

In speaking of measles, the same writer (Dr. Armstrong) properly alludes to the effect of accidental circumstances in modifying the nature of the epidemic: "It is a disease," says he, "commonly mildest in the summer, when the weather is temperate, and most urgent in the winter and spring, when the weather is cold and variable; and so considerably is it influenced by the habit in which it occurs, that sometimes all its varieties may be seen in children of the same family, or of the same neighbourhood. At the time of its prevalence, therefore, we should attend to the state of the atmosphere and the constitution of those who are placed within the sphere of its influence, since these are the two chief causes which vary the effects of the contagious essence, and to them every reigning epidemic owes most of its leading peculiarities."* The converse of this is also true, as might be expected—namely, that during an epidemic, diseases seem to partake more or less of the peculiarities of the prevailing complaint. People who do not fall ill of the disease are yet affected with symptoms which have an affinity to it, and the disorders of which they are the subject all receive a certain modification from it. This was noticed by Sydenham, and many modern writers have also alluded to it. The train of morbid actions, then, which comprise fever, may be mixed up with other disorders, and receive modifications from peculiarities of constitution and atmospheric influences. It is, in all cases, a proper appreciation of the whole, as such, which should regulate our treatment, and, indeed, which constitutes a proper knowledge of disease.

In further illustration of the subject of morbid combinations, I shall conclude this essay with a few observations on the concurrence of disease with advanced age. In the same manner in which different morbid actions are modified by co-existing peculiarities of constitution, they are also influenced by age. Indeed, we have seen that old age is attended with changes which may be regarded in their totality as producing an alteration in the constitution. It becomes important, therefore, to consider in what way disease presents itself under this combination, and to learn to recognise it in new forms, and ascertain what variation may be required in the application of our remedial measures.

One of the most important considerations in regard to the combination of morbid affections with old age, relates to the facility with which the vital powers are depressed. When one or more conditions of disease exist, vitality is easily extinguished. For this reason it is exceedingly necessary to be guarded in our prognosis in the diseases of old people, for the patient often dies without the supervention of any urgent symptoms. In the asthenic form of bronchitis, to which old people are subject, the inexperienced practitioner loses his patient without being aware that any danger is near, and without duly warning the friends that any importance is to be attached to the complaint. The affection may seem trifling to the unobserving; but the complication of disease with the constitutional changes of age bestows on it a new character, and demands a more rigid attention. The same caution is necessary in the abdominal affections of age. The occurrence of diarrhœa in old people is not unfrequently of a protracted and fatal nature. The mucous membranes appear to have lost their healthy tone, so that softening and ulceration are easily produced. The mesenteric veins are readily congested, being unable to sustain the circulation with their accustomed strength, and resist the natural gravitation of the blood. Hence the serous or sanguineous diarrhœa which arises. In advanced age, diarrhœa will not unfrequently come on after a tedious constipation, and therefore it is proper to bear this in mind in our administration of purgative medicine. I have more than once known old people carried off by a diarrhœa which has followed a protracted constipation. The rapidity with which the vital powers are depressed, or structural lesions produced in age, is further evidenced by the occurrence of fever. Fevers are usually fatal to old people. When the influenza was so prevalent in Manchester, I remember that the aged soon fell a sacrifice to it. This may be, in part, ascribable to the feeble vitality of age, but it must be remembered that such a condition is only an effect of a general failure of the functions of life and the structures concerned in those functions.

It will be readily imagined that the diseases of old age are frequently blended with congestions of blood. From the feeble state of the heart and circulation generally, and the obliteration of numerous capillary vessels, obstructions to the flow of blood are easily produced. The blood being propelled with less power, is more immediately under the influence of gravitation, and more readily affected by accidental circumstances, as local pressure, or changes of temperature. The liver, lungs, and probably the mucous membrane of the bowels, suffer from a debilitated *vis a tergo* in the blood. Whatever other moving powers may exist in

