TABLE XIII.

Shewing the Mortality accompanying Twenty-four Cases of Turning for presentation of the arm and shoulder, as regulated by the Previous Duration of Labour.

<i>Previous Duration of Labour.</i>	<i>Proportion of Deaths of Mothers.</i>
Below 24 hours	1 in 21 died
Above 24 hours	1 in 3 died

The data in the preceding table are not numerous, but still they will probably be allowed to be sufficient evidence of the fact, that the degree of maternal danger attendant upon turning, as upon other modes of operative delivery, is regulated and modified by the date of the labour at which the delivery is practised; artificial labours, like spontaneous labours, increasing in their mortality in proportion as the previous parturient action has been allowed to be increased and prolonged in its duration and length. Hence, also, necessarily follows the same deductions which I have already more than once adduced, viz.:—

1. A means of artificial delivery, such as turning, which, in cases of pelvic contraction, would enable us to finish the labour at an early date, should, as a general rule, add greatly to the safety and chance of life of the mother, as compared with a means of delivery such as the long forceps or craniotomy, which cannot be usually and legitimately practised till a much later period after the commencement of parturition.

2. The facts I have adduced in the present section shew, that the exertion of force in artificial delivery is attended with comparatively little danger, provided always the delivery is early; and that the employment of it is by no means so hazardous as the simple long continuance and protraction of the labour.

3. All these deductions are only corollaries to the higher and more comprehensive law, that the degree of danger and fatality attendant either upon natural or morbid parturition, increases in a ratio progressive with the increased duration of the labour.

(To be continued.)

CASE OF RHEUMATIC ENDOCARDITIS AND CHOREA, WITH OBSERVATIONS.

By JOHN GABB, M.R.C.S.E., and L.A.C., Bewdley;

James Griffin, aged 12 years, a tailor's apprentice, came home from Kidderminster ill, on Saturday, December 11th, 1847, having been poorly for two or three days previously, chiefly suffering from pains in his back and limbs, the ankles and knees being swollen and tender, declared to be suffering from rheumatism by a medical man who saw him at this time. After coming home he appeared to improve gradually till

the following Thursday, when, in the evening, having been more cheerful than usual during the day, he first complained of a shooting pain, with twitches, up the right side of the neck, which symptoms were followed by involuntary movements of the head and right arm, rolling of the eyes, and an inability to speak for the space of about one hour; his power of utterance then, in a great measure, returned, but without the muscular movements being diminished. During the next two days he gradually became less and less distinct in his utterance, and then again lost all power of speech. At the same time the involuntary movements also increased, the left arm and the legs, in fact the whole muscular system, becoming affected, and up to the present date, December 26th, his mother says he has daily become worse and worse. He was now placed under my care. Since the jactitation commenced he has taken frequently-repeated doses of purgative medicine, which have operated freely upon his bowels, and two days ago his head was shaved, and a blister bound upon the scalp. After the blister had produced its effect, he obtained about two hours sleep, the first for several days and nights. Whilst asleep he was perfectly quiet.

At my first visit I found him lying upon his back, low down in the bed, generally and violently affected with involuntary movements; arms, legs, head, neck, face and eyes, the abdominal muscles, and the muscles of the back, all active, and without the least apparent operation of any directing influence. He was speechless, and unable to make any sign of consciousness, except by means of a low moaning noise, and this noise he constantly made whenever his mother left him for a short time by himself. He was only capable of swallowing a small quantity of fluid at a time, and that with extreme difficulty. The pupils of both eyes were somewhat dilated; the left eye slightly bloodshot. (On his left hand was situated a window, at a short distance from his bed, not very well glazed.) His countenance was pale, with a vacant expression; skin generally pale and cool; tongue slightly furred; pulse quick, with difficulty felt at the wrist, owing to the activity of the arms; heart beating with preternatural impulse; pulsations visible, shaking the surrounding parietes of the chest, and communicating to the hand the sensation of a vibratory thrill, without any apparent increase of dulness on percussion; pressure with the hand upon the region of the heart very perceptibly increasing the movements of every part of the body. The lungs everywhere imparting a healthy resonance on percussion; no unnatural enlargement or hardness about the abdomen; bowels inclined to costiveness; urine scanty and rather high coloured. No sleep since the night before last, the jactitation having apparently kept him awake, which also renders the stethoscope useless in the examination of the heart and lungs.

R. Vin. Aut. Tart., m. xx.; Sp. Æther. Nitr., m. xv.; Aquæ, oz. ss. Sit haust. quartis horis sumend. The following anodyne embrocation for the spine, was ordered to be used night and morning:—Tinct. Opii, Tinct. Belladonnæ, utr., dr. ij.; Lin. Saponis Co., oz. iss.. A dose of Ol. Ricin., Ol. Terebinth. Rect., utr., part. æq., to occasionally operate on the bowels.

