

institution, devote our time in a technical and practical school to the study of chemistry, physics, drawing, the modern languages, and such branches of natural science as will best fit us for the rational practice of medicine and surgery.

#### CASES OF SUDDEN DEATH.

By EDWARD WARREN, M.D., of Newton Lower Falls.

IN the 60th volume of this JOURNAL, I gave an account of a case of sudden death, attributed to imprudent bathing, which occurred on the 17th of March, 1859. It was that cold March weather, in which the chill is rendered more penetrating by the melting of ice and snow. The boy, who had bathed with others in a pond, ran and overtook an open milk-cart, on which he rode for about two miles, talking freely to the driver, when he was seized with violent spasms of the muscles of the face, extending to the whole body, and resembling those produced by an overdose of strychnine. He was carried into a farmer's house close at hand; the usual remedies were immediately resorted to, but without any effect, and he died within an hour and a half from the commencement of the attack, the rigidity of the muscles passing off, and the whole body becoming entirely relaxed shortly before death. He was buried on the fourth day after, the body, according to a daily paper, presenting a remarkably fresh appearance, the color hovering about the lips as if life still lingered.

On the 18th of March, 1867, nearly the same day of the month, and the same hour of the day—about four in the afternoon—I was called to the same house where the former death took place, to see a young woman who had done housework in the family for some months. She was about 20 years of age, and of a rather full habit. She had gone through a severe fever at her home in New Hampshire the winter previous to this; and had been working to pay the expenses thus incurred. She had now been home upon a visit, and returned the 10th of March to Weston.

She left home very early in the morning, taking some provisions with her to eat in the cars, and rode about fifteen miles in an open sleigh to the railroad. In the cars she rode about sixty miles to Waltham, and from Waltham she was conveyed in an open sleigh to her abode in Weston, a distance of about four miles.

She arrived there in high spirits; had had a delightful visit; had paid her "Doctor's

bill" and other little debts. She said she was now ready to go to work harder than ever. She took a cup of warm tea, declining to take any solid food, as she said she had taken a sufficient luncheon in the cars. She then went up into her room, the chamber of a large, old-fashioned farm house, in which there was no fire. After some time the mistress of the house, fearful of the consequences of her staying so long in a cold room, called her several times, and, receiving no answer, went up to her. She was found lying upon the floor in a state of entire insensibility. Her clothes were wet through, apparently by a copious and involuntary discharge of urine. Help was immediately summoned, and she was brought down into the warm sitting room, where, until medical assistance could arrive, hot water was applied to her feet, and the other remedies employed which had been used in the previous case.

I found her in a situation the reverse of that described in the former case. In that instance, the aspect reminded me of the effects of an irritant poison, such as strychnine, while these symptoms resembled the effects of a narcotic. She was entirely unconscious. There was complete relaxation of all parts; the face was of a natural color, perfectly calm and quiet; the pulse very perceptible and regular; her whole appearance leading me to give a very favorable prognosis. I directed mustard poultices to be applied to the bowels and feet; the temples and whole head to be rubbed with a strong solution of ammonia, and ammonia and other stimulants to be given internally. Under these applications she seemed to revive, and several times raised her head and made efforts to speak, but immediately relapsed again into a state of entire *anéantissement*. On giving her a stimulating injection, a clay-colored discharge, of natural size and consistence, was obtained.

We pursued this treatment for about five hours, keeping up the friction of the limbs for the whole time; but without any good result. At the end of that interval, her state of unconsciousness continued; the whole body was of good warmth, the respiration moderate and regular, the pulse steady. Her whole appearance was that of a person in a quiet sleep. But from this sleep it had proved impossible to rouse her, the first favorable indications having gradually ceased. To make use of any more active measures I feared would only exhaust the vital powers remaining. I directed her to be placed in a warm bed, and

kept quiet, with the feeble hope that rest and the latent power of nature might do more for her than anything else.

About two o'clock in the morning, about four hours after I had left, I was called to visit her again, respiration and pulsation having ceased. When I saw her, I found no signs of vitality, except that the body retained its natural warmth, and the flexibility of the limbs.

The condition of the body in these two cases is that which is apt to occur in sudden death by lightning or by violence. As there have been some undoubted cases of recovery after the fact of death seemed certain, it might be a question whether, in cases like the present, a physician ought not to direct the body to be kept without exclusion from the air until actual signs of decomposition appeared. But in so doing, he exposes himself to the charge either of insincerity or ignorance in a case upon which every old lady feels competent to pronounce categorically. Many years ago, the question, "What are the signs of Death?" was brought up in the Boston Society for Medical Improvement. The proposer was absent, but Dr. John Ware remarked, "there are no signs of death," and the subject dropped. There was no reply.

In the first of these two cases, the boy had remained long enough in the water to be severely chilled; and the additional exposure of riding in an open wagon completed the fatal effect. Another boy, his companion in the water, walked home, and dropped down insensible in his father's yard. He recovered.

In the case of the young woman, the lethal influence was less powerful but more protracted. The morning ride, followed by stagnation of the circulation from long sitting in the cars, prepared the system for the result. Then the subsequent ride in an open sleigh, followed by going into a cold room after the circulatory action had been aroused by warmth, completed the fatal effect. So long as a hostile influence, like that of cold, acts steadily upon the system, the vital powers are strong in resistance; but let the cause be once removed, and the system is less prepared to sustain a second shock, though much milder. A recent English lecturer warns his hearers, that on the strength of their new convictions of the necessity of fresh air, they are in danger of forgetting the fatal effects of cold, which he says kills its thousands every week in winter. This, in the comparatively mild climate of England. It sometimes kills,

he says, by mere shock. It is a lethal influence which acts like an epidemic poison.

