combination with purgatives, in cases of constipation, depending upon atony of the muscular fibres of the large intestines, or want of propelling power at the upper part of the rectum; but as he makes no allusion to the *very small quantity of the purgative* required, nor to the influence of the medicine upon the other organs supplied by the sympathetic system, &c., I do not think I need withhold the forgoing observations.

Bath, April 26, 1848.

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE VII.

FITS DURING LABOUR.

Ann Shaffell, aged 24, single, low stature, broad-set frame, and muscular system fully developed, hair dark, *nervo-phlegmatic* temperament, looks healthy.

January 18th, 1848. At three o'clock this morning was awakened from her sleep by incipient pains of labour, which continued at intervals, and increased in power up to eleven o'clock, the time at which I first saw her. On making an examination, the head was tolerably low down in the pelvis, and the os uteri was dilated to not more than the size of a shilling-piece; parts quite cool, and well lubricated. Patient stated the waters had broken early in the morning; this, however, was manifestly incorrect, as the membranes could be distinctly felt entire. Deeming it of little utility to wait, as it was very probable her delivery would not soon take place, as judged from the extent of dilatation, and the degree of force and frequency of the pains, I left her, with strict injunctions to be summoned if any sudden change supervened. At half-past twelve I was sent for in great haste, it being reported that the pains had now become very frequent and much stronger. On my arrival the os uteri was almost entirely dilated, pains, however, now abated, and for some time she remained *in statu quo*. She had three or four pains, which were not very severe, after I had entered the room, and to all appearance everything was progressing in the most satisfactory manner, and she was partially reclined on the bed; at this moment my attention was quickly directed to the patient, by the nurse who was standing by her bed side, and who in her alarm shouted "Doctor, she is in a fit." The eyes were everted, the hands firmly clenched, and the entire muscular system in a state of considerable rigidity. There was no foaming at the mouth, little, if any, tossing about of the head on the pillow, no stertor, and the paroxysm was of short duration. Cold was applied to the head, though this did not seem particularly indicated, as the surface generally was not above the normal degree of temperature, nor was the os frontis, but as we frequently, during such paroxysms, observe it. Whilst the fit

continued, the countenance was much congested, and assumed a dark rose-red; the eyes were suffused, and seemed fierce and glassy; the pulse slow, and though of small volume, of tolerable strength. I should have bled her, but unfortunately I had forgot my lancet case, and thus some delay was unavoidable, the place being at a short distance out of the town. Considering it desirable that the child should be born as soon as possible, I dispatched a messenger for my friend Mr. Cole, and desired him to bring the short forceps without delay. The head had descended too low down to turn, and the forceps seemed to be the most desirable mode of procedure. Immediately after the fit had subsided, I ordered a sinapism to be placed along the whole course of the spine, also others to the legs and feet, hot bottles were applied to the extremities, and additional coverlets thrown over her, to induce, if possible, more heat on the surface. In less than half an hour Mr. Cole arrived with the instruments, which I at once applied, and the child was readily extracted. She had not had another fit during this interval. The placenta was removed in about eight minutes afterwards, with scarcely any loss of blood. She remained from the time of the fit insensible, and spoke with vehement incoherence. The eyes were wandering, and gave a vacant expression to the countenance, and she constantly stared about as if in bewilderment. Pupils both fully dilated. Child born about a quarter-past one, p.m.

In the first half hour after delivery she had five fits, each characterized by the same phenomena as the one described, but of a milder description. Conceiving that a moderate degree of depletion might, by relieving the general congestion, be of service, although the pulse was slow and small, Mr. Cole agreed to this opinion, and we consequently, with caution, resolved to bleed her into a tea-cup, watching at the same time the effect which it produced on the heart's action. On opening a vein in the arm, not half an ounce could be obtained. The pulse became slower, of less volume, and weaker, its beats not being more than 44 per minute. The skin, in despite of every endeavour, grew colder, and the countenance looked livid and congested. The compound camphor liniment, with the strong liquor of ammonia, was freely rubbed on the chest, and an enema administered, with a drachm each of laudanum, and the compound spirit of ammonia, and an ounce of turpentine, in half a cupful of oatmeal gruel, which was retained. Symptoms of amendment not becoming manifest, it was very properly suggested by Mr. Cole that voltaic electricity should be tried, with a view if possible to rouse the central organs of the nervous system. Mr. Cole, who has long used galvanism as a medicinal agent, and often with marked success, had by him three or four descriptions of apparatus; that of Bichoffers was selected, and readily rendered available. I carefully noticed the pulse, which was now 58, and Mr. Cole then placed one wire behind the neck, the other over the last lumbar vertebra. In ten minutes the pulse rose to 100, and remained at that degree of frequency so long as the electric fluid was employed. She soon expressed herself as being

* Continued from page 96.

"better," and seemed more collected. In a quarter of an hour after the wires were discontinued, the pulse fell to 80, but was of improved strength and volume; the skin generally grew warmer, the looks were more natural, and she now answered questions rationally.

