it difficult to preserve an accurate direction during the dissection. Then, with a sharp pair of scissors, the edge of the lid, supported on an ivory spatula, is to be divided at the extremities of the proposed incision. The skin is thus set free; and by means of a sharp scalpel the skin, fibres of the orbicularis, and bulbs of the cilia, may be dissected from the tarsal cartilage with facility. When this strip has been removed, it is proper to wait until the bleeding has ceased, when any stray black points (hair-bulbs) may be snipped out with curved iris scissors. The edges of the incision are to be carefully drawn together with sutures of fine Chinese twist, and cold water dressings alone are required. At the expiration of about twenty-four hours, the sutures should be removed, or the lid will become puffy: their extraction requires a light hand, in order that the adhesions may not be disturbed.

The removal of the edge of the lower lid is somewhat more difficult than that of the upper, for the spatula which protects the eye, and is a firm point on which to cut, cannot be conveniently used; the lid must be drawn down to avoid the possibility of wounding the eye, and the traction on the integuments throws the tarsal cartilage back, so that it is rendered deeper than natural. Instead, therefore, of cutting down, I find it is best to thrust in the point of the knife at the limits of the intended incisions, and to cut towards the surface. The boundaries having been thus divided, the flap should be dissected off the cartilage, and, with a pair of scissors, snipped through close to the mucous membrane.

The operation is painful; the hæmorrhage always free: and it is best to have two assistants, one to hold the head of the patient firmly, the other to attend to the spatula and to sponge.

19, Berkeley Square, February 1853.

ON THE IDENTITY BETWEEN THE POISON OF ERYSIPELAS AND THAT OF PUERPERAL FEVER.

By ROBINSON ELSDALE, Esq., Surgeon.

My object in publishing the subjoined cases is to afford evidence in confirmation of the doctrine of the similarity, or rather the identity, of the poison of erysipelas and that of puerperal fever. They will show that one of these diseases will, under certain circumstances, induce the other; and that the induced disease, acting on the system of another person in a different state, will manifest itself in its original form.

The cases are related in the order of their occurrence.

CASE I. A man in this neighbourhood, after having recovered from a severe and long attack of typhus fever, imprudently went out and sat for some time upon some damp straw. He went home, and was seized with a shivering fit; and in a few hours erysipelas appeared, which extended over the whole of the head and face. He was quite blind from the swelling, and died in a few days. His death occurred on the 22nd of October. During his illness, he had been nursed by the wife of Joseph Freshney, residing at Moulton, a strong, healthy woman, aged 35, the mother of six children. On the day after his death, this woman, being then between four and five months advanced in pregnancy, had a severe rigor, and complained of sore throat. When I was applied to, on October 24th, erysipelas had commenced in the face; and it spread rapidly over the head and neck. Under the usual treatment, however, the fever and other symptoms abated; and on the 9th of November I considered her convalescent.

On November 10th, I was summoned to her, as labour pains had commenced. Shortly after my arrival, a fœtus of between four and five months was expelled. I noticed a preternatural degree of heat in the generative organs, which induced me to interfere as little as possible. The woman recovered. Two women who attended this case,

suffered from fever and sore throat, and two children in the house had the same symptoms.

CASE II. On the same evening, Nov. 10th, I was sent for to Mrs. Buchan, a respectable married woman, aged 21, living at Moulton Chapel, four and a half miles from my house, and in quite a contrary direction from the last-mentioned case. She had a very favourable labour—it being her first. I was not with her more than three hours, before she gave birth to a full-grown female child. She had had slight diarrhœa for a day or two previous to the labour, which had not subsided at the time of her confinement. Two days afterwards, she was seized with violent vomiting and increased purging, which continued with more or less violence for a fortnight. There was no tenderness of the body on pressure; but the vomiting, which amounted to some quarts, was to her the most distressing symptom. The fluid ejected from the stomach was of that dark, coffee-ground appearance, observed in puerperal fever; and of precisely the same character as that which occurred in another case about to be related. She had a dry, hard skin, with a pulse never less than 120. The symptoms yielded to medical treatment. Calomel and opium appeared to have a very beneficial effect; and I used turpentine externally. She remained weak for a very considerable time, but ultimately recovered; and I have since attended her in other confinements.

