ON ABDOMINAL APOPLEXY IN NEW-BORN CHILDREN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The causes of death in still-born and new-born children are involved in considerable obscurity, which mainly depends upon the fact that inspections do not so frequently take place in such cases as they should do. Any contribution on this subject becomes important, from the dearth of information that exists; and on this account I send you the following case, in confirmation of some views lately published by Dr. Von Kiwisch, of Prague. These are noticed in the current number of the "British and Foreign Medical Review," p. 248. Dr. Kiwisch has noticed four cases of hæmorrhage from the intestinal canal, and in all the children were at the full term and the labors easy. In two the umbilical cord was tied before respiration was thoroughly established, and it had to be untied again to revive the child. The first symptoms of the disease—viz., discharge of blood from the anus and restlessness, appeared from twelve to thirty hours after birth; tumidity of the abdomen, with dulness on percussion, soon followed; the children became quiet and pale; in two instances vomited blood; and in all cases the infants died within forty-eight hours after birth, with all the usual signs of exhaustion from hæmorrhage. The morbid appearances named by Dr. Kiwisch are very similar to those noticed in my case. He thinks that premature tying of the funis is the cause of the complaint; but perhaps it is not the only cause, since I could not attribute it to that circumstance in the case related below; for wherever I find the vitality of a child feeble at birth, I leave its connection with the mother through the umbilical cord undisturbed for an unusually long period. My reason for doing this is because I have often seen a funis, which had ceased pulsating at birth, recommence its pulsations five or ten minutes after all hope of such an occurrence had ceased on the part of the midwives of our hospital who have been present; and I have seen children born with all the symptoms of asphyxia thus restored to perfect respiration. I consider this mode of relieving the lividity and congestion of surface observed in asphyxiated children preferable to the plan of allowing blood to escape from the divided funis; first, because it is a more natural and, therefore, better method; secondly, because it saves the expenditure of the child's blood; and thirdly, because if it should fail, we can still resort to the division of the funis.

I am, Gentlemen,

Your obedient servant,

THOMAS DORRINGTON,
Surgeon to the Manchester and Salford
Lying-in-Hospital.

Manchester, Jan. 9, 1842.

CASE.—On the 1st of March, 1842, I attended a woman for tedious labor. The midwife informed me that the head of the child had been wedged in the pelvis for four hours without advancing, but that it had begun to make a little progress before I arrived. The woman was strong and plethoric, and had always had tedious labors before; I took about a pint of blood from her arm, which facilitated delivery so much that

the head was born in a few minutes after the arm was tied up; it was much elongated. The child, when born, was nearly asphyxiated, but by care the respiration became fully established before I left the house. On the 3rd of March the child, which, according to the accounts of the attendants, had been more or less convulsed since birth, began to part with blood from the anus, and continued to do so for twenty-four hours, when I was sent for to see it; I arrived just in time to see it die; it was slightly convulsed, extremely pallid, and had the usual appearances of death from hæmorrhage.

Autopsy.—The head was not examined; the viscera of the thorax were healthy; the *whole* of the small intestines contained blood, in some parts more, in some less; in some parts clots were observed, in others the blood seemed mixed with mucus; there was no abrasion nor ulceration of the mucous membrane in any part; but where the greatest quantities of blood were it seemed rougher and a little softer than natural. The stomach and large intestines were free from this bloody effusion, excepting the *cul de sac* of the cæcum, which contained a little coagulated blood. The other abdominal organs were healthy, but pale.

WOUND OF THE THROAT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have read with much interest the paper on staphyloraphy lately published in the Journal, detailing numerous cases in which the operation has been performed by M. Roux, many of which have been very successful. The failure of some appears to have arisen either from the want of food or the difficulty of administering it. Probably the plan adopted in the following case, with such complete success, may be applicable in cases of staphyloraphy, and obviate one of the difficulties of this important operation.

Richard Watson, aged forty, cut his throat on the 10th of June, 1817, with a common case knife. I saw him ten minutes afterwards; the bleeding, which had been very profuse, had ceased; he was breathing with great difficulty; he had no pulse at the wrist, and appeared to be dying. On raising him from the ground into a chair, he began to revive, and after a short time the pulse returned and the sweating ceased. On examining the wound, it was found so extensive that it appeared extraordinary how the carotid artery should have escaped; the trachea was completely cut across below the os hyoides, and the anterior part of the œsophagus divided. The knife being blunt, the parts were a good deal lacerated, and as the wound was so high, all the parts connecting the jaw were completely divided, together with the thyroid and lingual arteries. The injury was so great that it appeared useless to attempt anything; but, finding no return of bleeding, I connected by suture some of the divided parts, leaving the trachea exposed, through which air and bloody mucus escaped. During that day he remained in a very precarious state, and towards night was much harassed by a distressing cough. At five o'clock on the following morning I found him in a state of the greatest exhaustion. An elastic catheter was passed through the nostril into

the lower part of the oesophagus, and some warm milk and water injected into the stomach by means of an India-rubber bottle. According to Baron Larrey's phrase, he immediately "testified his gratitude by the liveliest sensations," and made signs for a slate which hung in the room, on which he wrote as follows:—"I repent of what I have done; I am entitled to a small estate in Yorkshire after my mother, which I will make over to you if you will try to save my life." I fed him regularly three times a-day with milk and broth for several weeks, and he ultimately completely recovered. He breathed entirely through the wound of the trachea for six weeks, during the greater part of which time he was much annoyed by the constant discharge of frothy mucus. He died fifteen years after this at Ecclesfield, in Yorkshire,

I am, Gentlemen,
Your obedient servant,
JONATHAN TOOGOOD.

