

I was upon a visit to my son, Dr. George Morley, of Swinderby, near Lincoln, this summer, when, on the 14th of July, I was sent for by Mr. Johnstone, a respectable surgeon of Bassingham, in consultation upon an extraordinary case of midwifery. I had not been in the patient's room two minutes before she had a return of a convulsive fit, and of the most alarming character, accompanied by gnashing of the teeth, foaming at the mouth, countenance and hands black, and requiring several persons to keep her in bed. We immediately held a consultation, and decided that the first step to be taken should be bleeding, which having been accomplished, we waited for the result, and in less than ten minutes our patient had a return fit, and though truly alarming, it was not so violent as the preceding one. Under these circumstances we thought it prudent not to proceed to delivery by artificial means, until we had given further time to see what nature would do. My arrival at the patient's house was between eight and nine o'clock in the morning, and ten o'clock having arrived, the convulsions still continuing, and there being no prospect of delivery from the efforts of nature, we concluded that the most judicious mode of proceeding, with a view of saving both the life of the mother and child, would be to deliver by artificial means; and for this purpose Mr. Johnstone placed the case solely into my hands, and, I think, much to his credit, I being the much older practitioner. I felt that a great responsibility was delegated to me—that of the life of two individuals, mother and child. I applied the vectis soon after ten o'clock in the morning, and in three-quarters of an hour I effected the safe delivery of a living child. Before this was accomplished, I informed the attendants and relatives, that in all probability the convulsions would continue after delivery, which was the case, but in a greatly mitigated degree. Our patient was totally insensible at the time of delivery, and continued so several days; but by the subsequent judicious treatment and great attention of Mr. Johnstone, both mother and child, at the end of the month, were as well as if the case had been of an ordinary character.

The treatment consisted mainly of an occasional use of the catheter, enemata, anodynes, with cold applications and blisters to the head; for we were of an opinion that the proximate cause of the convulsions was an undue pressure upon the brain.

Upon my return to Hull, I referred to Dr. Smellie's publication, the edition of the year 1766, a popular work on midwifery; and I found four cases detailed by him attended by convulsions, one of which proved fatal, the doctor imputing it to procrastination, occasioned by the folly of interference on the part of the relatives. In my younger days I had read Dr. Smellie's work; but his mode of practice did not recur to me in

the present case, and had it, I am pretty sure I should not have pursued it, for I find he preferred turning and delivering by the feet, even in *natural presentation*. Cases may occur which would sanction such a line of proceeding; and one has occurred to me during my residence in Hull, the placenta having been placed over the os uteri, with a strong morbid adhesion, attended by profuse flooding. In this case I effected the delivery of a living child by turning and delivering by the feet, and both mother and child did well. But in the case of convulsions (and it is fortunate they are of so rare an occurrence, for notwithstanding I practised in midwifery between thirty and forty years, and that extensively, at Wellingore, in the county of Lincoln, I never met with a case with the exception of the one just recited), being of an opinion that the proximate cause is an undue pressure upon the brain, it appears to me to be more reasonable that such artificial means should be used as are least likely to increase that pressure, and in my opinion either the forceps or the vectis, when carefully and judiciously used, will effect this; I mean only when the presentation is natural. Before I conclude, I will mention that, in applying the vectis in this extraordinary case, I made no extracting force whatever, only when the *natural pain returned*; during the convulsions I ceased altogether, and as both the mother and child did so well under this treatment, the fact will bear the repetition which I have just given, there was no violation of nature's rules, only an aiding of them. I remain, Sir, your obedient and humble servant,

JOSEPH MORLEY, M.R.C.S.,
Late of Wellingore, Lincolnshire.
Hull, Oct. 14, 1841.

ULCERATION OF THE STOMACH, FATAL BY PERFORATION.

To the Editor of THE LANCET.

SIR,—The following case, as illustrative of a very insidious and fatal disease, may perchance merit a place in the pages of your Journal. I have the honour to be, Sir, your obedient servant,

STEPHEN H. WARD.

7, Wellclose-square,
Oct. 18, 1841.

W. H., a carman, forty years of age, of a lymphatic temperament, having previously enjoyed moderately good health, was seized a little before one on the morning of Tuesday, October 12th, with excruciating pain in the abdomen, more especially referrible to the epigastric region, attended, however, by so violent a spasm of the abdominal muscles, as in a great measure to mask the more immediate seat of pain. These symptoms were accompanied by incessant vomiting, consti-

pation of the bowels, a small, frequent, rather wiry pulse, and general coldness of the surface. His countenance was expressive of great distress, and he could scarcely attend or reply to questions put to him.

