

flammatory affection chooses, by preference, the connective tissue embedding the common duct, the portal vein, and hepatic artery, on the concave surface of the liver, as its seat, and hereditary syphilis being a cause of the disease, we might expect to find the cause of the obstruction in this position in a case with such a history. But the question is apt to arise—May this inflammatory condition not be induced by other than syphilitic causes? Is it possible that such a state of things may be due to maternal impressions? In the case whose history I have previously recorded, it was ascertained that the father was of a highly bilious temperament, and that the mother was liable to this condition when pregnant, but was bilious at no other time; there was no history or trace of syphilis, and there was only a slight appearance of inflammation in the connective tissue mass, and that was not evidently recent. Whence the origin of the lesion, then? There was no appearance of inflammatory action round the navel, nor was there any evident phlebitis of the umbilical vein, which was patent at the time of the necropsy. We have at times peculiar unaccountable deformities present in the newly-born, as *nævi*, webbed fingers and toes, and other still more peculiar abnormalities, which are generally supposed to be the result of an influence transferred from the mother to her offspring, *in utero*, by reason of a fright, or the sight of some similar abnormality. This takes firm hold of the mother's mind, upon which she thinks much, and hopes her child will not be born so deformed, and the consequence is she imprints her exalted mental emotion as a physical deformity upon her child. If a momentary fright, then, succeeded by mental concentration, can bring about such a result, how much more will a physical peculiarity in a father at all times, and in a mother during pregnancy, tend to affect the condition of their offspring. A sextadactylous father will, in all probability, produce a sextadactylous child. Will not a father of bilious temperament, and a mother of similar temperament while carrying a child, influence the condition of the liver and its appendages, functionally and organically, of their offspring? It is quite within the bounds of possibility that such a result should happen, although, in the present case, I will leave it an open question, even in face of the fact of my inability to find any pathological condition sufficient to account for the lesion. Binz presumably admits the possibility of lesions in the liver of the child from the existence of functional derangements of that organ in the parents when he puts the query—whether illness in the mother may not produce peri-hepatitis in the concave surface of the liver of the child? Undoubtedly it is a question of importance in cases of this disease, which, in a series of children, have so fatal a termination, since the answer would influence the treatment applied for the obviation of the disease in the child through the medium of the mother.

From want of adequate space I am compelled to omit treatment of the pathology of the symptoms, and will conclude by a few words on the treatment of the disease.

Many of the cases which greet the eye of the practitioner are of such a slight and compromising character that they spontaneously recover if only patience be exercised; others again are moderately severe in nature, but readily get better under the use of simple purgatives, while others end fatally despite careful treatment. What is then the treatment of an ordinary case? Leave Nature to effect what she can, and if she fail help her by slight purgatives. In a moderately severe case with a child of weakly parts I should be inclined to assist the skin by bringing about perspiration by means of fomentations in which I would envelop the whole body, together with an occasional dose of castor oil; in a strong, vigorous child, I should adopt an early plan of purgative treatment by small doses of calomel, mercury with chalk, and castor oil at short intervals, in addition to fomentations or warm baths, and, perhaps, assist the kidneys by small doses of spirit of juniper, spirit of nitrous ether or succus taraxaci. I should also foment locally. Waring-Curran, adhering to his spasmodic theory of the disease, gives small doses of tincture of belladonna, with the result that "after its administration there is an end of the incessant crying, the child falls asleep, passes bile freely by the bowels, and rapidly recovers its natural state and condition." Graily Hewitt advises the application of a "stimulating liniment rubbed over the whole of the abdomen three times a day by means of flannel," and the administration of one-grain doses of calomel, followed by castor oil occasionally.

In a case in which there is known to be hereditary syphilis existing in the parents, and to have been a fatal issue in

previous children from this disease, the treatment would obviously be an anti-syphilitic one through the mother—and that as soon after conception as possible,—in the form of some of the iodine preparations. Binz is of opinion that the treatment should be in this direction, on the presumption that the lesion proceeds from the inflammatory action of the connective-tissue mass on the liver's concave surface, and from the beneficial result known to accrue from this treatment in syphilis. But in a case in which no syphilitic diathesis can be found to exist, and where several children have successively succumbed to this disease, we have to ask ourselves, What is to be done? Possibly a complete change of the hygienic conditions surrounding the mother during her pregnancy, along with the treatment of any complications which may arise during that time, may effect something; and in the event of Mrs. A—again becoming pregnant I shall advise this course and anxiously await the result.

Glasgow.

## INTERMENINGEAL SPINAL HÆMORRHAGE SIMULATING STRYCHNINE-POISONING.

BY E. L. DIXON, M.D., M.R.C.P.,

HONORARY MEDICAL OFFICER TO THE PRESTON AND COUNTY  
OF LANCASTER ROYAL INFIRMARY.

