

on the effects of particular doses. Those given in the annexed table (III.), may be taken as specimens. In these the drug was taken both in infusion in hot water, drunk warm as by Mantegazza, and as extract; generally and preferably, both as infusion and extract, at nearly the temperature of the body, to avoid the complicating effect of heat. The pulse and temperature under normal conditions having been previously frequently observed at short intervals, were rarely found to remain constant for any length of time, the pulse very commonly varying from one to three beats in the minute, a slight effort, such as a change of position, or particularly the necessity for jerking back the index of the thermometer, deranging it.

It is unnecessary to refer to these observations in detail.

In Observation 4, Table III., 40 c.c. of the extract, equal to 10 drachms of the leaf, were taken at 6.40 P.M., which, according to Mantegazzi, is a maximum dose; 35 c.c. (equal to 525 grains) having been previously taken, making altogether 75 c.c. (equal to 1125 grains) during the day. The result is remarkable, the pulse and temperature remaining constant during the observation—a circumstance unusual even under normal conditions; it was soon after a short walk of about three miles, and before dinner. The only apparent effect of the dose in any way was that the pulse seemed somewhat fuller and softer after it, as has been remarked on other occasions; but, although frequent sphygmographic tracings have been taken, it has failed to affect their record. They are therefore omitted.

TABLE III.—*Extract from Continuous Observations of the Effect of Coca on the Pulse and Temperature of Body.*

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\* 40 c.c. ext. + 40 cc. aquæ. † 20 cc. ext. + 20 cc. aquæ.

These observations were made in the same manner as the preceding; the pulse was taken for a whole minute, and the temperature by a thermometer placed under the tongue for three minutes.

These results, as far as they go, are negative, as many most competent to judge concluded that they would be; but contrary to the expectations of the writer, formed from published statements. It has been taken in all forms, solid and liquid, hot and cold, at all hours from 7 o'clock in the morning till 1 or 2 o'clock at night, fasting and after eating. In the course of a month nearly one pound of the leaves altogether has been consumed, but without producing any decided effect; it has not affected the pupil nor the state of the skin; it has caused neither drowsiness nor sleeplessness; assuredly it has occasioned none of those subjective effects so fervidly described and ascribed to it by others—not the slightest excitement, nor even the feeling of buoyancy and exhilaration which is experienced from mountain air, or a draught of spring water. This examination was commenced in the expectation that the drug would prove important and interesting physiologically, and perhaps valuable as a therapeutical agent. This expectation has been disappointed. Without asserting that it is positively inert, it is concluded from these experiments that its action is so slight as to preclude the idea of its having any value either therapeutically or popularly; and it is the belief of the writer, from observation upon the effect on the pulse, &c., of tea, milk-and-water, and even plain water, hot, tepid, and cold, that such things may, at slightly different temperatures, produce a more decided effect than even large doses of coca if taken at about the temperature of the body. What its physiological action may be, particularly on the lower animals, in highly concentrated doses, as of the alkaloid or the distillate, is another question, as it is whether the subjective effects which have been asserted may not offer a question of curious nervous idiosyncrasies.

That Dr. Weddell, with his ample opportunities of judging, was not without a shrewd suspicion that its reputed effect upon the Indians was partly due to imagination, association, and habit, is shown by the words with which he concludes his article (*op. cit.*, p. 533), as follows:—"Je crois, enfin, que l'habitude est pour beaucoup dans la fidélité de l'Indien à l'usage de la coca, tout comme dans celle de certaines fumeurs à leur pipe. Et il est, je crois, essentiel de ne pas perdre de vue que, chez l'Indien, la force d'habitude doit jouer un rôle d'autant plus grand, que l'habitude qui nous occupe est presque la seule qui lui soit

restée des temps passés, et qu'aujourd'hui comme alors il attache à la feuille de coca des idées superstitieuses qui doivent tripler, au moins dans son imagination, la grandeur des bienfaits qu'il en retire; qu'il trouve, enfin, dans cette mastication, la seule et unique distraction qui rompe l'incomparable monotonie de son existence."