the vessels themselves, they are likewise at fault, and the circle of vital dependent actions is reduced from its accustomed vigour. The lungs are especially subject to congestion in old people, and hence the difficulty with which the recumbent position is supported. Many affections are aggravated by the mere gravitation of the blood, and many of the disorders, vaguely termed bronchitis, are chiefly made up of pulmonary congestions. Congestion, occurring in old people, is little amenable to treatment, and frequently blended with inflammation. The inflammation, like the congestion, receives its peculiarities from the co-existing condition of the system. Very slight causes give occasion to troublesome ulcerations or tedious sloughs. This is particularly common in the legs, which have often, in places, a brownish, discoloured appearance, and the veins in the neighbourhood have a varicose character. I have frequently known old people set up inflammation, which has led to very considerable ulceration, by sitting too near the fire, and dozing, as it is called, with the legs inside the fender. The heat raises small vesications, of which they seem scarcely sensible, and these are followed by intractable ulcerations. Old age, like childhood, requires to be carefully nursed, and matters which would otherwise be of trivial importance, assume a new feature in the advance of life.

Broughton, near Manchester, Sept. 19th, 1845.

CASES IN OBSTETRIC PRACTICE.

By JOHN F. M'VEAGH, Esq., M.R.C.S. Eng., &c., Dublin.

PREMATURE LABOUR CAUSED BY SPONTANEOUS RUPTURE OF THE MEMBRANES—INERTIA OF THE UTERUS—ACUTE ATTACK OF EPHEMERAL FEVER.

In April last, I was consulted by a lady for a large ulcer on the calf of the leg, the result of an accident many years ago, and for which I visited her occasionally, for the purpose of dressing it. She was at this time pregnant of her first child, and had engaged me to attend her at her accouchement. Her general health was indifferent, having suffered for a long time from menstrual affections, prolapsus ani, and the irritation resulting from the ulcer on the leg. Coupled with this deterioration of health, she had a good deal of mental disquietude, which tended still further to undermine her constitution. On visiting her one day in October last, she appeared very pale and anxious, and on my questioning her as to the cause, she informed me that, two days previous, whilst sitting quietly at home, a sudden gush of water took place, and had continued passing away since. She was a little better than seven months pregnant. All movements of the child had ceased since the occurrence, and her size was considerably diminished. The foetal heart was audible in the left iliac region. Having quieted her alarm, in some measure, by explaining to her the nature of the accident, I directed her to remain within doors, keep at rest, and send for me if pain supervened, as I apprehended that her labour was not far distant. I was not deceived in my surmises, for in the evening I received a summons to visit her, as "severe pains had set in." On arriving at the house, I found her in bed, very restless, and in a most desponding state of mind. The pains were weak, and situated more in the fundus of the uterus. On examination per vaginam, I found the head presenting, the os uteri dilated to about the size of half a crown, thick, and rigid—the soft parts hot, and most sensitive to the touch; rectum distended with hardened feces; pulse small and quick; excessive thirst, &c. I ordered a strong cathartic enema at once, which soon cleared out the lower bowels; and as the uterine contractions were very ineffective, and tended only to fatigue her more, I prescribed twenty-five drops of Battley's sedative solution of opium, in combination with a solution of tartar emetic, to be taken immediately. This had the desired effect, as, shortly after taking it, she fell into a tranquil sleep for nearly three hours, and on awakening, the pains were stronger, and the soft parts cooler, and more relaxed. At about two A.M., the os uteri was fully dilated, the foetal heart audible, and the head beginning to descend into the pelvis. When it had cleared the lower outlet, all uterine action ceased. I tried several simple means to restore it—as making her walk about, frictions over the uterus, &c., but in vain. I did not like to use the ergot, though it was a very good case for its administration; but I was timid as to its effects on the child, who had passed through enough of danger without any further addition from the ergot. I ordered a strong turpentine enema, resolving, if it had no effect, to terminate the labour by the forceps. Happily it succeeded, as uterine action recommenced, and she was soon delivered of a fine living boy. The placenta came away in an hour. There was some hæmorrhage, but nothing to warrant any interference. On my visiting her during the day, she was going on very well; had slept a good deal; no headach nor

* Armstrong on Measles, p. 117.

tenderness on pressure over the uterus; lochia scanty; complaining a good deal of soreness in the passages, and pain in micturition, for which I ordered her injections of warm water, with a small portion of sulphate of zinc dissolved in them; fomentations over the region of the bladder, and some aperient medicine.

