cine was withdrawn altogether. Absorbent medicine, combined with catechu, was given after every liquid stool, and full doses of morphia at bed-time. Leeches were repeated as often as any return of pain required their application; her diet was demulcent.

Notwithstanding these means, the diarrhoea was unrestrained; it continued frequent and exhausting, and the stools were foul, and thickened with slimy mucus. Her countenance became anxious; the eyes were sunk into their orbits, from the absorption of their adipose support; the pulse rose to 130 in a minute; she could get no sleep; debility fearfully increased, and the most unfavorable prognosis was entertained.

Under these threatening circumstances, her medical attendants decided on making trial of the diacetate of lead, combined with opium. A grain of the diacetate and a grain of opium were immediately given, and the same dose repeated every two hours whilst the diarrhoea required it; at the same time, the cretaceous mixture was to be given after every liquid stool, as before.

This treatment soon produced the happiest effect. From the moment the diacetate of lead was taken, the diarrhoea gradually subsided; her sleep returned, and in forty-eight hours the pulse fell from 130 to about 96 in the minute. The dose of the diacetate and opium was of course diminished, and the intervals of giving it protracted as the symptoms yielded to its use; in short, under the saturnine treatment she completely recovered.

REMARKS.

Although there was no opportunity of ascertaining the fact in the first case by dissection, it is, I think, sufficiently evident that the symptoms in both were caused by inflammation of the villous coat of the bowels, beginning probably in that of the small intestine. It is also probable, from the streaks of blood in the stools, and from the aphthous condition of the fauces observed in the first case, that there must have been in this superficial ulcerations along with the inflamed state of the membrane; but whether there was the same result, in a less degree, in the second case, I am not able to say. The slimy character of the stools, and the obstinate resistance of the disease to the medicines first prescribed, would lead to that conclusion.

When diarrhoea, as the result of ulceration of the mucous coat of the intestines, begins to take place, I know of no symptom more uncontrollable by any mode of treatment that had hitherto been adopted.

It is singular that certain preparations of mercury, combined with opium, so beneficial in ordinary cases of diarrhoea, and also in some cases of cholera, should so completely fail in diarrhoea associated with denudation of the villous coat of the intestines. A young man, a butcher by trade, had a long-continued diarrhoea of faecal matter, mingled with sanies. There was no organic stricture that could be detected. As every possible means had been tried in vain, I resolved to bring the system under the action of mercury, in the hope of causing the ulceration to heal. Accordingly, by means of the blue pill, combined with opium, he was kept in a state of pyalism for a considerable time, but it had not the slightest effect on the disease.

My attention was first drawn to the efficacy of the diacetate of lead in diarrhoea by Dr. Graves' excellent

work on Clinical Medicine, and it appears that his attention to it had been awakened by Dr. Bardsley, of Manchester. Dr. Graves, after having lost all confidence in calomel for the cure of epidemic cholera, thus writes (page 697):—"It was, however, a question of deep anxiety to me what I should select instead, or to what article in the materia medica I should have recourse, when so many had proved utterly valueless. About this period I happened to be called on to attend a case of obstinate diarrhoea, with my friend Dr. Hunt. The case was an extremely harassing one, and had resisted all the ordinary remedies. I advised the use of acetate of lead and opium in full doses; this was given, and I had the satisfaction of finding that the diarrhoea soon yielded. Before this period I had received a letter from that able practitioner and excellent man, Dr. Bardsley, of Manchester, directing my attention to the use of acetate of lead in large doses in that form of diarrhoea which precedes and accompanies inflammation of the glands of the small intestines."

The result of the second case above related—and a *very strong case it is*—enables me to bear testimony that the diacetate of lead is also an effectual remedy in acute puerperal villitis, associated with diarrhoea, and a pulse of 130 in a minute—a disease which no other remedy could combat, and which, in all human probability, would soon have destroyed the patient.

Had Dr. Graves' work been published when my first case occurred, I should have advised the trial of the diacetate of lead in that also, although, from the extremely exhausted condition of the patient, it might not so happily have succeeded.

Upon looking into Dr. Gregory's "Elements of the Theory and Practice of Medicine," I find this disease accurately described by that able physician, under the title of "Enteritis Mucosa," fourth edition, page 284, where he says "that the disease, though by no means uncommon, has hitherto remained without any appropriate designation from nosological writers." He states also, that "Dr. Pemberton was the first author who treated of it as a distinct disease." Dr. Pemberton calls it "inflammation of the mucous membrane of the intestines."