While upon the subject of sudden death, I may allude to two cases which occurred some years since, which show the difficulty that sometimes attends the prognosis.

About the year 1856, I was called in consultation one evening to a young woman of about 20, whom I had often attended. She was in a state of lethargy, from which she could not be roused. The attending physician informed me that she had applied to him in consequence of a violent pain in her face. He had given her some common remedy, I forget what, and thought no more about it until evening, when he was called to her in great haste, and found her in a state of insensibility. He had immediately given her a powerful emetic, which had operated very freely; and had then resorted to all the other methods within reach which are employed in such cases, but without any effect. I set in action an electro-magnetic machine, and kept up a pretty smart current from the spine to the extremities, alternately continuous and in shocks or jets. Her consciousness partially returned; she knew me, and was able to carry on some conversation, but sank again into perfect lethargy, and though partially aroused at times still relapsed.

After continuing the current for about four hours, in addition to other remedies, her condition appeared so unfavorable that, after consultation, we decided that her recovery was impossible, and that it would be useless to try any further measures. I left her, expecting her death to ensue in the course of the night. My surprise was great, the next morning, to hear that she had recovered her consciousness. I did not see her again during her illness, but I ascertained that on recovering sensibility she was quite blind. She was some days in recovering her strength, and after several days the blindness passed off. I always attributed the symptoms in this case to an overdose of aconite; but how or when given, was never known.

The second case did not terminate as favorably. Very early in the morning, I was called in consultation to see a young woman about 17 years old, in a state of stupor, from which she could not be roused. The attending physician informed me that she was recovering from an attack of pneumonia, and that he left, the preceding evening, two pills of a quarter of a grain of morphine each; one to be given at bedtime, the second four hours after, if the first was not successful in promoting quiet

rest. The first was successful; and on waking she appeared so much better that it was thought best to give the second. Whether from the effect of the pill, or from some unknown cause, a state of stupor came on, from which they could not rouse her. I had mustard poultices applied to the bowels and feet, the head bathed with a strong solution of ammonia, and a large dose of ipecac. administered, aiding the action of the emetic by irritating the fauces with a feather. Free vomiting was induced. She recovered consciousness, sat up in bed, and talked and laughed.

Supposing all the danger over, I recommended a cup of strong coffee to be prepared for her, to carry off the remaining effects of the opiate, and went home to breakfast. I had hardly reached home before I was summoned again in great haste. I found that the lethargy had returned. All our efforts now were ineffectual, and death speedily ensued.

#### GALVANISM AN ANTIDOTE IN POISONING BY GELSEMINUM SEMPERVIRENS.

By J. T. MAIN, M.D., Unity, Me.

BELIEVING the yellow jessamine to be a valuable remedial agent, and one that would be much more generally used and esteemed if it were not for the unpleasant, or even dangerous symptoms sometimes following its administration in medium doses, to individuals peculiarly susceptible to its influence, I think the following facts may be of interest:—

In the summer of 1866, I took, through mistake, one drachm of fluid extract of gelseminum sempervirens, and immediately started to see a patient suffering from paralysis. The patient resided some eight miles off, and before arriving I became nearly blind. Control over the upper eyelid was almost entirely lost. The flexor muscles of the hands and arms were paralyzed, while the extensors were nearly so. Sensation in hands and arms blunted, but not in proportion to loss of motion. My speech was somewhat affected. A very disagreeable sensation of the head was felt even before the muscles came under the influence of the drug, but my mind was quite clear.

In this condition I arrived at the house of my patient, and as I was incapable of using my hands (my legs did not suffer nearly as much), I directed the nurse to apply the galvanic battery to the patient, and as she was about putting the instrument

aside, I asked her to apply the poles to my hands, which she did, and I was instantly relieved. The relief received was not only instantaneous, but perfect and permanent.

I have tried the galvanic battery by way of experiment, several times since, upon those who were pretty well under the influence of gelseminum, and with like results.

#### SYRINGE FOR THE EAR, NOSTRIL, &c.

By J. RUSSELL LITTLE, M.D., Jamaica Plain.

A CONVENIENT syringe, for the ear, nostril, throat, &c., may be made on the plan of the chemist's wash-bottle, as follows:—Take a bottle of convenient size, with a wide mouth; fit with a good cork, which should be pierced with two holes on a line with each other, of a size to admit glass tubing No. 4 or 5 (this may be done with a proper cork borer, or with a brad-awl and round file).

Now take a piece of glass tubing, of size above mentioned, about five inches long, and bend it in the flame of a spirit lamp to a right angle, at about two inches from one end. Pass the short end through one of the holes in the cork. Another piece of glass tubing sufficiently long to reach from near the bottom of the bottle to one inch above the cork should now be passed through the second hole. Slip over the extremity of the latter tube a piece of rubber tubing, at the other end of which connect in the same manner a nozzle made of glass tubing drawn to a point in the flame of the lamp. The bottle being now nearly filled with fluid, and the cork and tubes adjusted air-tight, by blowing through the first tube a stream is forced through the second by the pressure of air on the surface of the fluid.

By fitting the spray tube in the place of the second an atomizer may be produced without the use of the balls and elastic tube generally used.

March 15, 1869.

#### HAY FEVER OR ROSE COLD.

(Continued from page 173.)

SUCH is the story of the disease, and it bears the stamp of truth. Thus, every year, at a certain time, she was taken with coryza and repeated sneezing; then succeeded an attack of asthma, lasting three months, with exceedingly violent paroxysms, more frequent during the night. There is no apparent family predisposition to the disease. Her father, who is still living, is not gouty. Her mother died very