

livation, which might be kept up for a few days with advantage. It has been said that if salivation would answer, the disease would cure itself, since a pretty copious flow of saliva is almost a constant symptom; this, however, I am inclined to think, does not depend upon any great increase of saliva; but, rather, upon the patient's inability to swallow it as ordinarily. The depressing plan having been pursued as far as was deemed sufficient, the tone of the system might be restored by the administration of the spts. ammon. arom., with small doses of the tinctura opii; and, subsequently, full doses of the sulphate of quinine. The bowels should, of course, be carefully attended to during the whole course of the disease. Should the constitutional symptoms have so far advanced, before the arrival of the medical attendant, that the patient could not swallow, might not the emetic tartar, dissolved in some bland liquid, as barley water, be injected into the bowels, by means of Reed's syringe; or, in solution in warm water, into the veins, by means of Anel's, with advantage; allowing, in the latter case, as much blood to flow from a vein in one arm, as warm solution was injected into one of the other.

Or, if the patient was of a strong full habit, the abstraction of blood from the arm to syncope, assisted by the use of the warm bath, would probably give us a chance of administering the medicine by the mouth.

With regard to the local treatment, I think the excision, or cauterization of the bitten part might be practised with advantage, even after the constitutional symptoms have commenced; for, since it is a fact that weeks, or even months may elapse, between the receipt of the injury, and the constitution becoming affected, may not the poison remain during that time in the bitten part, and then generate matter equally deadly in its effects, from which the disease is afterwards fed? That the poison enters the system immediately and there remains inactive, even for months, appears to me exceedingly improbable; and, hence, I should have great hopes of rescuing the patient by a careful excision and cauterization of the injured parts, at any period between their receipt and the alteration in the appearance of the cicatrix, which is the first symptom of the constitution becoming affected. May not this treatment be applied to a certain extent in *tetanus*, between which and the disease in question there is a very striking analogy; each appearing to be seated principally in the nervous system.

By giving place to these hints, in an early Number of your *very useful and widely-circulated Journal*, You will much oblige, &c.
JOHN MEDD, Surgeon.
Leyburn, Yorkshire, March 27, 1828.

ON THE AGENCY OF PRESSURE IN UTERINE HÆMORRHAGE.

BY R. LANYON, JUN., ESQ., SURGEON,
LOSTWITHIEL.

I HAVE been much amused, by meeting with occasional papers in *THE LANCET*, respecting pressure as an invention in uterine hæmorrhage. Mr. Hill also smiles at "the tug of war" between those modern combatants for immortality; and I, in my turn, may be allowed to dispute the ground, inch by inch, in favour of Ambrose Parey, unless Mr. Hill is prepared to prove that Dr. Dennison lectured at the London Hospital prior to his time! Pressure, whether by books or bandage, is pressure still; it matters but little, in the investigation, how the principle be applied. The question is, who first recommended pressure *in any form*, to arrest or prevent the accession of uterine hæmorrhage? Clearly, neither Mr. Searle nor Dr. W. Dennison, nor indeed do I claim it for Ambrose Parey, but certainly he says of the woman, after delivery has been accomplished, "let her bellie bee also bound or rowled with a ligature of an indifferent breadth and length, which may keep the cold air from the womb, and also press the blood out that is contained in all the substance thereof."* I am not angry that Dr. W. Dennison taught the propriety of using pressure "*in all labours*,"† but am only desirous of recording, that Ambrose Parey inculcated the same thing, more than two hundred years ago. He certainly does not say positively that he applied it with that intention, but I am of opinion that he who would recommend a bandage immediately after delivery, *to press blood from the womb*, could never be ignorant of its utility in arresting uterine hæmorrhage, any more than he who grasps the abdomen for the purpose of inducing separation of the placenta, would neglect the use of the same means in flooding; or, that he who from necessity introduces his hand into the uterus to detach the placenta, should be so far ignorant of the principle, as not to do so in cases of uterine hæmorrhage. For when the accoucheur grasps the abdomen, his indication is to overcome torpidity of the uterus, and it is done with the view of exciting contraction of its fibres. The extension of

* The workes of that famous chirurgeon Ambrose Parey, translated by Johnson, p. 615.

