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

head unduly hot; the eyes had a wild expression; the pupils contracted imperfectly under the influence of light; the conjunctivæ were not suffused; the tongue was drawn to the left side, and protruded with difficulty; it had a white fur, and was moist. His articulation was very much impaired; so much so that it was scarcely possible to comprehend one word that he attempted to utter; the mind also appeared somewhat imbecile. He had not felt pain in the head since the attack. There was complete deprivation of voluntary power over the right half of the body; the facial muscles were drawn to the left side; sensation was perfect, and the temperature uniform throughout. The functions of the involuntary muscles were unimpaired; there was no retention of urine nor constipation of the bowels. The nurse had not observed any muscular twitching or convulsive movement, nor had there been any delirium.

The following medicine was ordered: *Rx.* Hydrargyri chloridi gr. vj; olei tiglii gr. i: to be taken immediately, and followed in an hour by a turpentine enema. The head was to be kept raised on a pillow, the hair removed, and iced lotion to be occasionally applied to the scalp. The hot mustard hip-bath was directed to be used as soon as possible. Twelve leeches were applied to the temples. *Rx.* Hydrargyri chloridi gr. ij; pulv. cinnamomi compos. gr. viij. *M.* Quartis horis sumatur. The patient was ordered to take barley-water and gruel as nourishment.

August 5th. The pulse had increased in frequency. There was no anæsthesia nor formication; articulation was a little more distinct; he had no pain or throbbing of the head, nor intolerance of light, or excessive sensibility to sound. The bowels were relaxed, and the urine was copious. *Acetum cantharidis* was ordered to be applied to the scalp on the left side, and the blistered surface to be kept open with an ointment, formed of equal parts of the unguentum hydrargyri, unguentum iodinii compositum, and unguentum cantharidis, combined with one third portion of lard. The following powder was ordered to be taken every six hours: *Rx.* Hydrargyri cum cretâ gr. ij; pulv. cinnamomi compos. gr. v; and beef-tea, as sustenance.

August 7th. The pulse was 70 in the minute, with increased power. He pronounced words with less difficulty; voluntary power was returning; the right foot could now be moved, and the facial muscles were but slightly distorted. The hydrargyrum cum cretâ and pulv. cinnamomi compos. prescribed at the date of the last report, was now ordered to be taken three times a day; and the beef-tea and gruel to be continued.

August 13th. He had continued to improve daily. The paralytic condition had left but a trace of weakness on the right side; the voluntary power of the arm was restored, but the leg was still feeble. Articulation was scarcely affected; the muscles of the face had assumed their normal appearance. The following medicine was prescribed: *Rx.* Hydrargyri cum cretâ gr. ij; extracti hyoseyami gr. iij. *M.* Ft. pilula mane nocteque sumenda. *Rx.* Potassii iodidi gr. ij; ammoniæ sesquicarbon. gr. v; misturæ gentianæ compos. 3j. *M.* Fiat haustus ter quotidie sumendus.

From this date he might be considered convalescent; and in three weeks the power of locomotion was perfectly restored, and his health reinstated.

REMARKS. The majority of those who fall under the malignant influence of *coup de soleil* never rally; death too frequently ensuing either from apoplexy or shock. In this case, although the patient escaped the more fatal consequences, hemiplegia was the result.

In a remote age, we find the father of medical science thus briefly alluding to this subject:—"And when they pass their fiftieth year, defluxions supervening from the brain render them paralytic when exposed suddenly to strokes of the sun or to cold." Here, however, the paralysis was not a sudden result of the stroke of the sun; nor did it arise from apoplectic seizure, or transient vascular distension; for it did not appear until some hours had elapsed after the exposure, and not until all evidence of determination of blood to the brain had ceased. The pathological

condition will be better explained, by attributing it to serous effusion consequent on congestion of the cerebral vessels.

In the earliest stage, that of local hyperæmia with determination of blood to the brain, the cold douche to the head, hot mustard pediluvia, and topical blood-letting, should promptly be had recourse to, together with the remedial measures before mentioned as having been employed in the case described. Should there, however, be any tendency to collapse, much circumspection will be required in order that we may not depress the vital powers; it may, indeed, be necessary to support with ammonia, ether, and other stimulants.

Excepting where apoplexy supervenes, general blood-letting, as a rule, is not admissible. We read that very doubtful benefit, if not positive injury, has resulted from it; the pulse has been observed to fall very rapidly, and the heart's action to become embarrassed, threatening syncope. Another grave objection which may also be advanced against the use of the lancet in these cases is, that by abstracting the more solid constituents of the blood, and thus diluting it and impairing its vitality, the risk of serous effusion is much increased.

In the more advanced period, that of effusion, the ointment before cited is most useful as a counterirritant in promoting the removal of the morbid product. The exhibition of mercury, however, in small and repeated doses, is mainly to be relied on, as it not only arrests the effusion, but conduces to the absorption of serum and coagulable lymph. Moreover, mercury should be administered at the earliest period of the attack as a preventive of inflammation; indeed, this is a most important indication in the treatment, not only of this affection, but in all cases where we have reason to believe that inflammation may be impending. By judiciously introducing into the system this invaluable agent, local inflammatory action may be prevented, or certainly arrested, before the more tangible symptoms reveal themselves to our senses; we thus anticipate the evil, and take measures to prevent its advent.

S, Boyne Terrace, Kensington Park,
February 8th, 1853.

CASE OF STRICTURE OF THE ŒSOPHAGUS.

By GEORGE LOWTHER, M.R.C.S.

THE following case of œsophageal disease, which occurred in my practice several years ago, I have been led to submit to the notice of my professional brethren, mainly from the fact that it resisted all remedial measures, even in the hands of men of eminence and extensive practical experience; and under the hope that this failure may prompt us to renewed exertions, in order to devise, if possible, some method of cure for one of the most formidable and distressing maladies incident to humanity.

CASE. Near the close of the year 1844, Mr. S., a corn merchant, felt, for the first time, an obstruction during deglutition, immediately above the sternum. Three months subsequently, the dysphagia increasing, he grew anxious, and consulted me on his complaint. I put him under a course of antispasmodics, alteratives, and counterirritants, with occasional aperients, and lastly mineral tonics; and at the end of three weeks, the difficulty of deglutition was decidedly relieved. The relief, however, was but temporary. He next took the advice of Dr. A—, then resident in Hull. Early in April, he left home, with the intention of consulting some metropolitan physician.

After an absence of three months in London, having been attended by Dr. C., afterwards by Dr. W., and finally by Mr. A., he returned home, greatly emaciated, and in no way benefited.* Dr. C. prescribed antispasmodics and mineral tonics; Dr. W. administered mercury, to moderate

* Mr. S. had in addition, during his stay in London, the advice and assistance of Mr. V., a surgeon of considerable practical experience.