Friday.—On my visit to-day, she was in excellent spirits, and not a bad symptom present; pulse 90; tongue clean; no tenderness on pressure; soreness greatly diminished; lochia still scanty. I enjoined strict quietness, as she seemed disposed to be garrulous, and also abstinence from solid food or stimulants, which she was anxious to have.

Saturday.—I was hastily summoned, this morning, at five o'clock, by my patient's husband, to come and see her, as she was insensible and raving. He informed me on the way that, contrary to my directions, she had permitted visitors to see her after I left yesterday, to whom she talked a considerable time. In the evening, she complained of headach, and great depression of spirits, which gradually got worse, until she lost consciousness, and then I was sent for. On my arrival, I found her as described. She did not recognise me, was lying on her back, with the knees drawn up, talking incoherently, rolling about from side to side, and claspings her forehead with convulsive energy. The eyes were closed, but, when opened, were suffused, and the pupils contracted; pulse countless; skin hot and dry; abdomen tympanitic. I at once applied vinegar over the forehead, which almost instantaneously restored her to consciousness, as she expressed such relief from it. She was soon able to inform me that she was suffering from most acute pain across the forehead, and also in the abdomen; likewise, that the thirst was excessive. I directed effervescent saline draughts, containing a small quantity of tartar emetic in each; a mustard cataplasm to the nape of the neck, a turpentine fomentation over the uterus, and a strong purgative enema to be administered immediately. I did not deem it necessary to abstract any blood from her, as I foresaw that the attack would shortly abate. After the lapse of an hour, she was considerably better, and perfectly conscious: the headach less, tenderness on pressure diminished—in fact, all the symptoms on the decline. I left her at ten A.M., directing one of the following powders to be taken every hour:—James's powder, two grains; submuriate of mercury, a grain and a half; tartarized antimony, a quarter of a grain. Mix. To continue the saline draughts, and to observe the strictest quietness. On my afternoon visit, I found her nearly free from all bad symptoms, as the fever had decreased in a great measure. The pulse 100; tongue cleaner; tenderness over the uterus gone; skin moist and cool; headach nearly gone. The breasts were very much distended, and secreting milk abundantly. The lochial discharge had reappeared. I ordered her breasts to be well rubbed with warm oil, and afterwards drawn; also some aperient medicine.

Sunday.—She was perfectly free, to-day, from all bad symptoms, and from this period she progressed favourably to convalescence.

Remarks.—There are some peculiarities attached to this case which are not altogether unworthy of comment. It is not often we meet with cases of premature labour, induced by spontaneous rupture of the membranes; for though, in this case, constitutional causes existed which might have acted as predisposing causes to the accident, still at the time it did occur, the patient was perfectly at rest. Nor could the cause be correctly imputed to sudden or violent movements of the child, either before or at the moment the occurrence happened, for such were not felt. It is remarkable, likewise, that no labour pains supervened until the liquor amnii had all drained away, though some fibres of the uterus must have been in action, as the discharge came mostly in gushes, clearly elucidating the fact, that one set of fibres can act in the uterus, perfectly independent of the other. Another remarkable feature also in this case was, the acute attack of ephemeral fever, so severe, indeed, that it exceeded in violence any hitherto met with, either in hospital or private practice. It simulated phrenitis in many of its leading symptoms, except that there was the absence of cold extremities, and considering, also, the time and circumstances under which the attack occurred. The tympanitic state of the abdomen, the acute pain caused by pressure over it, and the position of the patient, might have suggested the idea that the peritonæum was engorged; but such was quickly dissipated on looking at the patient's face, which was full and flushed. The attack might have been mistaken, also, for puerperal fever, but independently of the few sporadic cases we meet with in private practice of such an affection, when not existing epidemically, there was total absence of the most marked symptoms of that disease, and also—a good criterion to influence your diagnosis—was the presence of head symptoms, which are now rarely found in puerperal fever. This was a case