ON the evening of the 12th December, 1876, I was sent for in haste to see a grocer who had been suddenly taken ill. My patient was a tall and very powerful man of forty-nine years of age, who for the previous eight years, during which he had been under my observation, had enjoyed remarkably good health, having merely suffered from some trifling accidents, and on one occasion from diarrhoea. He had been a farmer up to a year ago, when he had opened a grocer's shop in the town; he was somewhat intemperate, and his accidents had occurred when he was intoxicated; he was of active habits, and was accustomed to lift heavy weights. On this occasion he was taken ill at six in the evening, soon after which I saw him, about half an hour after his "tea." He had been suddenly seized with violent tetanoid convulsions, which continued to recur at short intervals. The body in a paroxysm became completely extended, with the neck, arms, and legs stretched out and stiff for a short time; comparative relaxation then took place, to be followed in two or three minutes by a return of the spasms, during which the patient, who was never unconscious, screamed from the pain which he said he experienced all over the body, but especially in the region of the heart. He asked not to be touched, for movement in any way brought on a return of the paroxysm. When anything was put into his mouth with a spoon, the jaw contracted forcibly upon it, and if swallowing was effected, it was in spasmodic gulps. The pulse, which with difficulty could be made out during a spasm, was in the intervals 74, and of good volume; the pupils during a paroxysm were not insensible, but somewhat sluggish and dilated.

As he was lying upon a stone floor in a back room without any accommodation, during a brief interval from convulsions an attempt was made to remove him to his house. He died, however, before he could be got there. The whole duration of his illness was less than two hours.

As the case presented a very suspicious resemblance to one of strychnine-poisoning, I declined to give a certificate without a post-mortem examination, although in the most careful investigation I could discover no vestige of any inducement to suicide or murder, nor did it seem possible the poison could have been taken accidentally, for his last meal had been of his customary tea and bread-and-butter; moreover, no vermin or other poison was sold in the shop.

With the assistance of two medical friends I examined the body next day, about eleven hours after death. But neither in the head, chest, nor abdomen could we discover any cause for the sudden death; indeed, all the organs seemed fairly healthy. We, therefore, removed the stomach with its contents tied up, and also portions of the viscera. We then turned the body into the prone position, and carefully opened the spinal canal, when we found the arachnoid cavity filled with black and coagulated blood; there was no opening

of aortic aneurism into the canal, and the man had never complained of pain in his back. No attempt was made, on account of the limited time at our disposal, to discover the vessel or vessels ruptured. We considered that the extravasation was amply sufficient to account for his symptoms and death, and that it was unnecessary to proceed to the analysis of the contents of the stomach.

There are several points of resemblance in this case to a case of strychnia-poisoning. 1. The symptoms supervened very suddenly, and within a short time (half an hour) after a meal, in a robust man apparently in perfect health. 2. The convulsions were not attended by loss of consciousness, as in ordinary epilepsy. 3. These convulsions, though certainly clonic, as indeed they are at first after the administration of strychnia, were accompanied with a great amount of rigidity of the limbs, which remained fixedly extended for some time during the height of each paroxysm. 4. There was præcordial or epigastric pain, probably depending upon spasm of the diaphragm, and also spasmodic trismus, which occurs in an early stage of strychnine-poisoning. 5. Though in some cases of strychnine-poisoning the patient asks to be rubbed in order that the cramp be relieved, yet in others the exalted polarity or reflex excitability of the cord manifests itself in the production of the paroxysm by the mere touching of the body, which was a marked feature in this case. 6. The rapidity of death, which occurred within two hours from the beginning of the attack and within two and a half from his last meal. In many cases of poisoning the duration is, however, much less than two hours.

In the various standard treatises on medical jurisprudence I find no mention of spinal apoplexy or spinal hæmorrhage simulating strychnine-poisoning. Epilepsy, hysteria, myelitis, and cerebro-spinal meningitis are briefly alluded to, but tetanus is considered to be the only disease with which the symptoms produced by strychnine are at all likely to be confounded. Tetanus, however, is comparatively chronic, and may, as a general rule, be easily discriminated from strychnine-poisoning except in cases where the poison has been administered in frequently repeated small doses.

In this case the post-mortem clearly showed the cause of death, but I am by no means convinced that rapidly fatal illness might not occur without such marked appearances, and might closely resemble a case of strychnine-poisoning.

Preston.

## 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.

#### UNIVERSITY COLLEGE HOSPITAL.

##### CASE OF LOCKED TWINS, WITH PROLAPSE OF MEMBRANES OF THE SECOND CHILD.

(Under the care of Dr. J. WILLIAMS.)