January 6th, 1848. The same plan of treatment has been continued. In a few days after I first saw him he had become sufficiently quiet for me to make use of the stethoscope, and on examination of the heart, I found a murmur with each sound, loudest with the first, and heard most distinctly at the apex, corresponding to the thrill felt by the hand applied over the heart, but differing decidedly from the sound of friction, which, with the persistence of the signs before mentioned, although with diminished intensity, left no doubt of the existence still of some endocarditis; and therefore, although the surface of the body was pale, and beginning to have a shrunken appearance, and the feverishness had become scarcely perceptible, I ordered four leeches to the region of the heart, and a continuance of the same medicines. I, however, directed the embrocation to be omitted, as I had not observed any advantage from its employment. The night after I first saw him he obtained a little sleep, and his nights have gradually become better ever since, but this is attributed to the quieting influence of the tartarized antimony on the muscular movements, rather than to the anodyne embrocation. His mother tells me he had taken "sleeping powders" without sleep being produced, previous to his being placed under my care. Three leeches only were applied, but they lowered considerably the impulse of the heart, and diminished the frequency of the pulse at the wrist. He had remained much the same for a day or two before this application, but afterwards began again to improve rapidly. At present the jactitation is much less; he sleeps well at night; has no fever; pulse 80; impulse of the heart natural; a little vibration still felt by the hand, and a slight murmur still audible with each sound. He has not yet swallowed anything but fluids, nor has he been able to utter a single word. His countenance has become less vacant in expression, and he appears to be more attentive to surrounding objects, but his whole body has a pale and shrunken appearance.

R. Infusi Rosæ Co., oz. j.; Sp. Æther. Nitr., m. xxx. M. Sit haustus ter die sumendus. As nourishing a diet as he can take.

12th. Better. R. Ferri Sulph., gr. ij.; Infusi Rosæ Co., oz. j. Fiat haustus ter die sumendus.

31st. Since the 12th inst. his improvement has been very rapid; in the course of three or four days he spoke indistinctly, for the first time, and the next day could talk almost as well as ever; again in a day or two he could stand with his back against a wall, and the following day walked across the house without support. The muscles of the right arm and right side of the neck were now again only affected, as in the commencement of the attack of chorea; and at the present date he has not a symptom of the latter affection remaining. He has gained considerably in flesh and healthy appearance, but is still rather pale. Continue the medicine.

February 17th. All treatment discontinued; his natural intelligence and activity are quite recovered; he has become stout, with every appearance of health, but I find there still exists a slight murmur with the first sound of the heart, heard at the apex, the second

sound being quite natural. On questioning him he says, the only difference he finds in his present and his former state is, that running gives him a *stitch* in his left side, which it had not used to do; in all other respects he thinks himself stronger than ever, and his mother considers him decidedly better than he had been for two or three years previous to this attack. He says he remembers everything that occurred in his presence during his illness, and of this has given some evidence, in repeating observations made in his room with regard to his management, &c. He also states, that for a few days at the commencement of his illness, he had a very severe pain in his head, which was very much relieved by the blister before I saw him; and that the embrocation, which was discontinued in consequence of no benefit being perceived to be derived from it, afforded him *great comfort* after each application, although he cannot say that it did so by relieving him of any particular pain; but, said he, "how it made me knock about while it was being rubbed in," and it was the increased activity manifested by the muscular system during this operation, which induced me to omit its employment. There is one circumstance in his previous history which I might, perhaps, mention, although, most probably, it will not be supposed to have had any influence upon his present attack,—viz., his being resuscitated from apparent death by drowning, in July, 1847, after considerable perseverance in appropriate means, when, for a day or two, he appeared to be rather dull and stupid, but then again became as well as usual, without feeling the least inconvenience from his accident.

REMARKS.

The above case brought to my recollection a casual remark of an eminent metropolitan physician, to the effect, that he was surprised at so frequently meeting with evidence of structural disease of the valves of the heart in obstinate and incurable cases of chorea. Dr. Copland, Dr. Bright, and others, have observed a connection occasionally between rheumatic pericarditis and chorea; but I am not aware of any recorded cases of the latter affection in connection with endocarditis. If the observation with regard to the frequent occurrence of valvular disease, just referred to, be correct, may it not be inferred that endocarditis has frequently existed, without being detected, in association with recent attacks of chorea? I am the more inclined to entertain such an opinion from the fact, that until the signs were sought for in the above case, there was nothing at all to lead anybody to suppose they existed, and from the circumstance of their having been overlooked by a medical man before I became the attendant of the boy. My attention was directed to the condition of the heart and lungs in the first instance, to satisfy myself of the propriety of administering chloroform, (or æther and chloroform together, which I think *safer* than the latter alone, and at the same time equally efficacious,) but the evidence of valvular inflammation met with deterred me from its administration, and induced me to rely on the antiphlogistic and sedative influence of small repeated doses of potassio-tartrate of antimony, until the *proper period* should arrive for giving tonics, which,

if given at first, might have rendered the affection permanent, if not have led to a fatal result in such an aggravated case. But most probably in this case the endocarditis would have been discovered, whether I had thought of administering chloroform or not, as in all serious cases I make it a rule to ascertain the condition of the heart and lungs.