which might be considered by a practitioner not very conversant with such class of affections, as one loudly calling for venesection and rigorous antiphlogistic treatment; but, for the most part, such is unnecessary, and tends to retard convalescence, particularly where an unusual quantity of blood was lost during labour. Such attacks need not cause much uneasiness or alarm to the mind of the attendant, as they generally subside from eighteen to twenty-four hours. Sometimes I have known them to continue, in an intermitting form, for two or three days, and, in a few cases, puerperal mania supervened. The cause of the attack, in this case, seemed to be mental exertion, happening, too, at the moment when the system was predisposed to be irritable, both from the previous suffering, and the mammary functions, which were about to be established. The treatment that I adopted in this case, simple as it may appear, will be generally found sufficient, unless some other anomalies exist, which would call for more active interference.

HÆMORRHAGE BEFORE AND AFTER DELIVERY—TOTAL CESSATION OF LABOUR-PAINS AFTER THE EXPULSION OF THE HEAD—RETENTION OF THE PLACENTA, AND ITS REMOVAL BY THE INTRODUCTION OF THE HAND INTO THE UTERUS—CURIOUS PHENOMENON DEVELOPED IN THE CHILD FROM ERRONEOUS AND CRUEL PRACTICES.

Early on the morning of the 6th of October last I was summoned to see Mrs. E—, residing on the North Strand, and to whom I was engaged previously as attendant at her accouchement. She was a stout, plethoric individual, upwards of thirty years of age, and pregnant of her first child. On my arrival, I was informed by the midwife that labour had commenced yesterday evening, but that the pains were very feeble, for which reason she did not send for me sooner. On seeing my patient, I was struck with her wild, vacant appearance, which I guessed at once was caused by her having taken stimulants. The midwife acknowledged that she had given her a little spirits "now and then, to strengthen the pains." This was, indeed, very evident, as she was in a state of intoxication. The uterine contractions were irregular and feeble; the membranes had ruptured a few hours previous, and a pretty copious shedding had since continued. The bowels were free, bladder empty, and the foetal heart audible. On examining per vaginam I found the head just commencing to press upon the perinæum, and in about twenty minutes after it was expelled. With it ceased all uterine action, despite the most strenuous efforts to re-induce it, which I did not resort to until after the lapse of half an hour, and then only to save the child. I gradually commenced extraction; and having got to the breech, again waited to see if the uterus would act, but not doing so, I gently removed the child, a fine healthy girl. Its removal was followed by a copious discharge of coagula and fluid blood, to the amount of at least three pints. Having separated the child, I now directed my efforts to restrain the flooding, which set in alarmingly. The placenta was not as yet thrown off, and I was deterred from removing it at once by the extreme state of collapse into which my patient sunk. Having administered thirty drops of Battley's sedative solution of opium in a little brandy-and-water to her, I grasped the uterus, which was large and soft, and tried, if possible, to make it contract, and extrude the placenta, but without effect; the hæmorrhage still continuing profuse, I deemed it expedient to delay no longer in the extraction of it. Having given another opiate, I introduced my hand, without much difficulty, into the uterus, and separated the placenta, which was adherent, in about a fourth of its circumference, to the fundus. Not even the stimulus of my hand caused the least contraction, so I gently removed the placenta and another large quantity of coagula. I now applied cold affusion to the uterus, and cloths wet with cold lotion to the vulva, and administered another opiate. I soon had the gratification to find my patient beginning to rally, and the uterus regaining its almost extinct power. The hæmorrhage diminished gradually, and the pulse acquired greater firmness. I now put on the binder, and strong pads over the uterus, and remained an hour to see if there would be any return of the hæmorrhage, but it had all ceased, except a very slight draining. I left; and returning in two hours, found her asleep; pulse 60; countenance more cheerful; skin moist and cool; draining scarcely visible. In the evening I again saw her, and found her going on well in every respect.

