

CASE 6.—January 6th, 1846, four P.M., I saw Mrs. W—'s infant, Vauxhall-road, aged four months. The child had been strong and healthy from its birth, and no appearance of indisposition was observed until last evening, when, whilst lying on its mother's lap, it suddenly uttered a shrill scream. "Mrs. W— compared it to the whistle of a steam-engine." After this the child began to cry, and then again screamed violently, with short intervals of quietude, for nearly twenty hours. I was not sent for before, as the pain was supposed to arise from flatulence. The symptoms are now, hot skin, quick pulse, short dry cough, breathing very quick, eyes glassy, bowels confined, head thrown back, and the pain apparently much increased when the head was moved forwards, and a dry rubbing sound is indistinctly heard over both sides of the chest. I lanced the gums, and gave a teaspoonful of tartarized antimony wine, ordering it to be repeated in half an hour, if the symptoms were not relieved. One grain of calomel, with one-twentieth of a grain of potassio-tartrate of antimony, every five hours; one leech to the chest. (A warm bath had been resorted to before my arrival.)

7th.—The child has been much quieter since last evening, and slept two hours during the night. The countenance, however, has an unpromising appearance, eyes sunk and dull; pulse rather feeble.

8th.—The symptoms gradually became more unfavourable, and death took place this evening.

Post-mortem examination, ten hours after death.—I examined the body, and found both pulmonary pleuræ covered with soft straw-coloured lymph, uniting these to the costal pleuræ. The external surface of the pericardium was also coated with lymph; no fluid in this or the pleural cavities. The posterior portions of the lungs congested, but their structure healthy, as were also the abdominal viscera. Heart normal; brain not examined.

Treatment.—Fortunately, the only diseases with which pleuritis in the infant is likely to be confounded—viz., pneumonia and pericarditis—are of an inflammatory nature, and will demand nearly the same treatment. I would, however, in pleuritis, if seen in the first stage, have recourse to more active measures than in pneumonia; but this disease is, unfortunately, so rapid in its progress, that medical aid is seldom sought for, until such an amount of mischief has taken place that all treatment is unavailable. If, however, the case is seen early, there is no reason why the disease may not be arrested and the little patient cured. I have attended an infant, recently, in which I had reason to suspect, from the symptoms, the existence of pleuritis. The child was seen at the commencement of the disease, the gums were lanced, the warm bath used, leeches applied to the chest, and calomel and tartarized antimony given at short intervals, and the child is now convalescent. The subjoined case I also believe to have been one of pleuritis arrested in its first stage:—April 3rd, 1842, I was called to Mrs. P—'s child, Walworth, aged two years and a half. The child yesterday was in good health; it, however, fell down stairs, but did not appear injured by the fall; early this morning, the mother first observed its breathing to be hurried and difficult.—Nine A.M.: The child is restless, breathing quick, with dry cough; pulse rapid; skin hot and dry; countenance anxious. Two-fifths of a grain of potassio-tartrate of antimony directly; two leeches to the chest, and a powder, consisting of a grain of calomel and three-fourths of a grain of ipecacuanha, every four hours.—Six P.M.: Much the same as in the morning, breathing still very rapid; pulse quick, with bruit de frottement very distinct in both sides of the chest; no crepitating râle present. The antimonic powder did not act as an emetic. The gums to be lanced, and powders containing half a grain of calomel and one-tenth of a grain of antimonic powder to be given every three hours.

4th.—Breathing very quick, but the child is altogether better; bruit de frottement still very distinct. Continue the medicine.

5th.—Better; the rubbing sound less audible.

8th.—Convalescent.

20th.—The child appears to be tolerably well.

My object in this communication has been, 1st, to show that pleuritis in infants is not so rare a disease as is generally believed; 2ndly, that when the inflammation is confined chiefly to the pleura, it may be easily recognised, and that even when complicated with pneumonia, attention to the auscultory signs may enable us to detect its existence; 3rdly, that whether accompanied by pneumonic inflammation, or occurring alone, it is a disease of great danger, and that unless remedies are early applied, it is but little, if at all, amenable to medical treatment.

ON THE EFFICACY OF PYRO-ACETIC SPIRIT IN GOUT AND RHEUMATISM.

By JOHN HASTINGS, M.D., London.

It is nearly four years since I called the attention of the profession to the remedial powers of pyro-acetic spirit, or medicinal naphtha, in phthisis. It occasioned a great deal of discussion at that period, and many who questioned its value then have since acknowledged the truth of my views; and I believe many more would have done so, but unfortunately the symptoms of early phthisis are not sufficiently precise to satisfy the minds of those disposed to be sceptical. The opinions I then advanced I have had frequent opportunities of confirming.

