Her first child, a boy, bled at the chord soon after it was tied; it was carefully tied again several times in various ways; styptics were also assiduously applied, but the child died.

The second child, a girl, also bled at the chord soon after birth; the ligature was reapplied several times ere the bleeding stopped, which did not take place until the end of several days. When about five years old this girl was struck on the head with a piece of wood; a small wound, not larger than a pin's point, was produced, which bled continuously for many days, and the hæmorrhage could not be arrested in spite of all the means that the ingenuity of my friend, Dr. Scholfield, or myself could exert, until the child was brought to the most extreme state of debility, and then a rather large slough had been formed by the various styptics applied; the slough, however, came away and the wound healed without further hæmorrhage. This child has been subject since she was about a year old to a number of extensive ecchymoses, which form in the cellular texture under the skin all over the body, from the size of the palm of the hand to that of the disc of a bean, and which gradually disperse; they are accompanied by a feeling of soreness; they come on without injury, and are seldom absent.

The third child, a girl, did not bleed until the navel string had been separated upwards of a week, when she bled from the navel, and continued to do so for some time; the bleeding was arrested by the tinct. ferri muriat. on lint, under strips of plaster and constant pressure. She had hæmorrhage from the bowels when about three years old, and is now subject to the same ecchymoses as the elder sister, in precisely the same form.

The fourth child, a girl, bled at the navel; at the end of a fortnight it separated, as the last, without bleeding; the hæmorrhage was checked in this case as in the last; she was becoming the subject of the same ecchymoses, but died of scarlatina about a year ago.

The fifth, a boy, did not bleed until the end of three weeks; the hæmorrhage was equally difficult to stop; he afterwards became a fine boy, and died of inflammation of the lungs about a year ago; I believe death was hastened by the hæmorrhage which took place from a leech bite.

The sixth child, a girl, did not bleed from the navel, and has as yet shown no hæmorrhagic disposition. The whole of the children now living are healthy-looking, and well developed in frame for their respective ages, and have so far had but little illness.

Yours faithfully,

ROBERT STORRS.

Doncaster, September 8, 1842.

CASE
OF
TRAUMATIC GANGRENE,
SUCCESSFULLY TREATED BY
THE LOCAL APPLICATION OF ACETIC ACID.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN, — Should you deem the following cases of sufficient interest for publication, I beg you

will give them an early insertion in the "Provincial Medical Journal."

Yours obediently,

JOHN WICKENS WEST, Surgeon.

Poole, September 12, 1842.

William Hatchard, aged seventy, by occupation a sailor, of a feeble constitution, rendered so particularly by several attacks of hemiplegia of the right side, applied to me on Thursday, October 10, 1841, in consequence of having met with a severe injury to his right leg, from being knocked down by the near leader of a coach whilst he was crossing the street.

I found, on examination, a considerable wound on the external malleolus of the right leg, but there was no fracture either of the tibia or fibula. On the left foot, near the internal malleolus, there was likewise a small wound.

I immediately dressed the parts with adhesive plaster and a bandage, desiring that, should swelling occur, an evaporating lotion should be applied.

11. Complains this morning of acute pain in the wound and middle of the right leg. Has feverish symptoms; white tongue; pulse 95; bowels not open. I ordered him a senna draught to be taken immediately. To continue the lotion.

12. The foot and leg much swollen and exceedingly painful. I removed the dressings, and the wound on the right leg presented a very unhealthy aspect, with a disposition to slough. The calf was of a slightly livid color; pulse 85; countenance anxious, and he appears much depressed.

Camphor mixture, one ounce;

Compound spirits spirits of ammonia, half a drachm,
Every four hours.

Linseed meal poultice to the wounds.

13. Delirious during the night; pain in the leg and foot acute; vesications on the foot and the lividity on the leg increased; the wound sloughing; pulse 110. intermittent.

I applied the strong acetic acid to the livid parts, and desired the ammonia draught and poultice to be continued.

14. The slough has separated from the wounds, and the lividity has not increased since yesterday. The calf of the left leg is also livid, and there are vesications in various parts of it. To continue the draught and applications as yesterday.

15. Has been perfectly sensible and composed since the night of the 13th, and feels better and stronger this morning. The sloughs have separated, and the wounds are looking healthy. The lividity not increased; pulse 108; bowels open; tongue dry. Ordered port wine, two ounces daily. To continue as before.

17. Since last report has been going on favorably. The gangrene has not extended. The wounds look favorable, and discharge healthy pus; the lividity has nearly disappeared; pulse 80; tongue moist. To discontinue the acetic acid, and wounds to be dressed with soap plaster.

Sulphate of quinine, half a grain;

Diluted sulphuric acid, ten drops;

Compound tincture of cardamoms, half a drachm;

Water, one ounce. Three times a day.

21. Continues to improve daily, the wounds healing.

November 10. Since the last report his health has been improving, but the wounds heal slowly.

It will be sufficient to add that the patient continued to improve, and eventually entirely recovered. The joint became ankylosed, which disabled him from walking without support.