7th.—Going on very favourably; had slept a good deal during the night; complained of headach, owing, no doubt, to the opiates; pulse 70; slight tenderness on pressure over the uterus. Ordered her to have turpentine applied over the womb, and some saline draughts.

8th.—Going on well; the milk beginning to come; pulse 90; no headach; tenderness on pressure gone; lochia scanty. Di-

rected merely some aperient medicine for her, as the bowels had not moved since her confinement.

From this time she recovered without a bad symptom.

During my visit to her on the fifth day after her delivery, she asked me to look at the baby's breasts, "which were sore and running." On the child being stripped, to my great amazement I found both breasts enlarged considerably; the mammary gland well defined, about the size of a small orange, and secreting milk most freely. There was no nipple, but a mere slit, through which the secretion escaped.

On my questioning the mother as to the cause of this rare anomaly, she informed me that, two evenings ago, a friend of hers called in to see her, and among other questions, asked, "Did the doctor take care to draw the child's breasts?" The mother replied in the negative, so her wise friend began to rate me for my ignorance and neglect, and offered her services to perform the operation. The mother, not understanding as to the rectitude of it or not, consented, and the little infant was forthwith submitted to the torture. First came severe manipulations and frictions with spirits, then suction of the part by the mouth, and, finally, a breast-glass. This cruel and most absurd operation was repeated three times without my knowledge, until the breasts assumed the aspect I beheld them in. The milk secreted was almost of the same consistence as that of the mother's, only that the saccharine quality was a good deal deficient. It was precisely the same colour, and contained no purulent or sanious matter. The child was in so high a state of fever, that I almost despaired of its recovery, but having applied a leech to each breast, ordered some smart cathartic powders, and a hot bath occasionally, a visible amendment soon took place. The inflammation began to diminish, and the secretion of milk to subside. In a few days the gland in each breast, more particularly the right, began to shrink away, and when I ceased my attendance, both mother and child were perfectly well, only that the breasts of the latter were still a little hard, for which I directed a little camphorated mercurial ointment.

Remarks.—It is very evident that the principal complications in this case, if not springing from, were at least considerably aggravated by, the quantity of ardent spirits given, coupled with the plethoric habit of the individual. This pernicious practice is most prevalent in this country, among the provincial midwives in particular, and is attended with a great sacrifice annually of human life. Nothing will deter them from this abominable practice, and it is an evil not confined merely to those living in life's low walks, but is generated as frequently among the more wealthy class of persons; more so by those who, from a false sense of delicacy and error, consign themselves at such a critical time to the hands of midwives, dispensing with the attendance of a medical man, and thereby exposing themselves to the greatest of risks, by casting away at such a moment of danger and tribulation the best safeguard, the most infallible chart to steer them through their perils. The quantity of spirits I have known to be given in cases where the pains were feeble, is almost incredible; and the moment the child is born, that is always the signal for a double dose. In this case the patient was quite drunk, and, no doubt, the flooding arose from that cause, as did also the atony of the uterus. The effect of opium in controlling uterine hæmorrhage was very visible in this case, but its *modus operandi* is rather difficult of comprehension. The effects of opium on muscular tissues is to cause a relaxation of them sooner or later, more so, where the quantity of the drug given is large, so as to overcome the stimulant property which it possesses. It is obvious, however, that we must not attribute any power to opium in being able to arrest hæmorrhage from the uterus by any specific action on that viscus, for if it has any, it is to suspend the great desideratum—contraction, the principal thing which we are trying to bring about. Still we know it is of immense benefit, but we cannot acknowledge that it holds sway over the uterus in a different manner to other muscular tissues. Ergot of rye acts more or less specifically on the uterus, but it has no effect on other muscular viscera. My own impression is, that opium acts by controlling the general circulation, thereby allowing coagulation to take place in the uterine sinuses; but this idea is only theoretical, and is open to much discussion, so we must be contented to know that opium is an invaluable remedy in uterine hæmorrhage, but how it is so cannot be explained. The curious phenomenon which took place in the child clearly illustrates how the mammary gland can be incited to action in almost any one, or at any period of life; even in the male sex, by irritation it has been developed. This case is the only one I have seen or read of, where the gland took on its characteristics at so young an age. The earliest I believe on record, is the case mentioned by Baudelocque, when a child eight years of age had the mam-

mary gland secreting. But it must be allowed, drawing an inference from this case, that the gland may, at any time of life, from a similar source of irritation, become enlarged, and secrete the fluid peculiar to it.

