of the included integuments and reseparation of the edges of the wound, as exemplified in the following case:—

CASE. C. D., aged 20, came to one of the metropolitan hospitals, with an incised wound of the left fore-arm, of about three inches in length, and gaping in midlength about one inch: it was situate over the head of the flexor carpi ulnaris. It reached to the deep fascia. Sutures were applied with traction by a young dresser. It struck me at the time that strapping would have been more useful; and I feared ulceration and separation of the sutures. As I had anticipated, the patient came to the hospital on the third day with the sutures ulcerated out, and the wound as widely gaping as at first.

As to the retraction of integuments neither the size of a wound nor convexity of subjacent osseous surface cause it: it arises chiefly from subjacent muscular contraction, and partly, but not very powerfully, in the scalp by cuticular contractility.

A gentleman of very large experience informs me that he has known scalp wounds, when rapidly healed, to suppurate subsequently, and therefore prefers healing by granulation.

TREATMENT OF CHOLERA BY PURGATIVES.

By JAMES G. DAVEY, M.D., Northwoods, near Bristol.

[Read before the Bath and Bristol Branch, Sept. 24th, 1857.]

A CASE of cholera has lately occurred in my practice, and I am afforded, therefore, an opportunity of bringing the question of treatment of this dangerous malady to your notice. It is true that a single case is in itself of no great value as a general rule; but I am not without hope that the facts about to be brought forward will be recognised as realising a certain and fixed principle in therapeutics, which we shall do well not only to keep in mind, but to acknowledge as the basis of all and whatever treatment we may adopt in cholera, whether the disease be epidemic or otherwise.

Much has been written, and more said, of late years, respecting the purgative treatment of *cholera asphyxia*. A few gentlemen have contended for the honour of having been the first to introduce and practise it; others have commended the eliminative treatment; but many more have looked with doubt on the utility of purgatives in cholera. These have put their faith elsewhere; and the majority of practitioners have condemned, though prematurely, the treatment named. Drs. Ayre and G. Johnson have given us their views. The first advises small and frequently repeated doses of calomel; the second, half-ounce doses of castor oil. Dr. Ayre fails to perceive that the calomel succeeds only when it happens to act as a purgative; and Dr. Johnson is so partial to his oil that he rejects, or did reject, all auxiliary means, as stimulants, etc. However, out of evil comes good. We are indebted at this time to Dr. Johnson for a valuable little book on diarrhoea and cholera, in which he says much that is true and useful, omitting much that was due to his readers. The book I hold in my hand was written in 1834; its author was the late Mr. Twining, surgeon in the Hon. East India Company's Service; and for a long time in charge of the General Hospital at Calcutta. Now Mr. Twining, so far as I can learn, was the first both to advise and practise the treatment of cholera by purgatives—not after an empirical fashion, but on the principle that such were imperatively necessary to substitute “evacuations of a healthy appearance” for those which are abnormal. Unlike Dr. Johnson, Mr. Twining insisted on the use of stimulants; on their aid he relied “to uphold the feeble remains of vital energy, and as it were to resuscitate the patient; otherwise the susceptibility to remedies (purgatives) is speedily extinguished.” During the prevalence of cholera in this country in 1832, I lived in the Borough, and was an assistant to Mr. Martin of Bermondsey. Here I saw a very large number of cases. In the course of the following year I found myself at Calcutta, where I had the opportunity of learning the practice of Mr. Twining. I was particularly struck with the results of this gentleman's treatment of his patients, as compared with those witnessed by me before in London. I saw at once that the merits of chalk mixture were as nothing when contrasted with those of purgatives, given discriminately, and backed by other treatment, medical and dietetic.