However, it is gratifying to perceive that it is attracting attention on the other side of the Channel; and I also find that a book has been recently published by Renshaw,* written by an M.R.C.S., on the treatment of this disease, in which pyro-acetic spirit is put forth as the great curative agent; but this is without a single mention of my name in its pages.

I have now to deal with another class of diseases, about the diagnosis of which there is no room for either cavil or doubt: I mean, gout, acute and chronic rheumatism. For upwards of twelve months I have employed pyro-acetic spirit in these affections, and my treatment has been attended with a success quite extraordinary, far exceeding the results usually obtained by colchicum &c. I have not yet seen a case of gout or acute rheumatism which has not rapidly disappeared under its use, at the same time that it brings about a very improved condition of the general health. Chronic rheumatism requires a more lengthened treatment for its removal; indeed, it has less power over this affection than the two preceding.

I should have forwarded a report of cases, with further observations on this treatment, but from my conviction of its value, I thought it better to make this general statement, and also to assert my claim to having been the first to employ this agent in a class of diseases hitherto so intractable, and defer the other for a future occasion.

Albemarle-street, Dec. 1846.

CASE OF GUNSHOT WOUND OF THE LUNG,

WHERE THE BALL LODGED FIFTY YEARS.

By EDWARD MOORE, M.D., F.L.S., Plymouth.

THE generally fatal character of wounds of the lungs renders an exception to that rule a matter of interest to the medical profession, and especially so where, as in the present instance, the individual survived for a period of nearly fifty years; and the case also being otherwise attended with some very singular circumstances, may be considered as peculiarly worthy of record.

The subject of this communication, Mr. John Lennon, was celebrated, during the last war, for his bravery and energy during many eventful periods of its continuance. Originally a midshipman in the Royal navy, he quitted the service in 1796, and took the command, at Martinique, of an armed schooner, "The Favourite," letter of marque, of six guns and twenty men. On his first cruise, in December of that year, he fell in with three privateers, two Spanish and one French, the latter having eight guns and sixty-five men, when, after an engagement of one hour and a quarter, he was wounded in the back by a musket-shot, which entered about the right fifth rib, midway between the spine and scapula. He fell, and his crew made no further resistance to so superior a force. He was taken into Carthagena, whence he was conveyed in the Spanish frigate "Helena" to the hospital at the Havannah, and after four months he was exchanged by cartel to Bermuda. Mr. Lennon detailed, that on receiving the shot, he fell, and presently became faint, and experienced a sensation of suffocation, accompanied with bloody expectoration. The French captain examined the wound, and finding blood issuing from it in large quantities, he stuffed some cloth into it, and bound a sash round the chest. This gave instant relief, particularly to the faintness and difficulty of breathing—probably by restraining hæmorrhage from the intercostal artery. He further related, that on arriving at the Havannah, he was tormented with a sensation as if the ball was lodged in the diaphragm, about the anterior end of the osseous portion of

* La Phthisie et les autres Maladies de la Poitrine traitées par les Fumigations de Goudron et le Médical Naphtha. Par le Dr. Sales-Girons. Paris: Labé, Libraire de la Faculté de Médecine, 4, Place de l'Ecole de Médecine, 1846.

the seventh rib, on the right side. The Spanish surgeons were desirous of making an opening at this part, with a view to extract the ball; but to this he objected. They told him, however, that as his life depended on it, they insisted on its performance, and preparations were made to enforce this determination; but an energetic appeal to the priest was successful in obtaining an exemption from this proceeding, which will afterwards be seen to have been a fortunate circumstance. The external wound having at length got well, he proceeded, in March, 1798, to Kingston, in Jamaica, where he was invited to a public dinner by the St. Patrick's Society, on the 17th of that month. On this occasion, the conviviality of the meeting induced him to forego that cautious manner of living which he had hitherto adopted, and the first glass of wine brought on a violent cough, during which he felt something had been coughed up, on getting hold of which, he slipped it into a letter, and placed in his pocket. On afterwards examining this, it proved to be a portion of his shirt and of a nankeen jacket, which he had worn in the action fifteen months before. Each piece was about one inch and three-quarters round, with ragged edges.

After this period he continued in command of various armed vessels in the merchant service. In one voyage his ship was upset in a white squall, and himself and five men were exposed for seven days at sea in a small boat. On two occasions he was captured by the enemy; he also twice beat off American privateers of superior force, for which he received numerous valuable presents from his owners, and from the merchants of St. Thomas's; he was also thanked by the merchants at Lloyd's. I mention these circumstances in order to show the active nature of his life; but his exploits will be found more fully detailed in the 14th, 15th, and 16th numbers of the *Colonial Magazine* for 1841; and especial mention is made of one of them, where his gallantry was very conspicuous, in "Brenton's Naval History," vol. v. p. 179.