Hardwicke-street, Dublin, Nov. 11th, 1845.

ON THE ÆTIOLOGY OF SEA-SICKNESS.

WHEN we consider for how many ages sea-sickness has been known to mankind, (dating, as may be supposed, at least as far back as the origin of navigation, if not, under an analogous form, entitled to claim even greater antiquity,) it is singular that no author appears to have made it the subject of more than casual allusion. All other diseases are deemed the peculiar province of the medical practitioner. Here the unfortunate voyager generally despairs beforehand of deriving advantage from professional advice; the disorder is allowed to run its own course, often with the superadded misery of exciting the derision of fellow-passengers; or, if he be induced to seek the aid of art, the chances are, that every one present thinks himself quite as well qualified to prescribe as the possessor of a regular diploma. One recommends brandy and soda-water, another some preparation containing creasote, a third will have a band tied tightly round the waist; everybody volunteers a suggestion, and the result is, that the patient usually keeps his berth, with the resolution to take his chance of recovery, come how and when it may.

This state of things is both extraordinary and deplorable in several respects. 1st. Because the disorder has no imaginary existence, but is a sensible and acknowledged evil. 2nd. Because its power, in the same outward circumstances, is universal, except in a few cases, ascertained, after experience, to be constitutionally exempt. 3rd. Because, so formidable are the lengths to which it may proceed, as to render travelling by sea a trial to some constitutions, involving not only the extremity of weakness, but even danger to life itself. No doubt a sea-voyage is often recommended to invalids, with an empirical view to the possibility of some benefit to health to be derived from the change; and it is not less true that the means are, in some instances, fully justified by the event. Yet the fact is not thereby invalidated, that the symptoms characteristic of sea-sickness are capable of being protracted and aggravated to such a degree as to reduce the victim to the last stage of debility, until death finally ensues. *Nihil prodest quod non potest idem lædere.*

Having devoted much interested attention to the late discussions in the public journals, on the disturbance of the brain, and its consequences, induced by railway travelling, I have been led, in the course of reflection, to regard this phenomenon as one of no insulated character, but as rather belonging to a class long associated together in my mind, and referred to a division under the general head of the EFFECTS OF VEHICULAR MOTION. Instances are numerous in pathology where affections, once considered idiopathic, have, in successive stages of investigation, been found to group themselves together, and point to a common cause as their origin and centre. Most diseases, again, derive their name from some remarkable symptom by which they appear to be eminently characterized, as consumption; others, as Asiatic cholera, take their designation from the locality where they are conceived to have originated, or to prevail with the greatest virulence, at the same time that we are unable to draw any definite line of distinction between the conventional type and that which presents itself indifferently in other places. To this latter category is here assumed to belong the affection known by the name of sea-sickness; which, if the reasons about to be stated be correct, should be regarded as not exclusively connected with the sea or with navigation, but as simply the most remarkable of a class of disorders engendered by the influence of motion of a peculiar kind communicated to the person of the subject. This class includes not only the disturbances produced by water conveyance, but those which supervene in any circumstances where the principle of motion is identical with that which is exemplified by the rolling of a vessel at sea.

It can scarcely be necessary, at the present day, to expend argument for the purpose of showing, that before we can expect to see the same clearness of apprehension, with regard to cause and effect, predicable of the abstruse science of therapeutics, which now begins to ennoble most other departments of knowledge, not even excepting agriculture, our exertions must tend, in the first place, towards the acquisition of definite ideas of "the causes and seats of diseases." Independently of the strong practical inducements to the particular investigation in question, one would suppose that, simply as a problem for the philosopher, it would have attracted more serious attention. The omission must be attributed to the complicated nature of the circumstances necessary to co-