The nurse who attended this woman had inflammation of the arm, which she attributed to a prick from a thorn in the fore-finger. The inflammation extended along the course of the absorbents to the shoulder. She was obliged to leave, and kept her bed for more than a week. She had considerable febrile symptoms. The woman who supplied her place was seized with pain in the arm, without any assignable cause, attended with the same symptoms; and was also obliged to leave. In both cases, abscesses formed, which were exceedingly tedious and troublesome. Both women attributed their illness to washing the linen of the lying-in woman.

CASE III. On the same night, November 10th, I was summoned at half-past 12 o'clock to Mrs. Garton, of Whaplode, quite in another direction from either of the two last-mentioned cases. I had previously attended her in two confinements, both of which had been very quick, and from which she soon recovered. She had enjoyed good health up to the time, and was thirty-seven years of age. On my arrival, I found the membranes whole, with the head low down, and strong pains. I ruptured the membranes, and, after a very few pains, a live child was expelled. The placenta followed almost immediately, and I left her very comfortable. Upon my calling on her during the next day, she (to use her own words) "never felt better in her life". The same night, she was seized with a rigor and pain in the abdomen: this she attributed to some castor-oil which the nurse had given, and which had not operated. I saw her again early on the morning of November 12th, not more than twenty-eight hours after her confinement. She was then suffering from extreme pain in the region of the uterus; she had a dry, hard skin, and a pulse of 140; her countenance was exceedingly anxious and expressive of pain. I bled her in the arm, and applied a dozen leeches to the abdomen: I also ordered her half a grain of calomel, and half a grain of powdered opium, every three hours; and administered an enema of warm gruel with turpentine. Upon visiting her in the evening, I found all the symptoms aggravated. The bowels had not acted; her eyes were half closed, her breasts exceedingly flaccid, her speech incoherent at times, and her breathing very difficult. She was evidently moribund, and died about six o'clock on the morning of the 13th; not living more than fifty-four hours after her confinement.

The nurse who attended her was seized with erysipelas of the face and head, on the evening of the woman's death, and died within a week. I did not attend her myself, as she came under the hands of Dr. Welch, of Holbeach, who told me that he never saw a more severe case, or one which more resisted all attempts on his part to arrest the progress of the disease: in fact, he assured me that it was one of the worst

forms of erysipelas he had ever seen. A neighbour, who came in during the labour, also had an attack of erysipelas, but in a much milder form (owing, perhaps, to her having much less to do with the patient); and she recovered.

Here, then, we have the poison of erysipelas conveyed, as believe, from the first woman, Freshney, producing in the lying-in woman, Garton, puerperal fever, and again (from the difference of the state of the two women) developing itself in the nurse in its original form.

CASE IV. On Nov. 11th, the day following that on which I attended the above-mentioned case, I was called to see Mrs. Brown, a young, healthy woman, aged 21, in labour with her second child. She lived at Moulton Chapel, under the same roof with the second mentioned patient, Mrs. Buchan. Here there was an unusually unyielding state of the os uteri. I had recourse to bleeding and opiates during labour, which extended over sixteen hours. She gave birth to a child greatly deformed in its lower extremities, and with spina bifida. I left her about one o'clock in the afternoon; and upon visiting her again in the evening, I found that she had had a rigor, and complained of pain in the region of the uterus, greatly increased by pressure. I applied leeches, with turpentine dressing, to the abdomen, and gave calomel and opium every three hours, with castor-oil. Upon again visiting her, as there had been no evacuation from the bowels, I administered an injection of warm gruel, with an ounce of spirit of turpentine. I also applied warm poppy poultices, as she complained of the turpentine increasing the pain. The calomel and opium were continued. Next day she was no better. She had violent and repeated vomiting of dark coffee-ground looking fluid. I gave another enema, and applied more leeches. In spite of treatment, she gradually got worse, and died on November 16th, four days after confinement.

This last case was one of decided puerperal peritonitis, without those marked symptoms of fever which existed in the case of the woman Garton. During life, there was a moisture upon the skin; and there was no dryness of the tongue until the last few hours. The bowels acted of themselves after about four injections had been given; but the pain was never absent, and the pulse sometimes 200 in the minute. I had at one time, from the action of the bowels, and the skin, some hopes of this woman's recovery; but to no remedy did the pain yield. Besides the calomel and opium every three hours, I at times gave full doses of the latter, with a view of allaying the irritability, and, if possible, of relieving the extreme pain. Leeches appeared to afford little or no relief. The vomiting was almost incessant.

