of the temporal regions, which is the most common seat of these lesions. * * * These fractures often heal spontaneously; the indentations even rise in a few days."*

Jacquemier, one of the latest French writers on midwifery, and from whose work I have quoted Dugés' cases, states that these fractures of the foetal cranium, with depression, are not by themselves a cause of certain death; "the depression," he remarks, "relieves itself by degress, and after ten or fifteen days, there scarcely remain any vestiges of it."†

If it were required I might cite other cases, and remarks of the same description from other authors, in evidence of the fact, that the state of compression and indentation of the bones of the infant's cranium at birth, is not necessarily fatal to the infant's life. Some additional proofs will be quoted in the sequel; in the meantime I have, I believe, stated enough to show,—*first*, that the neck of the child, if it be living, or only lately dead, is so strong, as to allow us to exert such a degree of traction upon the obstructed head, that the sides of the cranium may become greatly compressed, or even indented, under it; and, *secondly*, that Dr. Radford is truly wrong in stating that such a lesion and practice is incompatible with the safety of the child. On the contrary, the recorded experience of Velpeau, Chaussier, Smellie, Denman, Lachapelle, Dugés, Jacquemier, &c. &c., proves (as we have seen,) that the depression and indentation of the child's head do not necessarily destroy the child's life. Nay, Dr. Radford's own experience on this point is, I know, not in favour of his views, but of mine. In evidence of this I shall quote a case in point, recorded by Dr. Radford himself, from his own practice.

CASE XXVI.—"I was requested," says Dr. Radford, "by Mr. Dick, to visit a poor woman in New Blakely Street, who was suffering from protracted labour, caused by contraction of the brim of the pelvis. The long forceps were applied, and the child delivered alive. *A depression of considerable size was produced on the left parietal bone, from the pressure it had sustained from the promontory of the sacrum.* The signs which the child manifested were those of apoplexy. The funis was divided, but no blood followed, as the pulsation had previously ceased. The child continued in the same state during the day, and in the evening was attacked with convulsions, which were frequent. Two leeches were applied to the temples, the bowels were opened, and the child recovered."‡

But further, argues Dr. Radford, such a procedure as I propose is "at variance with all scientific views." I shall not stop at present to debate here whether the practice I suggest be "scientific" or not; but in a medical point of view I hold that appellation to be truly merited by any propositions and measures that

tend, like the present, to promote the great essence and object of all medical science,—namely, the preservation of human life; and in the various cases which I have quoted in the preceding sections, while none of the mothers were lost, the lives of the infants were at the same time all saved. But assuredly the heads of most of these children would have been opened by the perforator, and their lives thus destroyed, provided, in each instance, the structure of the cranium had not yielded, and its bony parietes become fortunately depressed, and indented to the degree required to admit of its safe transit through the contracted apertures of the pelvis.

(To be continued.)

CASE OF ACUTE LARYNGITIS,

WITH REMARKS ON DR. WARDELL'S CASES OF SPASMA GLOTTIDIS.

By T. OGIER WARD, M.D., OXON.

In my last communication of an obscure case of sudden death, with enlarged thymus, I alluded to some cases of laryngeal affection, lately published in the *Provincial Medical and Surgical Journal*, by Dr. Wardell, respecting the nature of which I differed from the author; and I stated my intention to recur to the subject at a future period, and to describe a case that had recently fallen under my observation, which seemed to me, though identical in its symptoms with Dr. Wardell's alleged cases of spasm of the glottis, to be purely inflammatory.

November 25th, at 6 p.m., during the prevalence of the influenza, I was requested by a medical friend to take charge of a case during his unavoidable absence, which he considered so urgent that he dared not quit the house without leaving somebody in attendance. When I reached the place, I found the patient, a maid-servant, aged 20, lying in bed in a semi-recumbent posture; she was as red as scarlet, with a flushed and tumid face, bright and prominent eyes, distended nostrils, gasping for breath, and exclaiming in a whisper that she was choking. She was very restless, throwing her arms about, and tossing from side to side with vain attempts to relieve herself from the feeling of suffocation, and breathing with a stridulous sound, very audible as I ran up stairs. Her throat was bleeding from the bites of twenty-four leeches which had just been applied, and yet every moment the dyspnoea was increasing. I was told that she had caught cold at church the previous Sunday, but had taken no notice of it till 4 p.m., this day, when she was seized with sudden pain in the larynx, and dyspnoea, attended with extreme heat of skin, and rapid pulse—150. My friend being in immediate attendance, ordered twenty-four leeches to the throat, which had just dropped off when I saw her. Sensible of the urgency of the case, and that if she were not speedily relieved asphyxia must shortly occur, I determined to perform laryngotomy, if the remedies I proposed to use failed in their effects. I therefore returned home, and though I was not absent

* "Mannet d'Obstetrique," p. 358, 359.

† "Mannet des Accouchemens," Tom. ii., p. 773.