CASE. On September 13th (Sunday), I was requested to meet Mr. Salmon (surgeon), at the house of Mr. —. The patient, aged 45 (?), used to good living, engaged in husbandry, and addicted to field sports, complained, on the morning of September 11th, of uneasiness in the bowels, with some

diarrhoea. He took Seidlitz powder, which acted once, but very freely. This gave Mr. — considerable relief. On the morrow he felt in his usual health, and went out shooting. Having dined heartily, he drove out for two or three hours. After a light supper, he went to bed at about 11 p.m. At 2½ a.m. he awoke, when the bowels were much relaxed; and, after he had had two or three copious evacuations, great faintness supervened. From 2½ to nearly 5 a.m., the purging and vomiting were incessant; but the renal secretion was altogether suspended. He complained of “cramps” in his legs and “stiffness” of the fingers.

Mr. Salmon saw the patient at 9 a.m. At this time the vomiting and purging had moderated very considerably, but neither had ceased. He complained of painful cramps in the legs and hands, and spoke of a strange sinking pain or sensation across the epigastrium. Mr. Salmon told me that the state of Mr. — at 9 a.m. was most alarming and death-like; the prostration was fearful. His face was livid, and his features sunken, rigid, and fixed: this lividity was not confined to the face, but affected the extremities and a large portion of the surface of the body, both of which felt coldish and clammy.

I met Mr. Salmon in consultation about noon, when some slight reaction had appeared; the consequence of the remedial means which had been adopted, consisting of mustard poultices, brandy, ammonia, etc. The appearance, however, of our patient was anything but promising. The vomiting had at this time ceased, but a copious rice-water evacuation was ejected before I left the house. No urine was passed. Mr. — said he felt dying: his voice, too, was of that peculiar character so well known to those experienced in the management of cholera cases. Our first care was to maintain the animal heat, to support the declining vital energies, and to restore the lost tone of all those organs supplied with nerves from the great sympathetic system—in a word, to gain the necessary time wherewithal to secure to our patient the advantages to be expected from those remedies (purgatives) calculated to substitute a normal for an abnormal defecation. Mustard poultices, bottles of hot water, hot flannels, and such like were put in requisition. Strong beef-tea and brandy, in frequent and small quantities, were given. The following pills were ordered, viz.:—

R Hydrargyri chloridi. extracti colocynthidis compositi, aa gr. v. M. Fiat pilula ij statim sumenda.

One pill of this kind was also directed to be given every alternate hour; and, three hours after the first dose of calomel and colocynth, a draught, composed of an ounce of spirits of turpentine and an ounce and a half of castor oil, was prescribed.

I met Mr. Salmon again at 7 p.m. We found Mr. — better. There had been no evacuation from the bowels for the past three hours; the vomiting had discontinued. The surface of the body was warmer, and had assumed a more natural appearance; the countenance looked better, and had lost much of its sunken and cadaverous expression. He complained, however, of feeling very ill, as well as of great uneasiness over the whole abdomen. He manifested, too, very considerable impatience and restlessness. At this time our patient had taken five of the above pills, besides the draught named; or something like twelve grains of calomel, with the same of extract of colocynth, in addition to a certain quantity of beef-tea, brandy and ammonia, etc. When talking over the facts of the case in the drawing-room, we were summoned in some haste to our patient. He had just passed a few tablespoonfuls of bilious matter from the bowels, and, finding himself directly very greatly relieved, he had sent for us. Mr. — told us that he felt himself already another man. He had evidently come out of his death-struggle with success; he seemed all at once convalescent. It was agreed that the pills should be continued from time to time, but less and less frequently, according to circumstances; i.e., according to their action on the bowels. Stimulants and nourishment, as brandy, beef-tea, arrow-root, with artificial and external means of warmth, were directed to be employed as they should seem needed.

September 15th (Noon). Since my last visit on Sunday evening, Mr. — had gone on improving without one untoward symptom. The treatment, as determined on, had been persisted in by Mr. Salmon through Monday, on which day, and up to 6 o'clock a.m., there were five or six large dark coloured (black?) fluid intestinal evacuations; each succeeding one containing more and more bilious matter. The three last I saw; these, by comparison, attested the sure and progressive restoration of the functions of all those organs concerned, either directly or indirectly, in normal defecation. The excre-

tion of urine had now taken place, after a complete cessation of forty-eight hours. Mr. — had, in fact recovered.

