

lieve bled her. It was soon found that nothing of a liquid character could be kept on the stomach, and to open the bowels calomel was resorted to, but in what doses I am now unable to say, though not very large if I was informed correctly. The physic did not operate, and the child's mouth became sore. At this stage I was called in, and suggested that active injections should be used, which operated well, but the mouth grew rapidly worse, notwithstanding every effort was made to relieve it. The throat and face became immensely swollen; the teeth became loose and several came out, and the whole inside of the mouth, tongue and all, had a very black appearance, emitting a constant flow of a dark putrid saliva, of intolerable fœtor. The greater part of the mouth and tongue mortified; and part of the tongue, the under lip, and part of one side of the face, sloughed off, presenting a most horrid spectacle to behold, and exquisitely distressing to the parents and friends of the little patient—the more so, as the child continued to live some days after all this had taken place.

The particulars of the *post-mortem* examination I cannot recollect, but nothing was discovered that need necessarily cause death, except the disease of the mouth. There is no doubt it was the influence of the calomel taken. Yet I doubt very much whether such a result would have followed the use of the same amount of calomel, had not the child received the injury. A partial comatose condition of the patient, and torpor of the bowels, undoubtedly prevented the free action of the calomel as a cathartic, and it was carried into the system to produce the effect as above described.

Your most ob't,

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THE COEXISTENCE OF INFLAMMATION AND SPASM.

[Communicated for the Boston Medical and Surgical Journal.]

IN the treatment of acute inflammation, the nature and importance of concurring spasmodic and neuralgic symptoms require particular attention. Especially when inflammation attacks serous membranes in those subjects disposed to affections of the fibrous and nervous tissues, the latter, perhaps previously dormant, are apt to be called into action, and the severity and obviousness of their symptoms are apt to mark and even transcend the more important and exciting malady. In such cases measures may be adopted to palliate or quell these resulting *symptoms*, while the grave and instant disease is ignorantly permitted to proceed, or is even exasperated by the well-meant ministrations of art.

A physician is called to a patient laboring under a "stitch in the side"; he may have been the victim of rheumatism, and is now groaning under erratic pains in the abdomen and even in his limbs, and to your inquiries touching his former difficulties, he answers with a satisfaction and confidence that carry weight to the mind of the physician, that the whole is nothing more than a recurrence of his familiar aches. Pain in the side is aggravated by act of inspiration, there is soreness under pressure, and

the answer may readily suggest itself—it is a *pleurodyne*, and soreness is but a consequence. Even the pulse may betray no particular mischief, and still pneumonia or pleuritis may exist to a serious extent.

There is reason to conclude that many of the *dynias* and *algias* so denominated do not occur without antecedent or coincident inflammation. That idiopathic colic and pleurodyne do sometimes occur, is not to be doubted; but it must be confessed, at the same time, that the manifestations treated as such are often nothing more or less than resulting *symptoms*, which as they are interpreted tend rather to mask than disclose a more or less intense degree of enteric or pleuritic inflammation, latent perhaps, but no less mischievous in its tendency. In such cases there may be metastatic pains referred to the intestinal canal, limbs, side and many organs as the inflammation and irritation solicit these vagrants. While such are treated as general rheumatism, colic, pleurodyne or neuralgia, the patient often gains adhesions, or still more unfortunately effusion, or gangrene and death.

A delicate female of my acquaintance, who had been habitually afflicted with rheumatism and neuralgia in various situations and degrees, was suddenly attacked with excruciating pain in the left hypochondria not unlike former attacks of gastralgia and gastrodynia. The latter derangements had always been successfully treated as symptoms of atonic irritability. In this last attack the pain was well defined, spasmodic and intermitting. Nevertheless it was but a single significant symptom of a higher degree of tonic inflammatory action—enteric peritonitis proving fatal on the third day.

A stout muscular man was seized with distressing intestinal spasms. To be sure there were spasms: it was in the season of autumnal fruits, of which the man had eaten freely, and it may be enough to know that they will produce colic sometimes. It was attempted to allay the spasms by opium, and with some success, but the fires of inflammation went unchecked. The man felt very comfortable, perhaps: on the fifth day the spasms ceased, but the subject was dead. Of all others, sthenic inflammation of any part of the pleura and peritoneum require the most prompt and efficient management. It is also true that other and comparatively harmless affections very closely simulate the incipient steps of these dreadful maladies, and that a little temporizing or hesitation often places the patient beyond even a hope of life.

In all such cases the early diagnosis should be made up with the utmost care and circumspection, and here very much reliance should be placed on the aid of the *educated* senses; by a careful attention to the physical signs as they are eliminated by the process of palpation, percussion, auscultation, &c. By such helps we may arrive at the only unequivocal symptoms, and follow with an intelligent eye the progress of the malady. If there exist much doubt (which can scarcely happen) it may be a measure of doubtful expediency to administer some anodyne and await the effect, but if the quiet submission of the disease is not declared after the administration of an efficient narcotic, the lancet should be freely used without delay. The patient should be bled to incipient syncope again

and again, so long as active inflammatory symptoms are disposed to persist; it is the only alternative, without it on either hand is Scylla or Charybdis.

I do not submit these remarks with the design of exposing anything new in relation to the interesting nature and developments of these several inflammations, but to urge on the attention of the profession the necessity of early and general depletion when they do occur. It is a fact that many patients are lost by needless and negligent delay on the part of the physician in treating abdominal inflammation. He neglects the first and perhaps insidious symptoms, but the disease is making fearful progress, and perhaps before he is aware the patient quietly dies in the very expectation of returning health.

ROBT. CRANE, M.D.

Middlebury, Ct., July 15th, 1845.

APOPLEXY A CAUSE OF SUDDEN DEATH.

By R. H. Sample, Esq., Islington.

THE public is generally in the habit of attributing sudden deaths to the influence of apoplexy; but an opinion has been gaining ground in the profession, and is now almost universally entertained, that sudden deaths *never* proceed from that cause, and that an interval, varying from an hour to a week or more, always intervenes between the attack and the fatal termination. In those cases of apoplexy which terminate suddenly and fatally, some disease of the heart has generally been detected, to which the suddenness of death has been, with good reason, ascribed; and I may state that I am enabled to verify this view by the results of my own observation; but the case I am about to relate will demonstrate the occurrence of sudden death from apoplexy, without any disease of the heart whatever, and, indeed, without any remarkable disease of any other organ.

Mr. R——, a gentleman aged 55, about five feet ten inches in height, stout, but not corpulent, with a rather short neck, of moderate and regular habits, and generally in the enjoyment of perfectly good health, suddenly fell down in his own house, and expired almost instantaneously. My uncle arrived in less than five minutes, and several other medical gentlemen quickly followed, but life was quite extinct, and the attempt to open a vein in the arm was followed only by the effusion of some fluid blood contained in the vein. There had been no premonitory symptoms whatever expressed by the patient, or observed by his relatives or friends, nor was there any reason to suspect a predisposition either to apoplexy or disease of the heart. A *post-mortem* examination was made two days after death, in presence of my father and my uncle, and Messrs. Clifton and Hunter, when the following appearances were observed:—

The body was that of a stout, well-formed man; there was great lividity about the head, neck, breast and back; there was a considerable quantity of adipose tissue beneath the skin.

Head.—On removing the scalp, there was a considerable effusion of