‡ Essays on various subjects connected with Midwifery, p. 11.

ten minutes, I found on my return the danger still more imminent, the pain and dyspnoea having both increased.

I first gave her two grains of tartarized antimony in a little jam, which she swallowed with very great difficulty, making the same efforts as if she had a quinsy, though no affection of the throat was discoverable by the eye; and having waited some time, and finding no effect produced, I inserted a few grains of powdered alum into the tube of my caustic case, and blew them into her throat, which the alum readily entered during her efforts to inspire. Cough was instantly excited, and as soon as it had subsided I blew in more alum, with a similar result, until I had used about nineteen grains of alum at three insufflations. After the cough had ceased the third time, she said in a clearer voice that she was relieved, and began to breathe with more facility, the respirations falling from sixty to forty a minute, and the pulse sinking from 150 to 120. She now began to converse, and told me that the larynx was the seat of the pain, and that she felt a little thing of the shape of a heart in her throat that seemed to stop her breath. Soon afterwards the emetic began to act, she vomited freely, and in the course of half an hour she was out of immediate danger, though still suffering from pain in the larynx. Calomel and Pulvis Antimonialis, with saline mixture, were now ordered, and in a few days she completely recovered; but, so different was her appearance the morning after the attack, from the subsidence of the fever, and the removal of the expression of anxiety from her countenance, that I failed to recognize her at my visit.

If we now examine the course and symptoms of this case, there will be little difficulty in coming to a correct conclusion as to its nature. A girl catches cold during the prevalence of influenza, (which was frequently attended with pain in the larynx, and hoarseness and loss of voice,) and then is seized suddenly with acute pricking and burning pain in the larynx, attended with loss of voice and extreme dyspnoea, of a stridulous character, clearly indicative of a physical obstruction to the passage of air; while her own description of feeling a "thing like a heart" at the back of the throat, yet invisible to inspection, points as clearly to the epiglottis as the part she meant. This swelling of the epiglottis, together with the pain and tenderness of the larynx, and the general fever, are so different from the symptoms of spasm, that we cannot fail to recognize the presence of acute inflammation of the larynx, attended with oedema of the epiglottis and glottis.

It may, however, be objected, that the speedy relief induced by the insufflation of the alum is inconsistent with the removal of an inflammatory deposit such as oedema. But this lesion forms so rapidly in certain cases, that there can be little difficulty in admitting that it may be as speedily removed, particularly if we take into consideration the structure of the larynx, consisting of cartilages, partially covered with thin muscles, but mostly only by a mucous membrane, connected with the parts beneath by a lax areolar or cellular tissue, exactly similar to the texture of the eyelids,—except that the latter have one surface composed of

cutis, while the former has both its interior and exterior surfaces, consisting of mucous membrane, at least around the glottis. Now, we continually see the effect of a blow, friction, or even the irritation of a little dust, in producing oedema of the eyelids, which subsides as rapidly as it has arisen, and therefore why may not the same result occur in the larynx from the direct application of a strong astringent, as alum? In cases of relaxed and oedematous uvula, we can see this effect produced by the action of an astringent gargle. Besides, in further proof of the inflammatory nature of the attack, although the dyspnoea was relieved, the other symptoms of inflammation, the pain, tenderness, fever, &c., still remained, though in a less degree, and did not entirely cease for three days. Hence I can come to no other conclusion than that the above was a case of acute laryngitis, with oedema of the glottis and epiglottis.

Let us now apply the same reasoning to Dr. Wardell's alleged cases of spasm of the glottis, for, coming from the note-book of a professed pathologist, they carry greater weight, and are deserving of more attention than would perhaps be the case did they record the ideas of a less practised observer.

Dr. Wardell sets out by stating that "these cases are not published as presenting features of very great rarity;" that "spasm of the glottis is but occasionally met with in adults,"—"nor was it until of late years fully understood." That such cases are not very rare we may judge, from the numbers that have recently been published in the medical journals since Dr. Wardell has turned attention towards them; and that even now they are not fully understood may be gathered from the fact, that though presenting the same features as Dr. Wardell's and my own, they are entitled cases of spasm of the glottis by their authors. Dr. Wardell's observation respecting their being only occasionally met with in adults cannot apply to these, and therefore, I would beg to be informed where we can meet with published cases of pure uncomplicated spasm of the glottis in the adult, as I have not been able during an extensive search, especially directed to this subject, to meet with a single instance. There are numerous cases of dyspnoea, spasmodic asthma, and angina pectoris in our medical records, and every man of experience can doubtless add to their number from his own practice; but pure spasm of the glottis is not met with in adults in England, whatever may be the case in the north; and that this may be so is not improbable, when we remember that infantile spasm of the glottis is almost unknown in France, probably owing to the greater dryness of the climate; and Messrs. Rilliet and Barthez, in their work on infantile diseases, borrow their description of it from the English authors. Further, I believe that every author who has written on the subject has admitted that great obscurities do surround the pathology of this disease.

