also much pleasure in bearing testimony to the fact, that every suggestion which I made was most promptly and efficiently executed.

Skipton-on-Craven, Yorkshire, Dec. 9th, 1845.

## ON THE TREATMENT OF PLACENTA PRÆVIA.

By J. J. TWEED, Jun., M.R.C.S. Eng., London.

As the question of treatment in cases of placenta prævia is still undecided, and the opinions of many of the most eminent accoucheurs at variance on the point, a case, illustrative of the safety of what may be called the "new practice," (although in reality not so,) cannot, I think, be otherwise than interesting at the present moment; especially when the importance of the subject is taken into consideration. Statistics have already shown the comparative merits of the two modes of treatment; still, it behoves every one, whatever the practice he adopts, to publish the result, successful or unsuccessful. Where the opportunities for observation occur (fortunately, we may say) so rarely, it is difficult for a man to form an opinion on his own experience alone; on these grounds, I venture to ask a space in your valuable journal for the publication of the following case:—

I was hastily summoned to attend a patient, Mrs. D—, aged twenty-two, residing in Union-street, in the seventh month of her second pregnancy, (she had a miscarriage, at the fourth month, a year ago,) on Sunday morning, Nov. 7th. On my arrival, I learned that labour pains had come on quite suddenly, about nine o'clock, (it was now half-past ten,) accompanied with profuse discharge, which was increased at each pain. She was in a sitting posture, countenance rather pallid, complained of being "faintish," with short pains recurring at intervals of three or four minutes. I immediately had her placed in bed, and on moving her, observed a quantity of coagulated blood on the carpet, over which she had been seated, and her clothes were also saturated. On examination per vaginam, the uterus was found high up, the os uteri dilated to about the size of a shilling, thick and rigid; passing the finger within the os, the placenta could be distinctly felt, attached immediately over it; each contraction of the uterus gave rise to a gush of blood. I immediately plugged the vagina. At the end of two hours, the plug being removed, the os uteri was found less rigid, thinner, and dilated to the size of a crown piece, each pain forcing the presenting portion of the placenta partly through; as far as the finger could reach, no adhesion of the placenta could be detected. The hæmorrhage was now much diminished; in fact, it had almost entirely ceased. Dr. Murphy, who now kindly saw the case with me, advised again the plugging of the vagina, and if hæmorrhage returned to any extent, to introduce the hand, and turn the child immediately. Two hours elapsed, at the expiration of which the plug and placenta were both expelled. No further hæmorrhage occurred; the head of the child, with one hand, partly protruded through the os uteri at each pain. I now allowed the labour to proceed naturally for about an hour; the pains then becoming rather inefficient, two doses of the secale cornutum were administered, and the birth of a still-born child took place, exactly an hour and a half after the expulsion of the placenta. The uterus contracted firmly, and the patient is doing well.

The mother had felt no motion of the child from the time the first gush of blood occurred. The presenting portion of the placenta was lacerated, and a considerable coagulum was observed at another portion of it. As the case will be brought before the Harveian Society by Dr. Murphy, where it will no doubt be fully discussed, it remains only for me to apologize for encroaching so much on your pages.

Gilbert-street, Grosvenor-square, Dec. 10th, 1845.

## ON THE PASSAGE OF A NEEDLE THROUGH THE TISSUES OF THE BODY.

By EDMUND BOULT, Esq. Surgeon, Bath, late of the Bengal Medical Service.

CASES of the passage of sharp-pointed bodies (especially needles) through the solid tissues of the human body, are so well known and authenticated, that some apology seems almost necessary in laying the details of another before the profession; but the following sketch contains some peculiarities which may render it not altogether uninteresting nor un-instructive:—

In the summer of 1844 I was called to attend a lady, aged forty, unmarried, and of a neuro-sanguineous temperament, who was at that time suffering principally from vesical irritation. She had been a great martyr to illness during the greater portion of her life, and her attacks are principally ascribed to the passage of a needle through the tissues of her body.

It appears that when an infant in the arms, her nurse, by some accident, suffered a needle to be run into her shoulder, although this fact was not ascertained until confession was made some years afterwards.

Up to twelve years of age she had no symptoms leading to the supposition that a foreign body was concealed in the structures of her own; indeed, the only circumstances remarkable about her were, that the sequelæ of infantile diseases were more severe than usual, that her muscular power was not sufficient to enable her joints to bear the superincumbent weight; she wore iron supports to her ankles between the ages of three and four years.

At twelve years old she was sent to school, and soon afterwards weakness of the spine was very apparent: there was displacement of several vertebræ, and a growing out of the right shoulder. For this affection she was placed under the care of the late Mr. Cline, and assumed the recumbent posture for nearly two years and a half. She had also symptoms of, and was treated for, hip-joint disease. These affections she ultimately outgrew; but it is to be remarked that they were accompanied by violent spasmodic attacks, described to be in the bowels principally, but affecting the system generally, so much so as to produce a state of opisthotonos at times. She menstruated at the usual period, but with much irregularity subsequently.

These paroxysms of suffering appear to have recurred, with some degree of regularity, every other year, until the year 1832, at which time she was about twenty-eight years old, when, after excruciating pain, she passed, by the urethra, the pointed part of a darning-needle, about three-fourths of an inch in length. Her opinion is, that as intense pressure gave some relief to the severity of the pain, she violently grasped the parietes of the hypogastric region, and by this means the needle was broken.