After leaving the sea, he went to London, and being still affected with uneasy feelings from the apparent lodgment of the ball at the lower part of the chest, he consulted Mr. Gaitskell, with a view to having it removed. This gentleman took him to most of the principal surgeons in town, and, among others, to Sir Astley Cooper, who, after a careful examination, advised him not to risk the danger of an operation.

Since 1829, Mr. L— has resided in Plymouth, during which time the writer of this notice has been his medical attendant. He has not suffered from want of general health, but has been liable to frequent attacks of bronchitis, which induced an habitual cough, and he was observed to have contracted an increasing disposition to bend the head forwards and towards the left side: this was contrary to the usual result of contraction arising from shrinking of the lung, where the stooping position is generally towards the side affected.*

Latterly he has had one or two attacks of gout. On one occasion he missed a step on coming down stairs, which, in his opinion, displaced the ball, as hæmoptysis resulted for a few days. The sensation of this displacement was felt at the usual place, the end of the seventh rib, and he always thought, that by placing himself in a particular attitude, and making pressure on the part, he had succeeded in restoring it to its original position; this however, on examination post-mortem, turned out to be erroneous.

During April, 1845, he had a severe pleuritic attack, and the bronchitis became of a chronic character, and he was scarcely ever free from cough and expectoration. In July, 1846, after severe mental excitement, owing to a false accusation, operating on a highly sensitive mind, he came home on the 22nd, complaining of chilliness; and having used a pediluvium and gone to bed, he was found during the night to have been attacked with paralysis of the left hand and arm, which by the 25th had extended to the entire left side of the body. He complained of pain in the right temple, aggravated by his cough; his speech was also thick, and almost inarticulate. Abstraction of blood, purging, &c., rendered him more sensible, and better able to make himself understood. From this time he became more tranquil, but never regained sensation on the left side; the cough also continued to harass him; the dyspnœa gradually increased; expectoration became more difficult; the sputa extremely tenacious, so as to need removal mechanically from the fauces; the mucus was succeeded by gurgling râles; and at length the powers of life gradually sunk on the night of the 27th August, 1846.

Post-mortem examination.—On examining the chest, the left

lung was found adherent to great part of the costal pleura; a serous effusion occupied the lower part of the remaining cavity; the air-cells were distended with sero-mucous fluid, and the lung altogether appeared to occupy an enlarged space, the mediastinum bulging into the right cavity of the chest. The heart was natural in size, but loaded with fat. The right lung was contracted to one-third of its natural size, and adherent to the upper part of the chest; its consistence was flaccid, and entirely wanting the resilience and mottled appearance of a healthy lung: indeed, although portions of it floated in water, it may be questioned whether during life it was of much use as a respiratory organ; any trace of the track of the ball seemed to have been obliterated in it, unlike the case related by Sir E. Home,* where, after a lapse of thirty-two years, an induration could be traced. The shot, which had entered between the fourth and fifth ribs, fracturing the former, was found imbedded in the substance of the lung, and firmly attached by a pedicle half an inch long, condensed lung, and cellular membrane, to the inner surface of the third rib, just at the junction of the osseous and cartilaginous portions; although the fingers could be passed under it, it could only be separated by the knife. A doubt was expressed by a gentleman present, whether the ball had not been situated exterior to the lungs; but on removing the lung itself out of the body, before exposing the ball, it was satisfactorily shown, by dissection, to my medical friends, Dr. Soltan, Mr. Square, and Mr. Eccles, that it was completely surrounded by the substance of the lung, being contained in a sac so closely in contact with it, that it was difficult to remove the ball when half exposed by incision. There was no serous effusion in this cavity of the chest, the lower two-thirds of which were occupied by the diaphragm, which rose as high as the fifth rib, (in the inclined position of the body,) pressed upwards to such an extent, that on making an incision from above into the convex part of the diaphragm, the knife, instead of exposing the posterior edge of the liver, disclosed the large intestines: thus we were enabled to account for the inclination of the head towards the left side of the body, instead of the right, as in ordinary cases.

Reflecting on the sensation produced during life, of the ball being situated low down in the chest, search was now made for any other foreign body† that might, by possibility, have lodged there; but every part of this locality was found of a healthy character,—consequently an operation on this part, with a view to extract the ball, would have been utterly fruitless, and probably attended with a fatal result. The fact may, perhaps, be accounted for, on the supposition of some reflex nervous action, or from irritation of the phrenic nerve in its course over the lung, which, at the upper part of the chest, was firmly adherent to the mediastinum.