After the death of this woman, so convinced was I that I carried about with me the poison which was working such frightful consequences, that I destroyed my clothes, sponged myself all over with a solution of chloride of lime, and rode for miles about the country, exposed to all weathers, hoping that the storm and wind might help to purify me from this fearful scourge. Luckily for myself and my patients, I had no other case of midwifery for more than a week. I took every precaution to interfere as little as possible, and was gratified by the recovery of the woman without one unfavourable symptom.

REMARKS. In the first case, the woman Freshney, having gone through (if I may so express it) the dangerous stage of erysipelas, had a premature labour, unattended by any bad symptoms, from which she speedily recovered.

In the second case, that of Mrs. Buchan, I think it may very fairly be asked, whether she did not in great measure owe her recovery to the inflammation attacking the mucous membrane of the bowels, instead of the peritoneum? the diarrhoea which she had previously to her confinement, as well as at the time, showing an irritable state of that membrane. In this case, both the attendants had inflammation of the absorbents, and abscesses, with considerable febrile derangement; the inflammation being of an erysipelatous character.

In the third case, that of Mrs. Garton, death took place so rapidly, from the extreme violence of the symptoms, as

to leave scarcely any time for medical treatment to be of any avail; and in this case the nurse died of erysipelas.

These facts appear to me to confirm the doctrine, that so-called puerperal fever or peritonitis is a disease of an erysipelatous character; and that it is capable, under certain circumstances, of infecting other persons with erysipelas, which may even prove fatal.

In connexion with this subject, I will quote the following interesting observations from a Report of the Standing Committee for the Western District of New Jersey Medical Society, by Dr. Parrish:—

"The simultaneous occurrence of erysipelas and puerperal peritonitis has often been a subject of useful and interesting inquiry among physicians. As evidence of there being great danger of communicating to parturient females the contagious virus of erysipelas, it may be stated that, while recently visiting a patient with this disease, and engaged in making applications to the inflamed part, the writer was called to wait upon a female in labour. Under the apprehension that there might be some danger of communicating the disease, the examinations *per vaginam* were as few and as rapid as circumstances would justify; but the case being very tedious, and requiring the employment of forceps, the hands were necessarily brought into contact with the mucous membrane of the vagina; and, though they had been thoroughly washed, the patient barely escaped with her life, from an attack of puerperal fever, with an offensive discharge from the uterus, and an acrid secretion from the vaginal walls. The infant, at the age of about two weeks, was seized with a severe attack of erysipelas, invading the head and shoulders, and extending down the back. The integument became extremely indurated; the skin assumed a dark, livid hue; and the little sufferer died on the third day, in a state of coma. A similar case occurred not long since, in the practice of another member of your committee; and the infant died with erysipelas about the nates, between the third and fourth week." (*London Journal of Medicine*, January, 1850, p. 57.)

Moulton, near Spalding, Lincolnshire, February 1853.

CASE OF HEMIPLEGIA FROM EXPOSURE TO SOLAR HEAT.

By WILLIAM HENRY ASHLEY, M.D., Surgeon
to the Kensington Dispensary.

THE months of July and August of the past year were remarkable for a temperature unusually high for this climate, ranging in the shade at noon from 80° to 90° Fah., with probably an increase of 15° or 20° in the sun. The effects of this intensity of heat on our labouring out-door population were most baneful; and among the number of those who succumbed to its influence, may be mentioned the following instance.

CASE. James Bond, aged 24, a brickmaker's labourer, came under my care as a dispensary patient on August 3rd, 1852. He was of spare habit, had lived temperately, and enjoyed good health up to the time of the attack. During the sultry weather he had been engaged in conveying unburnt bricks to the kiln. The high solar temperature (blood-heat) to which he had been exposed, was rendered more aggravating by the burning brick-kilns; and under these adverse circumstances he had complained from time to time of much distress, and of headache. I did not see him until some hours after the attack. His statement was then very rambling, and his language incoherent; I gleaned, however, from him, with much difficulty, that he had no recollection of what had transpired from the time he quitted the brick-field, until he found himself in bed (his room was within a short distance of the field in which he had been employed), and he believed that the attack was not instantaneous. No person was present who could give any further account of his illness.

The pulse was small and 52 in the minute; the respiration natural; the complexion neither flushed nor livid; the