FOR the notes of this interesting case we are indebted to Mr. Brian Rigden, M.R.C.S., late obstetric assistant.

Mrs. L—, aged twenty-eight, mother of four children, of whom two are living, sent for assistance on January 13th, 1879, at 9.30 P.M. She stated that she was seven months advanced in pregnancy, and had had labour pains for two hours, and about an hour before sending, during a fit of coughing, the waters had broke, quickly followed by a sensation as if something had fallen down. On examination there was found a tumour, external to the vagina, about as large as a child's head at full time, smooth, dark, almost black in colour, freely movable, with firm tense walls; it evidently contained fluid, and had all the appearance of a tumour containing blood. A catheter passed into the bladder drew off clear urine without having any effect on the size of the swelling. The tumour could be traced to a narrow pedicle, having its origin within the uterus, and it was evidently a portion of the membranes protruding and distended with fluid. In the vagina, behind the swelling, a foot was also felt. The tumour was ruptured and the fluid

escaped. Then the foot was drawn down, and the lower part of the body of the child was born. On examination now a second head was felt filling the os uteri, and the case was one of locked twins. With much difficulty the lower blade of Barnes's long forceps was applied to the head of the second child, but the upper blade could not be passed. Using then the body of the first child as an upper blade, gentle traction was employed, and the two children were extracted simultaneously, the heads being considerably flattened laterally. The children were small; the first, a male, was dead, the second, a female, showed some signs of life. They were lodged in separate amniotic sacs, and had distinct placenta. The mother made a rapid recovery.

The case is interesting, first on account of the locking of the twins, an event which fortunately rarely occurs; and, secondly, because of the prolapse of the membranes of the second child, presenting an appearance at first sight not unlike a large thrombus in the vaginal wall.

#### SHEFFIELD PUBLIC HOSPITAL.

##### CASE OF POISONING BY TOBACCO.

(Under the care of Dr. THOMAS.)

FOR the following notes we are indebted to Mr. R. J. Bryden, M.R.C.S., senior assistant house-surgeon.

John B—, aged fourteen, was admitted on Nov. 21st, 1878, at about 5.30 in the afternoon. He was quite insensible; the skin was cold and clammy; the face was very pallid, even to the lips, and some distinct drops of sweat were visible on the forehead. Both pupils were widely and equally dilated, but responded to light. The *alæ nasi* were widely dilated, respiration was slow and rather laboured, and accompanied by a rattling noise in the throat; the pulse was slow, feeble, and irregular, being about 40 to the minute. The upper extremities were somewhat stiffened, but the legs were completely relaxed; the muscles of the abdomen were contracted; the jaws were firmly fixed, the masseters and other muscles being firmly contracted. On separating the lips, a large quantity of brown frothy mucus dribbled away from between the teeth. About every three or four minutes, there occurred a very convulsive twitching of the muscles on the left side of the face, the eyelids of that side being very much affected. There was very little spasm on the right side of the face. Now and then also convulsive movements of both upper extremities occurred, the right being much more attacked than the left one. The bowels were not moved.

The face and chest were well slapped with a wet towel, and the galvanic battery was applied over the præcordial region, but without rousing the boy. The jaws were with difficulty separated with a gag, when about half an ounce of thick, brownish mucus, mixed with a watery matter, was expelled from the mouth. The stomach-pump was used, but very little was drawn off. About an ounce and a half of brandy was then injected into the stomach, after it had been well washed out with warm water. The patient was then taken to bed and placed between blankets, hot-water bottles being applied to the feet. Just before he was taken away to the ward his right arm was violently convulsed, and lifted up towards his mouth. At 7 P.M. he was still insensible. The pulse was 100, temperature nearly normal. The pupils were still dilated, and equal. At 7.45 P.M. he was becoming sensible. A pinch on the skin aroused him. The nurse said that he had been sick, and had made use of the exclamation "Oh dear!" when he vomited. The vomited matter consisted principally of small pieces of undigested meat and vegetables, with but little fluid. The contents were not tested for nicotine, but a small piece of substance was found resembling a piece of tobacco-leaf, but there was no smell of tobacco. At this time pupils were only slightly dilated. Pulse 100; temperature 99°; respiration 20. At 8.15 P.M. he was seen by Dr. Thomas. He was sensible and able to speak. He complained of feeling sick, but said he had no pain over his stomach or elsewhere. When asked if he had been smoking or chewing tobacco lately, he strenuously denied either accusation. Milk diet was allowed him, and the effervescing mixture, with the aromatic spirit of ammonia, was ordered to be given every four hours. At 9.30 P.M. he was asleep, and seemed quite composed. He had not been sick again. On the following morning he said he felt quite well, and in the evening of the same day he was discharged. He maintained, after the question had