Eight o'clock. (*Vespere.*) No return of fits; surface warm and moist; pulse 64, of good volume and strength. Ordered a little gruel, and hot bottles to the feet.

19th. (*Mane.*) Slept but little during the night, and until three o'clock was loquacious and wandering; had no fit since yesterday afternoon; pulse 66, of better strength; is quite sensible, and expresses herself as improved. Upon enquiry states that she has had considerable headaches during the first two months of her pregnancy; never had any fits before, at any period of her life; always enjoyed good health; urine, up to the time of her delivery, had always appeared natural, and voided in proper quantity; bowels have often been confined during the last two or three months, and says that last week were a good deal constipated; yesterday morning diarrhœa came on, and she was purged three or four times; says she had headache yesterday morning, (chiefly over os frontis,) and that at times she fancied every thing turned round. Does not remember her delivery. Urine voided normally, of specific gravity 1.010, does not coagulate by heat; nitric acid produces no effect; litmus paper is unaltered.

Half-past one p.m. Summoned in great haste, it being reported she has had in quick succession three fits, which were pretty similar to those yesterday. No foaming at the mouth. On my arrival was sensible; countenance red and flushed; skin hot; pulse of better volume and strength; tongue rather dry; eyes a good deal injected; head hot; some lachrymation; pupils normal.

Venesectio ad oz. xi., (which was carried so far as to produce a slight impression upon the pulse.) R. Calomelanos, gr. iv.; Pulv. Opii, gr. iss.; Extr. Hyoscyami, gr. iv. Misce. Fiat pil. ij. statim sumendæ. Empl. Lyttæ nuchæ. A bladder of ice to be applied to the head.

Eight o'clock, (*vespere.*) No return of fits. Since she took the pills she has had a tranquil and continuous sleep; says her head feels "comfortable" since the application of the ice; pulse 76, full and soft; skin moist; tongue not at all dry, and tolerably clean. Countenance natural, and expresses herself as much better.

January 20th. (*Mane.*) In every respect favourable. No return of fits.

Vespere. Is still going on favourably. Bowels not moved.

R. Sol. Morph. Mur., gtt. x.; Ol. Ricini, dr. iv.; Aquæ Ment. Pip., dr. iv. Sit haustus statim sumendus. January 21st. Progresses favourably.

Vespere. After having been up at stool she had a slight fit. Nurse did not send at the time but applied a bladder of ice, and she is now comfortable; nor does she complain of pain in the head. Bowels regular; pulse natural; tongue clean.

- 22nd. Favourable.

25th. Up to this date in every respect went on well.

Reported that about ten o'clock this morning had a return of fits; pulse most particularly full and of not more than natural frequency. Complaints of considerable pain in the head; bowels regular; skin warm.

Venesectio ad deliquium animi. R. Pulv. Opii, gr. ij.; Pulv. Sodæ Carb., dr. ss. Sit pulvis statim sumendus.

26th. Had another fit last night, which from the description, was of an hysterical character; no foaming, but some convulsive agitation. Blood drawn, natural. Bowels open; pulse of good volume and strength; had a tolerable night; countenance clear and natural; complains of some tenderness over the inferior part of the abdomen; no lochial discharge.

27th. Improves.

From this time the case progressed in the most satisfactory manner, and in the course of a few days was pronounced convalescent.

27, Acacia Road, Regent's Park, London.

(To be continued.)

CLINICAL NOTES FROM PRIVATE PRACTICE.*

By W. H. RANKING, M.D., (Cantab.,) Norwich.

3. Double Pneumonia; Hepatization of the Posterior Portions of the Lower and Middle Lobes of both Lungs: Recovery.

A young gentleman, aged 17, of delicate frame, subject in infancy and childhood to repeated attacks of inflammatory croup, after exposure to cold was attacked March 22nd with symptoms which were considered to indicate a common "bilious attack." It appears that he had some cough from the first, but this symptom was not so severe as to cause any anxiety on the part of his medical attendant until the 27th, when a sudden aggravation of the pulmonary symptoms induced him to seek my co-operation.

When seen by me on the morning of the 28th, the patient was in the following condition:—Decubitus on the back, raised by pillows; countenance sunken, pale, and anxious; alæ nasi in rapid motion; whole surface bathed in perspiration; respiration 60 in the minute, abrupt and superficial; pulse 130 to 140, feeble; cough slight; expectoration scanty, tenacious, and rusty. On raising him into a sitting posture, it was found that all the auxiliary muscles of respiration were in full play, and it was evident from the short and rapid breathing that a small portion only of the lungs was pervious to air.

Physical signs.—Dulness on percussion of the posterior portions of both lungs, extending from an inch above the angles of the scapula on the left side, and about half an inch on the right; above these points, and over the anterior regions of the chest, the stroke-sound was normal, or nearly so; over the entire space indicated by dulness on percussion, the vesicular murmur was extinct; and in its place loud bronchial or tubular breathing was heard, the expiratory "whiff" being peculiarly well marked. These signs were developed in their greatest intensity on the left side.

* Continued from page 253.