The disease in Dr. Wardell's first case occurred in a girl aged 18, who had taken cold from wet feet, and began suddenly with dyspnoea and loud croupy inspiration, lasting 17 hours without intermission, but with slight remission, recurring again four hours afterwards,

continuing some time, and being attended with symptoms of a spasmodic character. The attacks ceased on the third day, having been combatted by bleeding to fainting at first, followed by hot drinks, and a full dose of morphine at bed-time. The treatment on the following days was a combination of opiates and antispasmodics, with counter-irritation.

The next patient, a boy, aged 16, had also got wet; his complaint began the next day with hoarseness, which was relieved by Linimentum Ammoniae, and the ordinary treatment for a cold. Eleven days afterwards he had an attack of dyspnoea, with crowing inspiration, which lasted two hours, and was relieved by bleeding and opiates. It afterwards returned with violence, and was attended with convulsive movements of the limbs, and hard accelerated pulse, the patient being an epileptic subject. The treatment was similar to that of the former case, and proved successful the second day.

Now in regard to these cases, both of which were attended with febrile symptoms at the outset, I would ask what evidence have we of spasm of the glottis that may not as readily be adduced in proof of the inflammatory nature of the attack? Indeed, in a third case Dr. Wardell admits the existence of inflammation in the larynx, and argues justly that the irritation had produced a spasmodic closure of the glottis. That there was a constriction of the glottis in these cases can hardly be doubted; but, as Dr. Wardell must be aware, that true spasm or closure of the glottis, from whatever cause, cannot continue for more than a few seconds without being followed by death, it is to be regretted that he should have given us these interesting cases under the title of spasm of the glottis, and that in his observations upon them he should have endeavoured to identify them with the infantile complaint. It would have been better had he imitated the reserve of that excellent pathologist, Dr. Copland, who does not admit any disease under that name into his Dictionary of Medicine.

I cannot pass over one of the observations of Dr. Wardell, published in the *Provincial Journal* for October 20th, as it is even more calculated to mislead than the cases themselves. It is as follows:—"It has been said that cold and damp have nothing to do with the production of laryngismus stridulus, and that croup on the contrary, is mainly brought on by these conditions. It is quite clear from the above cases, that the first of these statements is incorrect, as in both instances wet and cold were the exciting causes." Besides the *petitio principii* involved in this sentence, did it never occur to Dr. Wardell, that they might be very reasonably considered as cases of laryngitis, or oedema of the glottis, or other inflammatory disease? I conceive also that Dr. Wardell has failed in his endeavour to prove the existence of any hysterical affection in either case in support of the spasmodic character of the attacks. The girl exhibited none except when "choking," and the wonder is that the boy, an epileptic subject, was not more convulsed during the attacks.

There are several other remarks that might admit of discussion, but I pass them by as not relevant to my

present purpose. In what I have stated with regard to these cases I have no wish to detract from Dr. Wardell's merits of close observation and appropriate treatment; but believing that pure spasm of the glottis does not occur in the adult, or at least has not yet been described, I cannot but object to these cases being brought forward as instances of it, particularly has they have led to the publication of similar ones by other parties, to which the above remarks are equally applicable. The purely spasmodic disease of children has already received almost as many names as it has met with describers, and if other complaints of the respiratory organs which have only one symptom (*viz.*, the stridulous breathing,) in common with it, are to be classed under the same head, neither the nosology nor pathology of spasma glottidis can ever be established on a secure basis.

Kensington, Feb. 25, 1848.

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. OKE, M.D., Physician to the Royal South Hants Infirmary.

Venereal Ulcerations.—These are of two kinds. The first is a circular ulcer, chiefly found on the shoulders, back, or abdomen. It seldom exceeds three inches in diameter, and is rarely less than two. It forms a regular circle, having an area within it of sound skin. As its depth does not extend to the cellular tissue, it may be called a superficial ulcer, and it probably arises from a spot. When these ulcers occur, they may be considered as a proof of the long continuance of the disease. They do not appear to arise from the skin glands.

The second kind is an ulceration which attacks the toes, and is much more serious than the first, having sometimes proved fatal. This is a deep, painful, and ill-conditioned sore, discharging an offensive ichor, of a dark colour. It will sometimes extend around the foot; and if the under part alone be affected, the ulcer generally occupies the whole angle between the foot and toes. As the sebaceous glands abound in these parts, it may be presumed they are involved in the disease. This ulcer is seldom seen but in hospitals, and in persons very inattentive to cleanliness.

Treatment of Ulceration between the Toes.—These ulcers require great attention: in an early stage they will often heal with common dressing and Bates's camphorated water, considerably diluted. This wash answers better than those of mercury. When the ulcer spreads extensively, and becomes foul and painful, the fermenting poultice, made in the following manner, may be tried with advantage:—"Let flour be mixed with honey till it becomes of the consistence of dough,