PROFUSE HÆMORRHAGE

FROM A

SMALL VARICOSE ULCER ON THE LEG.

Mary Ann Baker, aged 36, by occupation a mangler, has been laboring under, for the last twelve-month, enormous varicose veins of both legs, which were at times exceedingly painful and tender. On the lower part of the right leg was situated a small ulcer, which would not heal. She was induced to apply a variety of remedies from time to time, but nothing gave her anything like permanent relief. She was accustomed to use a bandage, and on Saturday applied it rather tighter than usual. Just after she had adjusted it, as she was retiring to rest, she was attacked with a profuse hæmorrhage which appeared to issue from the lower part of the leg, near the wound. She called for her mother, who immediately ran for my assistance, and fortunately, finding me at home, I went immediately to her house, and found her in her bed-room, lying on the floor, in a state of extreme syncope, and bleeding profusely. The floor was literally covered with blood. I instantly removed the bandage, which I found exceedingly tight on the centre of the leg, and discovered that the blood issued from the wound, which was not larger than a shilling. I introduced lunar caustic pretty freely and a pledget of lint over it, which controlled the hæmorrhage. In the course of an hour she revived, but complained of great pain in the wound.

The dressings were allowed to remain for several days, when they were removed, and the wound looked inclined to slough. I ordered a carrot poultice, which soon separated the slough, and the wound, with common applications, healed rapidly.—J. W. W.

OBSERVATIONS

ON

HYPERTROPHY OF THE BRAIN IN CHILDREN.

By CATHCART LEES, M.B.,

Physician to the South Dublin Union, and to the Institution for the Diseases of Children.

Although the much greater development of the brain in some cases than in others, as well as its apparent disproportion to its osseous envelope, has been occasionally noticed by pathologists, as Morgagni, who observes, "that in some bodies which he had examined, the brain appeared large for the cranium which enclosed it, and on this account seemed to be compressed;" yet, it is only within the last few years that the attention of the profession has been directed to this subject, or any inquiry made, as to whether this condition might not be ranked as a peculiar abnormal state, manifested by certain lesions of functions, and presenting a group of special symptoms. The facts hitherto adduced have been such as, I consider, would tend rather to excite inquiry, than satisfy

conviction, as to its existence, particularly when we find such pathologists as Rostan (to whom science is so much indebted for his researches on the pathology of the brain) classing it as a doubtful state; for without denying its possibility, he evidently considers that it is rather a consecutive state, depending on encephalitis. Bouillaud entertained the same opinion, as we may infer from the subjoined passage of Andral:—"Est-ce là un premier degré d'encephalite, ainsi que le pense M. Bouillaud, qui a publié sur ce sujet d'interessantes observations. Mais pourquoy, dans cette hypothese, la substance nerveuse augmentée de consistance, est-elle en même temps décolorée? une inflammation, ne devrait-elle pas produire l'effet contraire?"*

Dance and Andral, who have given the best description of hypertrophy of the brain, assign to it peculiar anatomical characters,† and dwell particularly on the necessity of distinguishing this state from that of hyperæmia, as it is found to be most frequently in a contrary state, as evinced by its paleness. Their observations, however, refer almost exclusively to adult life, and Dance even appears to consider the age of puberty as a predisposing cause to this state.

In the same chapter, Andral mentions that Laennec had observed this state of the brain as occurring in cases which presented the symptoms of hydrocephalus, and in whom there was but very little effusion; but there was a compressed state of the brain, which he regarded as depending on too active a nutrition. There are not, however, any points of diagnosis laid down to serve to discriminate this state from chronic hydrocephalus, the disease with which it is most likely to be confounded, and which entitles it to the serious consideration of all those who are occupied with the study of infantile diseases, and which induces me to bring forward some cases which have occurred among the children of the institution to which I am attached, and which I trust may assist in establishing certain data to found future observations on, as with the exception of Dr. Munchmeyer,‡ of Lunebourg, this peculiar state (as occurring in children) does not appear to have met with the attention which it merits.§ In some cases reported by Dr. Sims in the Transactions of the Medico-Chirurgical Society, the histories are so imperfectly given that it is impossible to ascertain whether the hypertrophy was the original disease, or merely a consequence of the inflammatory conditions with which, after death, it was found to be coincident. Thus in his first case, that of a girl, aged sixteen, he states that she was subject to some kind of fits to the age of seven years; that she had no paralysis, but a weakness of her limbs, and she died of enteritis, having presented no cerebral symptoms during her last illness.

In another case, that of a child eleven months old, no previous history is given till three days before

* Clinique Medical, vol. v.

† Précis d'Anatomie, vol. ii., p. 775.

‡ Schmidt's Jahrbucher, vol. xxv., 1840.

§ Cruveilhier in his article on Hypertrophy, in the Dictionnaire de Médecine, states, that M. Jadelot had observed, that in many infants who died with the symptoms of hydrocephalus, he had found great disproportion between the brain and the cranium. He merely mentions that the symptoms are those of compression, without making any attempt at diagnosis.