Reference to various writers on the subject of wounds of the chest does not furnish many parallel cases. Escape from death frequently occurs from various causes; either the foreign body does not enter the lung,‡ or in other instances it passes through without lodging, whereby a chance of coagulation exists after syncope, and from collapse of the lung.§ Similar cases are very rare. Instances of tents being coughed up, after a certain period, are mentioned by Tulpius and Hildanus. Three cases are mentioned by Baron Percy, ("Manuel du Chirurgien d'Armée," Paris, 1792, p. 125,) and two by Larrey, ("Relation Chirurgicale des Evénements de Juillet, 1830,") where balls lodged in the lungs. A case is also given by M. Boyer, in which a ball was found in the lung twenty years after the wound, (quoted by Dr. Hennen and Sir G. Bellingall;) but these cases do not appear to have been so complicated as the present, where, in addition to the ball, portions of the dress were also forced into the lung, to be coughed up after being fifteen months a source of irritation. It is probable that here the immediately fatal result was prevented by the ball &c. acting as an impediment to the flow of blood, aided by the collapse of the lung, which dissection proved to have taken place.

* Transactions of a Society for the Improvement of Medical and Surgical Knowledge, vol. ii. p. 169.

† "In a case of duel at Exeter, some years ago, in which a promising young physician lost his life, it was found that a pebble-stone had been carried into the same wound, together with the ball, the latter having first struck the ground. Dr. Hennen mentions an instance, where, in the action at Burgos, a serjeant was wounded by a ball in the temple, which had also carried with it, into the same wound, a tooth belonging to a soldier who stood before him."—*Military Surgery*, p. 86.

‡ "Il arrive qu'une balle traverse la poitrine de part en part, sans blesser les poumons." (Dupuytren, *Leçons Orales*, tom. ii. p. 537.) See also Mr. Maiden's case, where the shaft of a gig passed between the sternum and lungs, without wounding the latter.—(*London Medical and Physical Journal*, vol. xxix. p. 68.)

§ "If a bullet passes fairly through and through," says Mr. John Bell, ("Discourses on Wounds," p. 52.) "the patient is safer; he is in great danger if it stops, whether within the thorax or in the lungs."

* When the function of one lung has been long suspended, the intercostal spaces become diminished, the ribs ankylosed, and the cavity on the affected side adapts itself to the diminished bulk of the collapsed lung.—(Sir George Bellingall's "Military Surgery.")

Fortunately, says Hennen, (p. 377,) speaking of wounds of the chest, "the lung lies, for the most part, sunk, and always quiescent." I am aware that this is not always the case; but the reason of the different results of admitting air into the chest is, I believe, no better explained now than in the time of Mr. Abernethy, who says ("Surgical Works," vol. ii. p. 179) "that the circumstances on which either of these effects depends are not perhaps well understood."

Under all circumstances, I think that when it is considered that after such an accident the individual, with a ball lodged in the lung, survived nearly fifty years, (great part of which was employed in active bodily exertion,) the case cannot fail to be esteemed as one of the most singular instances of recovery from gunshot wound of the chest which has hitherto been recorded.

January, 1847.

Reviews.

Dr. Underwood's Treatise on the Diseases of Children. With Directions for the Management of Infants. Tenth Edition, with Additions. By HENRY DAVIES, M.D., Fellow of the Royal College of Physicians, &c. London, 1846.

BETWEEN this edition of Dr. Underwood's work on Diseases of Children, and one which we see was published in 1799,—between, in fact, the fourth edition, revised by the author, and the tenth, revised by Dr. Davies, there is, in many respects, the satisfactory difference which the progress of medical science during half a century would obviously lead us to anticipate.

The object of our editor is stated in the advertisement to be,—“to render this edition of Dr. Underwood's Treatise on the Diseases of Children worthy of the reputation which the work has heretofore sustained, by bringing up the original doctrines to the standard of those of the present day, and by the addition of much new matter.” To effect this, whilst adhering to the original arrangement, language, and opinions, “he has embodied Dr. Underwood's notes in the text, and also those of Dr. Merriman and Dr. Marshall Hall, wherever they could well be admitted.” In addition, he has furnished copious annotations from the two latter writers, as well as from his own experienced pen, distinguishing them by their respective initials. Such, therefore, is the amount of information here collected; and certainly Dr. Davies does not overrate the value of his labours, when he hopes that the work will be found “a good practical treatise.” Considered in respect to the value of its contents, it certainly is so, if arrangement and congruity are held as of a secondary consequence only. But we are bound to express our opinion, that although composed of excellent materials, in many respects it is most unfit for reference in practice, or as a text-book in the diagnosis of infantile diseases. The addition of one man's opinions and practice to those of another produces much incongruity. Dr. Underwood's treatise contains in itself a vast amount of useful information, combined with much which is totally opposed to more modern views. On the value of the remarks of Drs. Merriman, Hall, and Davies, there can be but one opinion; but excellent as each authority may be, “*per se*,” they form but an indifferent alloy. Indeed, the latter word is hardly applicable, as no attempt is made to reconcile even the most discrepant opinions. Thus, with respect to *porrigo scutulata*, Dr. Underwood says,—