REMARKS. The foregoing particulars I leave with you. I offer you them in earnestness, and yet with all deference to the individual experience and conclusions of gentlemen present. Pray do not prejudge this question of the treatment of cholera; it is one of great importance, involving as it does the health and life of very many now living, and of countless thousands yet unborn. Be assured that cholera statistics are, up to this time, in many respects valueless. You will have seen elaborate tables, long drawn out, prepared to show the comparative failure of the eliminative treatment of this fearful malady; but I would ask you to remember that the castor oil treatment is *not* the legitimate "eliminative" treatment. Such does not constitute the treatment by purgatives, as the foregoing case detailed to you so completely and successfully realises. The statistics of cholera remain to this time to be demonstrated.

INTESTINAL OBSTRUCTION, WITH STERCORACEOUS VOMITING AND HICCOUGH, DURING SEVEN DAYS.

By Jos. C. S. JENNINGS, Esq., Malmesbury.

[Read before the Bath and Bristol Branch, Sept. 24th, 1857.]

Miss A. K., aged 18, of sallow complexion, but with the catamenia regular, came under my care on Tuesday, March 3rd. She had consulted me a few days previously for slight dyspeptic symptoms. I now found her in great agony, with incessant bilious vomiting. I ordered two pills of compound extract of colocynth and blue pill to be taken immediately, followed up by effervescing draughts.

March 5th. On this morning the pills were repeated, with the addition of creasote; but this failing, the following was ordered:—

R. Pulveris opii gr. j; hydrargyri chloridi gr. j. M. Fiat pulvis 3tiis horis sumendus. Mitte iv.

An enema, containing compound extract of colocynth, was also administered.

March 6th. The same treatment was pursued, but without allaying the vomiting. There were now (10 A.M.) great tenderness of the right hypochondrium, acute lancinating pains, and hard rapid pulse—indeed, all the usual symptoms of enteritis. I therefore had recourse to bleeding, and directed eight leeches to be applied to the painful region.

March 7th. The enemata, with warm fomentations, and the powders, were continued at intervals during the day; but, as no relief was obtained, and the vomiting had become fecal, I passed up the rectum an œsophagus-tube, to which a pair of bellows was attached by vulcanised India-rubber tubing, and proceeded to inflate the bowels with air until the distension could be no longer borne. This had the happy effect of instantly exciting the peristaltic action of the intestine; and a copious scybalous stool was the result, with immediate abatement of all the alarming symptoms. Some effervescing medicine was afterwards prescribed. In two days the patient was able to sit up, and I found her engaged with her needle; and, though much reduced in strength, apparently in her usual health.

March 10th. I was hastily called on to see her, in consequence of a return of vomiting and violent pains in the abdomen, recurring at intervals of a quarter of an hour. I gave immediately two grains of calomel and a grain of opium; and an antispasmodic mixture, containing compound spirit of sulphuric ether, to be taken every two hours, alternately with a pill containing half a grain of hydrochlorate of morphia.

March 20th. An enema of compound extract of colocynth was administered; and, as the thirst was great, a small quantity of simple effervescing mixture was allowed occasionally. Eight more morphia pills, one to be taken every four hours, alternately with the same containing one drop of croton oil in each, were ordered. The pulse was now small and rapid, but there were no inflammatory symptoms. The vomiting had, however, become stercoraceous, and was ejected with great force and suddenness through the mouth and nostrils.

March 21st. Pills containing one grain of opium were now given after every vomit, and the enemata were continued occasionally. Inflation now failed to relieve the bowels. O'Beirn's tube having, therefore, been passed about a foot, a copious injection of cold spring water was thrown up, to the amount of two quarts; but this also failed to excite any action, although

had recourse to three times at intervals. Two-grain doses of opium were now administered in pills, to relieve the very distressing vomiting.