# A CASE OF DEATH FROM PUNCTURE OF THE BRAIN BY A CROCHET-HOOK.

BY GEORGE C. FRANKLIN, F.R.C.S.,  
SURGEON TO THE LEICESTER PROVIDENT DISPENSARY.

ON Wednesday, April 19th, I made a post-mortem examination of a case in which death had resulted from injury to the brain by a crochet-hook. I subsequently obtained the following somewhat imperfect history.

Florence B—, aged two years and a half, was playing by the fireplace with her sisters, when she either fell down or rolled over. A crochet-hook, which in some way was fixed by the fender or hearth-rug, penetrated her head for about two inches immediately above the left ear. One of her sisters pulled it out at once, without breaking it, "heard it grate" against something as she did so, and noticed that there was no bleeding. This happened on Monday evening, April 17th, at about eight o'clock. The child is then described as having become very restless, and convulsed during the night. The next day she was noticed to be drowsy at intervals, occasionally waking up and screaming. No paralysis was observed, and both pupils were natural. Towards night she became semi-comatose, and died about four o'clock on the morning of the following day (Wednesday), some thirty-two hours after the injury had been sustained.

*Autopsy, twelve hours after death.*—The body was that of a well-formed and well-nourished child; rigor mortis slightly marked. The left temporal region was found to be somewhat swollen and cedematous; and with a little difficulty a small punctured wound was found where the needle had penetrated. Supposing a line to be drawn from the summit of the left ear to the eyebrow of the same side, the position

of the wound would be in this line at a point somewhat nearer to the eyebrow than the ear. On removal of the scalp there was evidence of extensive extravasation of blood in the left temporal region. When the superior attachment of the temporal muscle and the temporal fasciæ and all clot had been carefully removed, a pinhole opening was seen at once just above the temporal ridge of the frontal bone and a little anterior to the coronal suture. Blood oozed through this opening directly it was cleared. There was no blood between the dura mater and the bone, and the opening in the dura mater was readily recognised. The dura mater was carefully removed from the brain, and immediately beneath it (in the arachnoid sac?) in this left temporal region there had been abundant hæmorrhage, so much so that the clot formed was, in its centre (which corresponded with the puncture), about half an inch thick, and its area was somewhat larger than a crown-piece. The vessels of the pia mater were full of blood. No morbid appearances were noticed in the brain-substance itself, and there was no hæmorrhage into the ventricles. The head alone was examined.

*Remarks.*—It is unfortunate that the clinical symptoms in this case had not been more fully observed; cases in private practice are seldom so well observed and recorded as those occurring in hospital. It seems remarkable that the crochet-hook should have penetrated the skull so readily; it was an ordinary instrument of its kind, and the hole in the skull was about the size that would admit a fine grooved needle. The wound was a direct one—at right angles to the long axis of the body; and evidently the hook must have cut through arterial vessels of considerable size (anterior temporal and anterior meningeal?) both outside and inside the skull. There was no external hæmorrhage; the hole was so small that it probably closed at once, and the blood which was found between the scalp and the bone was thus prevented from escaping. The amount of the extravasation was great, but I think it was not in itself so important a factor in determining the speedy fatal termination of the case as the rapidity with which the blood must have been poured out. The value of post-mortem examination in such cases as this is evident. From the minuteness of the punctured wound, and also from the small size of the instrument, it would have been thought almost impossible that so much damage could have resulted. If it could have been supposed that there had been so much hæmorrhage it would surely have been a case for the operation of trephining. The symptoms, however, were, so far as they were observed, indefinite; at the same time it was satisfactorily made out that there was no paralysis until about eight hours before death, the time when the child first had difficulty in swallowing; subsequently to this she became rapidly worse.

Leicester.

## A Mirror

OF

## HOSPITAL PRACTICE,

### BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### MIDDLESEX HOSPITAL.

FIBROID TUMOUR OF THE UTERUS, CAUSING DIFFICULT LABOUR, AND STILL-BIRTHS AT SEVEN MONTHS, IN FIVE SUCCESSIVE GESTATIONS; INDUCTION OF LABOUR AT THREE MONTHS IN THREE SUBSEQUENT PREGNANCIES.

(Under the care of Dr. HALL DAVIS.)

For the notes of the following case we are indebted to Mr. Mason, obstetric assistant.