“From considerable experience, I may venture to say, that this, being usually a mere complaint of the skin, is most successfully treated by topical applications. . . . It may be safely healed up, as I have found in many other affections of the skin, where the system has, often over-scrupulously, been conceived to be concerned.”—p. 482.

This is plainly contradicted by Dr. Davies at the end of the chapter, (p. 485.) Again: Dr. Underwood recommends, that in this complaint the head should be washed twice in the day with a strong decoction of tobacco, whilst in a foot-note, with the initials of Samuel Merriman, it is stated, that “a case of stupor, ending in death, occurred a few years ago at Shore-

ditch, from the incautious manner in which a father washed the head of his child with a strong decoction of tobacco, for the cure of tinea.”

Now this is calculated to puzzle rather than guide. Whatever may be the intrinsic value of the individual observations, if a practical treatise be deficient in general unison and congruity, it loses half its value to the practitioner.

As an instance of the gross and almost inextricable confusion induced, in a great degree, by this cause, we may refer our readers to a particular point in the diagnosis of hydrocephalus, as here given. With respect to the pulse of hydrocephalic patients, it is observed:—“The pulse and capillary circulation are constantly varying, without any assignable cause. At first, the pulse is natural, then morbidly slow, latterly unaccountably quick; the respiration is unequal, and is easily disturbed, &c.” (p. 354.) But in the next page it is stated, that “from remittent fever it is distinguished by the uniform quickness of the pulse, and the absence of vomiting, except as an occasional occurrence.” Now great doubt remains as to which disease is distinguished by the uniform quickness of the pulse, especially as, in the previous page, vomiting is stated to be only an occasional symptom of hydrocephalus. In Underwood's original work there is at least clearness and consistency of statement.

“Though it is sometimes a very short disease, and at others of many months' standing, it seems always to be divided into three stages, which are best distinguished by the state of the pulse. In the first, the pulse is always quick, as in other complaints attended with fever; in the second, it is slow, irregular, and often intermitting; and in the third, again, it becomes very quick, and usually regular.”—Vol. i. p. 277.

These remarks were first made by Dr. Robert Whytt, in a work he published on the subject in 1768. They are generally correct; but if employed as diagnostic of the disease, they will only tend to confirm the observation of the Roman author, who considered the pulse as “*res fallacissima*.” Goelis, Bouchut, and others, very properly prefer a consideration of general symptoms; the state of the pupil is, however, regarded by them as especially valuable. It affords a much more accurate index than the pulse, if it be examined from the commencement of the disease, not only of the presence of fluid, but of the stages preceding that of effusion. In two cases, published by Dr. Loir in the *Revue Medicale* for 1844, not only was the sensorium undisturbed, but the general health continued good up to a late period. But the pupil was strikingly indicative of the disease throughout.

Besides the want of congruity, which is lamentably exhibited in the present volume, there are certain portions of Dr. Underwood's treatise here resuscitated, which should find no place in any modern compilation; for instance, the chapter in which he groups together *gutta serena* and *cataract*, for the absurd reason, “because some of the remedies are accommodated to both.” (p. 498.) Yet no contradiction is given to this in the present work; but the advice to drop a solution of capsicum or cayenne pepper into the eyes of amaurotic infants is permitted to go forth unnoticed by editorial care.

Leaving out of the question these obvious omissions and mistakes, we still regret that as a practical treatise we cannot recommend the work. If we may be permitted a comparison, we may say that it resembles an antique edifice, to which additions of varied dates and different styles have been successively appended. There may be much utility and beauty in each addition, but what can we say of the whole?

“Talking yesterday with Dr. Heberden, I was surprised to hear him say he thought nothing of Hippocrates' worth knowing, and nothing could be learnt from him. He quoted Sir John Pringle, ‘that he would rather know what will be known two thousand years hence, than what was known two thousand years past.’”—*Letter of Dr. Lettsom.*