March 22nd, 8 A.M. The vomiting continued. The pulse was very small and rapid; the countenance anxious. Two enemata of cold water were administered without success.

10 P.M. A fermenting mass of yeast, flour and water, was now injected through O'Beirn's tube passed a considerable distance up the bowel, and the opiates were continued during the night.

March 23rd, 12 noon. Great distension had been produced by the yeast which had been retained, but there had been no action of the bowels beyond expulsion of flatus. The pulse was now scarcely perceptible; the throat was dry, with sense of constriction; deglutition very difficult; and the tongue preternaturally red with raised papillæ at its edges. The patient had taken nothing except medicines for two days, and appeared almost unconscious except when spoken to. The eyes were much sunken, and surrounded by a dark zone. Her condition more resembled that of catalepsy. There was also scanty menstruation. I now gave a turpentine enema, and finding after an hour that its peculiar smell could be detected in the breath, I administered the following day, March 24th, at 10 A.M., a similar enema, followed up by inflation of the bowels, and afterwards gave the following pills during a lull in the vomiting.

R. Olei crotonis gtt. iv; extracti colocynthidis co. gr. viij; pilulæ hydrargyri q. s. M. Fiat pilulæ iv, quarum ij statim sumantur.

Three hours afterwards, a copious stool was passed.

March 25th, 2 A.M. There was a dejection; semi-fluid, containing scybala; compressed, riband-like, and fawn-coloured.

5 A.M. Similar stool.

10 A.M. I prescribed aperient effervescing draught to be taken every three hours.

March 20th. The patient was convalescent, and went on well till May 21st, when vomiting returned. A compound colocynth enema was at once administered, and two drops of croton oil with compound extract of colocynth and blue pill were given, followed by a turpentine enema, which produced a copious stool, and all the symptoms subsided.

REMARKS. The first attack appeared to be produced by a long walk after an early breakfast, without the usual full midday meal, and a hearty supper of cold boiled beef and a subsequent walk of two miles. I was induced to diagnose intussusception in the first and second attacks, and the peculiar compressed riband-like character of the fæces evacuated seem to favour this supposition. I find a very similar case recorded by Dr. Brittan in the BRITISH MEDICAL JOURNAL for January 17th, and another by Dr. Jackson on March 14th, in which the advantage of treating these cases by opium until the tendency to vomiting has subsided, is clearly demonstrated. The means ultimately adopted for the evacuation of the bowel may, I think, be frequently used with advantage, and in some cases where a cataleptic state of the system appears to be indicated.

MALFORMATION OF THE HEAD IN THE FÆTUS.

By HENRY G. TREND, Esq., Eye, near Peterborough, late Resident Accoucheur to St. Thomas's Hospital.

DURING the past twelve months, three almost similar cases of malformation of the head in the fetus have occurred in my practice; and from their comparative rarity, and the difficulty that was thrown in the way of detecting the presentation, I am induced to lay them before my fellow-associates.

CASE I. On September 29th, 1856, about 8 A.M., I was summoned to attend Mrs. J. L., aged 19, a fine healthy-looking young woman, in her first confinement. Her residence not being more than a dozen yards from my own door, I was on the spot immediately, and found her down stairs lying on the floor in a bucket full of liquor amnii and bloody fluid; the women present being all very much excited. I had her carried up to bed, and on inquiry found that she had passed a very good night, and had been first taken poorly when her husband went out to work at six o'clock. On examination, the os uteri was found almost fully dilated, and the finger came against a soft placental-like mass. My first thought was that it was a case of placenta prævia; on further examination, however, I detected higher up posteriorly an uneven serrated edge. I was turning over in my mind what the presentation could possibly be, when a violent pain expelled a male child, and unravelled the mystery.