When first seen, the state of the pulse, &c., seemed to contra-indicate the use of the lancet, but a full opiate was administered with a view of relieving the spasm. After a lapse of two hours, reaction had, to a certain extent, taken place, the surface was warmer, and the pulse had increased in fulness. As the spasm and pain continued without the least abatement, I abstracted sixteen ounces of blood, and repeated the opiate. The bleeding for the time produced slight relaxation of the abdominal muscles, with alleviation of the pain. After a short period, however, the symptoms returned in their original intensity; an injection of gruel and opium was administered, but nothing seemed to afford the slightest relief. He continued in the greatest agony during the whole day, and expired between eleven and twelve on the Tuesday night, about twenty-three hours from the commencement of the attack.

Inspection.—The abdominal cavity contained about a quart of fluid, of the colour and consistence of thin pea-soup. The peritoneum exhibited marks of recent inflammation, and the intestines were slightly adherent to each other and to the abdominal parietes. The stomach was collapsed, and exhibited in its greater curvature, towards the pylorus, an ulcer of irregular shape, with smooth, thickened edges. This had entirely destroyed the internal coats, leaving only the serous investment, which had given way, forming an aperture through which the contents of the stomach had escaped, and which was sufficiently large to admit of the finger being introduced through it. Extending from this ulcer along a considerable portion of the great curvature, the mucous membrane presented extensive superficial ulceration. The small intestines contained only flatus. The liver, spleen, and thoracic viscera, were perfectly healthy.

Dr. Abercrombie in his classical and very excellent work on Diseases of the Stomach, insists much on the insidiousness of this affection, and on the very doubtful character of the concomitant symptoms. These, as he observes, although at times severe, are in many instances merely those of dyspepsia, so that the greatest difficulty is experienced in forming a correct diagnosis. Of the present case, as the man had had no medical advice for some years, the history is of necessity involved in great obscurity, although, as he was capable of pursuing his occupation up to the day preceding his death, he could not have been the subject of much acute suffering. From what I could learn from his associates, he had for some years been very irregular in his habits, and at times much addicted to intemperance. Of late, from the inconveni-

ence experienced on taking food, he had suffered long intervals to elapse between his meals, and had had recourse to stimulants to supply the defect of proper nutriment.

During the fatal attack, the spasmodic and tense condition of the abdominal muscles, and, consequent I suppose upon this, the constipated state of the bowels, tended much to disguise the nature of the disease.

COLICA PICTONUM,

FROM THE MEDICINAL EMPLOYMENT OF
ACETATE OF LEAD.

To the Editor of THE LANCET.

SIR,—Should the following case, in which colic was produced by the administration of lead during an attack of severe hæmoptysis, be deemed sufficiently interesting, you will, by its insertion in your valuable Journal, confer a great obligation upon your obedient servant,

JOSEPH B. GRAY.

Chelmsford, Oct. 14, 1841.

Esther Brown, ætat. 27, of regular habits, but of consumptive diathesis, was placed under my care September 24th, 1841. Four or five years since she had a slight attack of spitting of blood, but since that period has enjoyed tolerable health, with the exception of occasional attacks of cough, which have occurred at intervals during the last two years. Her present illness occurred on the night of the 23rd, or rather early in the morning of the 24th, when, without having experienced previous pain or uneasiness at the chest, she suddenly awoke with feelings as of impending suffocation, which were relieved by the expectoration of a considerable quantity of blood. She coughs slightly before the blood comes up, which produces a sensation of choking, at which she feels great terror; the blood is discharged in half-mouthfuls; respiration slightly accelerated; considerable dulness and crepitation on the lower part of the left side of the thorax; pulse quick, jerking, 110; bowels open. Anxious, if possible, to save her farther loss of blood, I contented myself with prescribing the application of cold to the chest, and a grain of the acetate of lead every three hours. To quench her thirst, she was recommended to sip frequently of cold vinegar and water.

26. The bleeding has returned, and she has during the night discharged at intervals nearly a pint of bright red blood; the pulse very quick and jerking; respiration quick, heaving, and attended with pain at the lower part of the left side of the chest; countenance very anxious. She was bled to a pint; the lead increased to two-grain doses.

Evening. The blood is brought up in less quantity; there is more cough; pain at the chest continues; bowels confined. An ounce of castor-oil directly; twelve leeches