Bridgwater, January 10, 1843.

UTILITY OF OPIUM IN STRANGULATED HERNIA.

[In a former number of the Provincial Journal we published several cases illustrative of the effects of opium in strangulated hernia. We extract the following from a late number of an American contemporary.]

CASE I.—On the 6th of September, 1836, I received an urgent summons to Tully, Onondaga, Co., to perform the operation of strangulated hernia. The distance being 16 miles, I did not arrive there until midnight, when I found the patient easy, the hernia returned, and he under the full influence of opium. His attending physician, Dr. Van Dusen, informed me that the patient, an old gentleman by the name of White, had labored under an inguinal hernia of large size for many years; it had often been strangulated, but had been reduced without much trouble until this time.

Early on the morning of the 6th, Dr. Van Dusen was called to see the case, and found that the patient had been in pain with it since early in the evening preceding, and had made unavailing efforts to replace it. The tumor was large, hard, and exquisitely painful and tender. He was bled to faintness, and took nauseating doses of tartrate of antimony; cold evaporating lotions were applied, and the taxis persevered in until the tenderness in the tumor was such as to be no longer endured. The operation then appeared the only remedy; but as the patient's sufferings were great, the Doctor gave him a large anodyne of sulphate of morphine, and sat down, patiently awaiting my arrival. Four hours after, the patient became perfectly easy, when the hernial tumor spontaneously disappeared. A dose of castor oil was given next morning, and his recovery was rapid.

CASE II. July 16, 1838.—Was called to see an apprentice to a cabinetmaker, aged fourteen years; had been afflicted with inguinal hernia, of small size, for several years; had worn a truss; strangulated six hours when I first saw him. The taxis was employed, then bleeding *ad deliquium*, nauseating doses of ipecacuanha, cold to the tumor, and the taxis resorted to,

and persevered in until the abdomen became bloated and tender; the tumor was so sore that the patient could not bear to have it handled, and the operation appeared the only measure left. A full dose of morphine was administered, and I began to prepare for the operation; in two hours he became entirely easy, and the tumor disappeared spontaneously. His recovery was rapid.

CASE III.—Stephen Chandler, aged sixty-three. With an inguinal hernia, of many years' standing; of intemperate habits. After lifting a heavy weight on the morning of the 25th of September, 1840, the hernial tumor became much enlarged, and he was unable to return it; being from home, he received no assistance until evening, when he sent for me. I found him in excruciating pain, with vomiting, tumid abdomen, and the hernial tumor tender and very hard. Venesection was immediately resorted to, with cold to the tumor, nauseating doses of ipecacuanha, and a perseverance in the taxis for two or three hours, with no other effect than to aggravate the sufferings of the patient. He was anxious for the operation, and I decided to perform it as soon as daylight should appear. About twelve o'clock, a full dose of morphine was administered, and I returned home. Next morning, at an early hour, I visited him, in company with Dr. Daniel Havens and my pupil, Mr. H. O. Jewett, and prepared to operate; but to our surprise, we found the patient in a quiet sleep. He informed us, that about four hours after taking the morphine, and after he had become quite easy, he elevated his feet against the wall of his room, and that in a few minutes the tumor disappeared.

CASE IV.—Mr. Butts, of Summerville, Cayuga Co., who had been afflicted with a very large bubonocoele for a great many years, and who wore an imperfect truss, had the hernia strangulated on the morning of the 26th of November, 1841. Being unable to return it, he sent for Drs. Cook and Bennie, who used all the ordinary methods of reduction, without effect, for several hours. I was sent for to perform the operation; but to relieve the patient from the intolerable agony which he endured, while awaiting my arrival, a full dose of morphine was given to him by his medical attendants. In six hours from the time of its administration, and half an hour before my arrival, the tumor disappeared; the patient had fallen into a dozing state, and the hernia had spontaneously returned without any effort being made. The medical gentleman informed me that the size of the tumor was that of a cocoa nut, very hard, and so tender that touching it caused great agony.

In all these cases it will be observed that depletion had been freely used, with nauseating doses of medicines, and the taxis tried and persevered in as long as was prudent, and until the tenderness was such that it could not be borne. The use of the opium was accidental (at least in two of the cases), and not given with a view to facilitate the return of the hernia, but rather to relieve the intolerable agony while awaiting the arrival of a surgeon. In every instance, the relief was soon after the system began to feel the effects of the doses, and before the perfect relaxation which the full effect of opium produces. One striking effect was observed in all the cases. The patient ceased bracing his muscles and straining, which they are apt