† See *LANCET* for Nov. 17, 1827, p. 262.

the same principle leads him to adopt a similar plan of treatment in minor degrees of lochial discharge, with success. So, when he discovers flooding is produced by partial detachment of the placenta, and he finds himself compelled to remove the secundines, by introducing his hand into the uterus, he knows that if the hæmorrhage still continue, he may with propriety attempt the corrugation of the uterine mass, *arte non vi*, as Dr. Blundell has it, by a second introduction. Now, in what respect does this, *scientifically*, differ from the principle of Ambrose Parey; who, knowing the liability of fearful hæmorrhagic discharge, advises the precaution, in *every* parturient case, of binding "*the bellie*," for the purpose of pressing the blood out, which is contained in all the substance of the uterus? For it is evident, that if Ambrose Parey conceived that "*rowing*" the abdomen "*with a ligature*," could be effectual in removing all the blood from the uterus, it amounts to an impossibility, that he should not have considered it as powerfully efficacious, in rendering the mouths of the bleeding vessels impervious, in cases of imperious necessity. Confirmatory of the above quotation, and more to the purpose perhaps, is another passage in Ambrose Parey's work. In his 56th chapter, entitled, "Of stopping the immoderate flowing of the flowers or courses," he writes, "the opening a vein in the arm, cupping glasses fastened on the breasts, *bands*, and painful frictions of the upper parts, are greatly recommended in this *maladie*."

I repeat, that I do not claim the discovery for Ambrose Parey; the discussion of this point, I willingly concede to those more conversant with ancient medical literature than myself; but, certain it is, the bays cannot be allowed to grace the chaplets of those, for whose sakes so many lances have been broken.

Viewing the substance theoretically, for I have not had an opportunity of using it, the ergot promises considerable benefit in uterine hæmorrhage; and it seems to me rather extraordinary, that none of those gentlemen who have contended so strenuously about pressure, should have put its utility to the test. Dr. Hossack advises its use in ten grain doses three times a day; and, in a paper subsequently published by him, he is said to have administered it successfully.

Lostwithiel, April 7, 1828.

WESTMINSTER HOSPITAL.

CASE OF TIC DOULOUREUX.

ELIZABETH POUCHER, ætatis 26, was admitted into this Hospital, under the care of Sir A. Carlisle, about ten years ago, with fracture of the clavicle and dislocation of the thigh. According to her statement, it was occasioned by a fall from a window. She remained in the Hospital about six months; she then left the ward, but had always a lameness from the accident. About five years afterwards she was re-admitted, under the care of Mr. White, on account of the hip being very troublesome to her, and she has remained under his care ever since, but without being much relieved. She was removed into the incurable ward about eighteen months ago. About eight weeks since, she complained of a great pain in her right cheek, a little below the temple; she stated that the pain appeared to spread in various directions from a small spot or point in her face; sometimes towards her nose, temples, and fore part of her lower jaw. The pain returned on some days many times in an hour, and continued for several minutes; she was obliged to have recourse to opium, which afforded her some little relief. The complaint began gradually to grow worse; the pain is now (April 22) intolerably acute, and almost unremitting; opiates afford her little or no relief, although taken in considerable quantities; her appetite is very bad; she lives chiefly upon bread and milk, &c.

April 24. Mr. White saw her to day, and proposed trying the influence of mercury, as he had already tried several other plans before, without success. He ordered her to rub in every night and morning, Ung. hyd. fort. ʒi.; also the following pill:

℞ *Pulv. opii*, gr. i.;
Hyd. submur. gr. ij.; fiat pilula ter die sumenda.

25. She has neglected to rub in the mercurial ointment; the pain is very acute, and complains that she cannot sleep at night.

26. Mr. White saw her again to day; says she finds no relief from the opium; he ordered her one grain to be added to the former pill, and to take one every four hours, also to continue to rub in the ointment.

28. Finds herself a little relieved; she took a pill every two hours; her mouth is not in the least affected.

29. She finds herself much better; complains that her mouth is becoming sore.