CHLOROFORM IN CATALEPSY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

If the following is worth reporting, may I beg of you to introduce it into the *Provincial Medical and Surgical Journal*.

Your obedient Servant,
FRED. BAINBRIDGE.

Harrogate, March 23, 1848.

In the case of a female, aged 43, affected with catalepsy, whom I am now attending, I found the use of chloroform of infinite service, enabling me to administer medicine which was otherwise impracticable. This is the second time I have been consulted within the last three months. The first time I saw her was subsequent to the cataleptic state, but now it came on during my attendance, so that I had every opportunity of watching its progression and decline. When the cataleptic state was perfect, and had lasted for sixteen hours, after trying turpentine stimuli externally, and enemata, which proved of no avail, I presented the vapour of chloroform to her nostrils and mouth by means of a handkerchief. The fourth inspiration produced a change. Each inhalation, previously inaudible, now became prolonged and loud, as though the vapour gave great satisfaction. The pulse, which had been 56 was increased to 84; the iris gained its wonted power and sensation, and the limbs, with every voluntary muscle in the body, were now again obedient to the will. This being just what I wanted, I made her sit up and take some medicine, which could not be done before, on account of the existence of trismus. She soon again sank into her former state, but from that hour her recovery commenced.

CASE OF RETROVERSION OF THE UTERUS AT THE SIXTH MONTH OF PREGNANCY.

By J. SEDDON, M.D., F.R.C.S., Longdon, near
Lichfield.

On the 25th of January, 1843, I was called by the surgeon in attendance to see Mrs. N—, aged 38, at that time in labour with her first child. She was a person of healthy appearance, well formed, and of capacious pelvis, and had been married seven years. Soon after her marriage she had experienced a miscarriage, since which she had menstruated at the regular periods, up to July, 1842. About the 19th of this month she had the usual appearance of catamenia, which ceased altogether after this period. About the beginning of September following, she had some derangement of stomach, and complained of difficulty in passing her water, but it does not appear that she had at any time complete retention of urine. At a later period she suffered from pains in the abdomen, which had become enlarged, but she was not satisfied of her pregnancy till about the end of November, when the movements of the child were felt by her. I found that

she had experienced labour-pains at long intervals, for the last ten days, and that three days ago there had been a free discharge of liquor amnii.

On examination, I found the uterine tumour filling the cavity of the pelvis, and almost bearing on the perineum, but could not feel the os uteri. On a further examination, I managed to pass my fingers up along the vagina in front of the tumour, and behind the os pubis, but could not reach the os uteri, which seemed to be elevated above the pubis, the fundus resting in the pelvis.

The case appearing to be one of retroversio uteri, and the patient in the sixth month of pregnancy, we decided to attempt the replacement of the uterus. For this purpose our patient was placed on her knees, at the lower end of the bed, her hands resting on the floor. I then introduced my hand into the vagina, behind the tumour, and made pressure against it, but could not succeed in moving it out of the pelvis. Pressure on the tumour through the rectum had no better effect.

As our patient had no urgent symptoms, and the pains were not violent, and as she passed her urine freely, we decided to wait till the pains became stronger and more frequent, and then, if occasion required it, to endeavour to introduce the hand into the uterus, and bring down the fœtus. An opiate was to be given occasionally, and the bowels kept regular by castor oil and injections.

On the 29th of January, the pains having become urgent, and a portion of the umbilical cord having passed through the os externum, there being no pulsation in the cord, it was decided at once to attempt the delivery. With some difficulty I introduced my hand up the vagina, behind the os pubis, and by perseverance succeeded in passing it through the os uteri, when one of the feet, which presented, was felt and brought down, and the delivery of the fœtus easily completed. After waiting some time, the hand was again introduced, and the placenta brought away. This operation, however was not very easily effected, as the vagina and uterus formed an acute angle with each other, and the placenta attached to the fundus uteri, which still remained low in the pelvis, was reached with difficulty. A gentle attempt was now made to replace the uterus, but without success.

The first few days after delivery the patient had some pain and tension of the abdomen, which were easily subdued, and she slowly recovered her accustomed health.

Seven weeks after the confinement an examination was made, and the uterus found still retroverted. An attempt was again made to put it in its proper position, which proved unsuccessful. I did not make use of the uterine sound at this time, because I was not acquainted with its invention and application to displacements of the uterus, though I had previously made use of the flexible metallic catheter to explore the uterus, in suspected disease of that organ. Whether the sound would have been successful in this case or not, remains a conjecture. I am, however, inclined to the opinion, that the displacement might have existed for a long time, and the organ become accommodated to its

altered position, thus rendering its adjustment the more difficult. This case, perhaps, may possess some additional interest, inasmuch as it shows that the hand (a small one at least,) may be introduced with safety into the uterus at the sixth month of pregnancy, for the purpose of delivery.