I have just seen two brief notices of the efficacy of tartar emetic in chorea, in the last Volume of "Braithwaite's Retrospect," by G. Corfe, Esq., of London, and M. Salgues, of Dijon. To their testimony I beg to add mine, and will conclude this communication, with expressing a hope, that by its being employed to subdue inflammation of the serous membranes of the heart, spinal cord, or brain, (which are, one or other, or collectively, probably always more or less implicated in this disease,) previously to the administration of tonics, fewer cases will be met with to prove incurable, and that such cases as have hitherto been curable, may be rendered still more so by the rational and simple plan of treatment, which I trust the report of the above case may be sufficiently explicit to suggest to those members of the profession, who have not paid particular attention to this curious disease.

Bewdley, September 11, 1848.

ON THE MEDICAL AND GENERAL TREATMENT OF LOCAL DISEASES IN PREFERENCE TO THEIR TREATMENT BY OPERATION.

By THOMAS HUNT, Herne Bay.

I. STRANGULATED HERNIA.*

Having shewn that the taxis, carefully and patiently applied, will generally succeed in reducing a strangulated hernia,—an opinion confirmed by the late Mr. Liston's observation, that, "if the surgeon conduct the proceeding with a *wish* and *determination*, if possible, to succeed, he will generally find his attempt, after a time, crowned with success,"† I proceed to the considerations of the objections to the operation, which are, in fact, far more serious, than seriously thought of by the generality of operators.

It must be well considered at the outset, that the question now under discussion, is not whether every hernia can be reduced by the taxis, but whether, in cases which cannot (with the utmost skill and patience,) be so reduced, the operation is likely to save the patient's life. I believe it so unlikely, that it is even questionable whether, in the most favourable cases, the risks of the operation do not *diminish* the already slender chance of recovery. In cases where the stricture is at the external ring, and the intestine is inflamed or tender from pressure, or actually giving way from the arrest of the circulation, it is evident that the introduction of an instrument between the stricture and the intestine, cannot be effected without sufficient force to destroy the structure of the bowel. When this

is done, and the bowel returned, what is the value of the patient's life?

The statistics of the operations for hernia are appalling. Mr. Macilwain reports, that out of 500 cases taken at random, in which the operation had been performed, both in this country and on the continent, scarcely less than *one half* terminated fatally;* and of these fatal cases, perhaps more than one half might have been saved by the right use of the taxis. Hospital surgeons are generally called to cases in which the taxis has been neglected, or imperfectly tried, some of them roughly handled, or the protruded bowel even burst by the violence of the manipulations, and the evils of strangulation increased ten-fold by injudicious attempts at reduction. They therefore, one and all, advise that *no time should be lost*; that, if the taxis fails, especially under bleeding, the warm bath, relaxing enemata, &c., the operation should immediately be had recourse to. But, how many cases of strangulated hernia would be taken to hospitals at all, if every surgeon were better informed in the right use of the taxis? Probably not one hundredth of the number now recorded in the hospital books. The saving, therefore, of unfortunate patients suffering from strangulation, is in the hands of private surgeons, country surgeons especially. The hospital cases are, probably, more than half of them, hopeless cases, irreparable mischief having been done, or suffered, before their entrance into those asylums; and if reduction is there again attempted in the prevailing method, the subsequent operation affords but a sorry chance for the unhappy patient. The dangers of the operation, (I need not enumerate them, they are too well known,) added to the dangers of the accident, aggravated by the "pushing and kneading," and often augmented to a fatal degree by tobacco enemata and other depressing remedies, are at best so formidable, that it may well be questioned whether a case too far gone for reduction by a gentle but determined application of pressure to the tumour, may not as well be left to its hopeless and helpless fate. On this point, however, I will not insist. No reproach can rest on a surgeon who is induced to operate in such an emergency; but in more hopeful cases, in those, namely, where the chances for the success of the operation would be considered promising, the chances for the success of the taxis, skilfully and patiently employed, are, in my estimate, immeasurably greater; and I conclude by earnestly entreating that it may be tested by experiment, and not by argument. It is easy to imagine cases in which the taxis must fail, and I do not deny the existence of such cases, but I believe they are at once so rare, and so obscure in their diagnosis, that they cannot justify recourse to an operation which so very frequently fails to save the patient.

II. RETENTION OF URINE.

If cases of strangulated hernia have been lost, as is generally believed, by delay in the operation, much more frequently have patients died from retention of urine, from culpable delay or blundering incompetency in passing the catheter. Yet, there are many cases of

* Continued from page 320.

† Liston's Practical Surgery.

* Lancet, 1845.