As was to be expected, there was great local and constitutional disturbance, which, however, subsided for the time; but the attacks again recurred with much the same severity until the year 1836, (a period, it will be observed, of four years after the previous discharge of the first part of the needle,) when she was in the Island of Guernsey, and was attended by Dr. Hoskyns and Mr. Brock. At this time her sufferings appear to have been very great, and the uterus seemed to have become more engaged in the mischief, the irritation of which was characterized by intense pain in the back, and by sympathy of the mammae, which at several times discharged blood, (not vicariously, but sympathetically.) The bladder also was kept in a continual state of uneasiness, manifested by dysuria and occasional retention; but this attack was brought to a crisis by the formation of an abscess in the womb, which on breaking discharged a second or middle portion of the needle, about an inch in length. Dr. Hoskyns published an account of this case at this time, though I am unable to state in what journal.

After this she had several, though slighter attacks, recurring at irregular intervals until the year 1843, when she had a return of all her symptoms with great intensity, accompanied by some inflammatory action about the heart and lungs. She was now at Exeter, and under the excellent care of Mr. James of that city. Ultimately, another abscess formed in the uterus, but no foreign body was discharged. She had a long convalescence from this attack, and had only been well about six weeks, when on coming into Somersetshire in the summer of 1844, I was called to attend her.

The symptoms of vesical irritation already alluded to increased rapidly, and to these were superadded those of general spasm, (which might, indeed, be fairly called chorea,) with engorgement of all the viscera, such as pain in the region of the heart, difficulty of breathing, labouring pulse, pain in the right hypochondrium, and acute pain in the loins; tympanitic swelling of the abdomen, and other occasional symptoms, which might be classed generally under those usually denominated "hysterical;" added to which was an obstinate retention of urine which required the regular introduction of the catheter, an operation of considerable difficulty at times, for when the point of the instrument was inserted into the mouth of the meatus, it would be spasmodically grasped, and would require much time and patience to insinuate it into the bladder; and I several times remarked, that after withdrawing the catheter, (when it had been passed freely, up to the upper fundus apparently, and a pint and a half or more of water had been removed,) the patient was suddenly seized with a desire to micturate, and a further half pint or more of urine was discharged. This circumstance, I think, must be accounted for, on the supposition that the bladder, probably become very capacious from long continued retention, was

spasmodically contracted, somewhat as the uterus is in the "hour-glass" contraction, and that on the water being removed from below, the spasm above gave way, and thus the secondary escape occurred.

These were the leading symptoms, though somewhat Protean in character and development. I need not dwell on the treatment, which was principally directed to meet the present emergency. I will merely add, that she was bled, (locally and generally;) anodynes and tonics were administered internally, with aperient medicines and purgative enemata; but the greatest amount of relief was experienced from local remedies, directed principally to allay irritation, such as suppositories of opium, in full proportions; veratrine rubbed into the loins; belladonna to the vulva; a pillow of hops placed beneath the loins, &c., each of which was eminently successful at the time, in procuring temporary alleviation of suffering; but considering the previous history of the case, I determined to await the issue, fully expecting the formation of another abscess, telling the patient, that as a portion of the needle was yet unaccounted for, it was but reasonable to suppose that it was the exciting cause of all this disturbance.

She had one or two partial recoveries, but at length, after more or less suffering for nearly six weeks, an abscess formed in the uterus, which discharged good pus, tinged with blood. Not considering it essential to the treatment, I did not make an examination to discover the precise seat of this abscess; but I apprehend it was not far from the cervix uteri.

I now requested that great care should be taken to examine all that came away, and by constant inspection and straining through muslin of both pus and urine, it is a most satisfactory solution to the uncertainty of the case, to be able to state, that the eye of the needle was discovered in the discharge from the abscess. The three pieces, passed during a period of twelve years, having been put together, form now one perfect "darning needle," only changed from what it may be supposed to have been originally, when it entered the infant's body forty years previously, by being somewhat blackened in colour.

My patient did not recover so rapidly as I anticipated: great uterine irritation continued, other abscesses formed, discharging unhealthy pus, and manifesting a disposition to become periodical, more particularly as the catamenia did not appear. However, by care and patience, with the application of leeches to the vagina, and the exhibition of the iodide of potass in a bitter infusion, followed by steel and quinine, these symptoms were gradually subdued, and the menses re-established; the patient regained a good state of health, and she now reasonably looks forward to a freedom from such frightful attacks of suffering as she for so many years underwent.

December 4th, 1845.

#### CONTRIBUTIONS TO THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF VENEREAL DISEASES.

By WILLIAM ACTON, Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospitals of Paris.

*Syphilitic affections of the scalp; period of occurrence after primary symptoms. SYMPTOMS—Alopecia, or falling of the hair; condition of hair and scalp. Case showing that alopecia may occur an unusually long time after infection; the disease rarely so severe as described by old authors; severe case occurring in the present day; growth of hair considered; alopecia does not usually occur in the later stages of syphilis; description of roseola lepra; psoriasis; microscopical examination of the scales; condylomata of head and neck; eczema; impetiginoides; gummata; nodes; tertiary ulcers. DIAGNOSIS—Of specific diseases in children and adults; case showing the difficulty of diagnosis; value of copper colour as a symptom; importance of concomitant disease; enlargement of cervical glands; dependence on patient's history; hints for putting questions.*

I PROPOSE publishing, in the pages of THE LANCET, a series of short essays on such parts of venereal diseases as group themselves into natural divisions: this plan will allow me more fully to develop my views than I was enabled to do when treating these subjects in a systematic treatise, and the reader will more easily ascertain the modern opinions on the divisions in question, and be no longer compelled to turn to the chapters which treat separately of these matters. In the present essay I purpose treating

#### OF SYPHILITIC AFFECTIONS OF THE SCALP,

a group of diseases most important to the surgeon, whether considered in relation to their frequency, liability to relapse or the contradictory views entertained on their treatment by