Emma D—, aged thirty-nine, married, admitted into Prudhoe ward February 18th, 1876, and gave the following history:—She had a fall eight years ago, and injured the lower part of her back, and has been ailing ever since. She has four children living, one of them born four years ago, at seven months. Since the accident she has had five children at seven months, with difficulty, labour coming on spontaneously; none of these survived. Two labours have since

been induced at three months. No inconvenience whatever is felt in the absence of pregnancy, and she goes about her work as usual; but when enceinte she has a sense of weight in the sacral region, and a bearing down when she walks. Has no difficulty in defecation and no dysuria. The catamenia have always been regular.

On admission a tumour was felt in the right iliac region, extending into the pubic region, nearly up to the umbilicus, and a little to the left of the linea alba, presenting to the taxis the character of a fibroid tumour, soft and elastic, without fluctuation. No pyrexia. Os uteri livid as in pregnancy, lips full. The uterus was in correct position, except that it was a little lower in the pelvis than normal. Some pain was elicited on pressing upwards against the cervix. She complained of a sense of weight in the sacral region, but no visible effect of the fall eight years ago was noticed externally, nor in the pelvic cavity. There was a bearing down when the patient walked. The tumour, felt abdominally, could not be detected per vaginam. No dysuria nor pain in defecation; bowels very costive. The patient was pregnant three months. The history of her five confinements at seven months, which terminated with difficulty in still-births, had indicated the necessity of inducing labour at three months in the last two pregnancies, and called for the same measure on the present occasion; the os uteri was accordingly dilated with sponge tents on February 19th.

Feb. 20th.—Slight bearing-down pains came on yesterday evening, and have increased in severity to-day. Pulse 100; temperature 98·8°. Bowels constipated. Simple enema.

21st.—Last evening about 10 o'clock the membranes ruptured, and a considerable quantity of liquor amnii escaped. Pains are becoming stronger and more frequent. Os uteri still only large enough to admit a medium-sized sponge tent.

22nd.—10 A.M.: Slept well until 6 o'clock this morning, when pains came on with increased severity, accompanied by constant retching. Pulse 120; temperature 105·2°. Tongue dry; face slightly flushed; os uteri dilated to about the size of a sixpence. Bowels constipated. Ice to suck.—12 o'clock, noon: Child born, accompanied by much hæmorrhage; skin of foetus desquamating. Twenty-five drops of liquid extract of ergot were given immediately, and repeated in half an hour; but the placenta, not being thrown off, was subsequently removed by means of ovum forceps guided by index finger. The placenta was adherent. Immediately afterwards, on injecting out cavity of uterus with warm Condyl's lotion, a second portion of placenta was washed out into vagina, and thence removed. For a short time previously patient had been delirious. Pulse 124; temperature 103·4°; retching continuing. Half an ounce of brandy, half an egg, and two ounces of jelly and beef-tea were injected into rectum every four hours. Linseed poultice to abdomen. Draught of effervescing citrate of potash every four hours.—6 P.M.: Pulse 116; temperature 99°. Not much hæmorrhage; some after-pains; no delirium; retching subsiding.

23rd.—12.30 A.M.: Patient retches occasionally; keeps down her beef-tea and medicine. Slight pains. Pulse 112; temperature 99°.—10 A.M.: Slept at intervals during night; not much discharge. No sickness. Has taken milk, also beef-tea and eggs; feels very weak and exhausted. Pulse 100, small and compressible; temperature 98·4°. Not much pain; tongue clean; some abdominal tenderness.

24th.—Pulse 84; temperature 98·2°. Had a good night; slight pains at intervals; very little discharge.

29th.—Improving since last date; is much stronger. Draught of quinine and iron thrice daily.

March 7th.—Discharged convalescent.

### LONDON HOSPITAL.

SEPARATION OF EPIPHYSIS OF ANTERIOR INFERIOR SPINOUS PROCESS OF ILIUM BY MUSCULAR ACTION.

(Under the care of Mr. MAUNDER.)

For the following notes we are indebted to Mr. H. Habgood, house-surgeon.

William G—, aged eighteen, was admitted into the hospital on April the 5th. He stated that on the pre-