CLINICAL NOTES FROM PRIVATE PRACTICE.

By W. H. RANKING, M.D., Norwich.

The object of the present series of communications, is to place on record some of those more interesting cases of disease, which the physician actually engaged in practice occasionally meets with, and which, although in their isolated position of comparatively little value, allowing of at best but the most cautious deductions as regards *principles* of treatment, yet may by their accumulation at some time or other be subservient to the purposes of generalization. The series will not be continued uninterruptedly, but we shall in a measure be guided in the publication of cases by the non-occupation of the pages of this Journal by better or more pressing matter.

1. *Obstinate Intercostal Neuralgia: Failure of Quinine, Iron, Colchicum, Arsenic, &c.: Permanent Cure by Electro-Magnetism.*

J. S., a tailor of this city, in extensive business, consulted me in June of last year. From his surgeon I elicited the following history:—

Eighteen months since, while indulging in his favourite pastime of yachting, he was suddenly seized with excruciating pain on each side of the thorax in front, and at a point corresponding with the union of the cartilages with the ninth ribs. This pain was periodic in its access as long as it lasted, which varied from one to three weeks, and had recurred several times at indeterminate intervals. It was always found to be relieved by a grain of morphine, and the patient was generally free from it the next day, though suffering severely from nausea and giddiness, the result of the narcotic. At the same hour, however, on the third day, it did not fail to reappear, to be again subdued by the opiate.

One or two physicians had previously been consulted, and they had, as far as I can ascertain, regarded the pain as symptomatic of gall-stone, or renal calculus. No relief, however, had been obtained beyond that afforded by the morphine, and the patient had resigned himself to the impression that his disease was irremediable, when his medical attendant requested me to prescribe for him.

At the time of my first visit, June 24th, at 11 p.m., the patient was in bed with the paroxysm in full force. The pain was so agonizing that he was almost maniacal, rolling upon the bed, tearing his hair out by handfuls, and even threatening suicide unless he was relieved. The pain was exactly confined to the two spots above mentioned, and could on each side be covered by the tip of the finger. It was described as a "burning

tearing pain." In spite of the suffering, the pulse was 60, and there was no heat of skin, beyond what might be induced by his violent agitation. There was no vomiting, no jaundice, no retraction of the testicle, no suppression of urine. The abdomen bore pressure in every direction. No spinal tenderness was present, nor pain external to the ribs beneath which the pain was described to be seated.

The habits of the patient were not of the quietest order; he was extremely fond of boating, and indulged freely in beer and tobacco, consequently he had symptoms of irritative dyspepsia. There was no ascertainable gouty or syphilitic taint.

The emergency of the symptoms left no choice of medicine, and he accordingly took his usual dose of morphine, which in the space of a couple of hours left him tranquil.

The next day (25th,) the pain had quite subsided; complained only of the effects of morphia. Rigid diet.

26th. Has remained free from pain till about 7 p.m., when it recurred with full force, and was quieted as before. Ordered Quinine, gr. vj.; Zinci Sulph., gr. j., every four hours. A small blister to be applied over each painful spot, and to be dressed with savine ointment every four hours, each dressing to contain one grain of morphine.

By this means the pain was kept in abeyance for three days, when, thinking himself better, the endermic use of morphine was omitted. The amendment proved, however, but temporary; in less than a week it reappeared, with its accustomed tertian character, and equal severity.

It would be uninteresting to follow this case through all its details; suffice it to say, that quinine was at length given up for iron; this in its turn for colchicum; this for arsenic. Then various combinations of each were tried, but to no purpose. Æther was exhibited on several occasions during the paroxysm, but although its anæsthetic effects were fully produced, the pain returned with returning consciousness.

Under these circumstances I determined to give little or no medicine, merely bismuth and rhubarb, and to have recourse to electro-magnetism. This agent was operated with every day during twenty minutes, and a few days only had elapsed when decided benefit was declared. The intervals between the paroxysms were prolonged, and the pain gradually became so tolerable, that the patient was able to dispense with his morphine. In the course of a month it had entirely left him, and to this time (near eight months,) he has not had the slightest return.

I regard the above case as interesting, as exhibiting, in a very distinct manner, the therapeutic powers of electro-magnetism. The case had previously exhausted the patience, both of patient and physician, and had been assailed by almost every remedy in the pharmacopœia.

It was judged to be intercostal neuralgia, from the absence of febrile disturbance, the want of evidence of gall-stone, or renal calculus, and more especially by the exactly symmetrical locality of the pain.

The instrument employed was that recommended