This clearly proves that I have not communicated to your Journal a disease which had been before unnoticed; but, at the same time, I am not aware that any writer has before described it as a *distinct disease occurring to the puerperal state*, and I am truly gratified that I have it in my power to recommend a remedy for so serious an attack.

CASE

OF

DOUBLE MONSTER,

BORN AT THE FULL PERIOD OF GESTATION.

By E. ALLEN, Esq., Surgeon, York.

I was called on Friday, the 1st of September, 1843, at seven o'clock, a.m., to Mrs. T., aged thirty-six, in labor. She is the mother of seven children, five of whom are living; two have died of acute hydrocephalus at the respective ages of five and three years. The youngest child, at present two years old, cannot walk nor articulate any words. The mother has suffered

much during her last pregnancy, and for some time has thought she was going to produce twins. When I saw her the membranes had been ruptured about half an hour, the os uteri was dilated to the size of a crown-piece, and the vagina was well lubricated. The head presented naturally, and a speedy termination of her labor was expected. In her former labors the child has been expelled shortly after the rupture of the membranes; the passage of the head was, however, extremely slow, and it was noon ere the head began to press upon the perineum. The face was directed towards the sacrum. The extreme slowness with which the head advanced induced me to administer a scruple of the ergot of rye, the passages being well dilated. The intensity and duration of the pains were increased, but little effect was produced upon the expulsion of the head. After waiting two hours longer the vaginal secretions began to alter their character, and became dark colored and scanty. I now placed the patient upon her knees in bed, resting upon an attendant, at the same time I supported the perineum. After a few active pains the head was expelled. She was now placed upon her side, and allowed a short rest. The child was dead; the left arm was brought down. On feeling for the right arm, I was puzzled to find a large, soft body, under which I could pass my finger. I used considerable traction; the perineum became very much distended, and after much suffering a second head made its appearance. This head was expelled, bent down upon the right side of the thorax, and emerged under the pubes, the trunk of the child resting upon the perineum. An hour and a half elapsed between the birth of the two heads. The trunk of the child now quickly followed. The placenta, which was a very large one, was expelled about twenty minutes after the child. She has recovered well.

Examination of the Child.

It is a female infant; its weight ten pounds; there are two upper and two lower extremities. The circumference of the first head is fourteen inches, the second head thirteen inches; the thorax measures fourteen inches in circumference; the second head and thorax, in the position in which it was expelled, nineteen inches. Upon removing the sternum the thymus gland was found to be double. There were two hearts contained in one pericardium, which was adherent to the sternum; the right heart was somewhat smaller than the left; each heart gave off an aorta and pulmonary vessels, which supplied their respective sides. The lungs consisted of three lobes on the right side and two on the left. The œsophagi terminated in a stomach on either side, which united at the duodenum. The pancreas was double. There was but one spleen, situated on the left side. The liver was single, but had two gall-bladders. The viscera were single below the duodenum. The vertebral columns united at the commencement of the lumbar vertebræ.

A preparation of the child will be made and deposited in the museum of the York Medical School.

York, September 16, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 23, 1843.

We were accidentally prevented last week from laying before our readers an account of some proceedings that have recently taken place in the North of England. It is our duty to notice them, although we do so with feelings of mortification that will be amply shared by all who have the respectability of the profession at heart.

We will first state the facts of the case, as we gather them from the Carlisle papers, and then dismiss the matter with as few observations as possible.

James Clarke, a husbandman, in his fifty-first year, had for some time been affected with a gradually increasing pain and lameness of the left leg and thigh, which he attributed to rheumatism. On the 19th of October, 1842, he became an out-patient of the Carlisle Infirmary, under the care of Dr. Barnes, who, on examination, pronounced him to be affected with chronic rheumatism; but as he had more pains in the hip and thigh than in any other part, he entered the case in his book as one of rheumatism and *morbus coxarius*, meaning by the latter term chronic inflammation and contraction of the ligaments of the joint. The patient came to the infirmary once a-week in a cart; the remedies adopted by Dr. Barnes were blisters to the painful part of the thigh, a mixture containing oil of turpentine, cupping, tartar emetic ointment, and on the 7th of December a small bleeding from the arm, a dose of Dover's powder at night, and some salts in the morning.

As, however, no benefit was derived from this treatment, Clarke became an in-patient on the 14th of December, still under the care of Dr. Barnes. His case was entered as one of rheumatism. The treatment consisted in cupping, warm baths, calomel and Dover's powder at bedtime, and quinine; the blisters also were repeated, and one or more were applied to the knee. Dr. Barnes did not think it necessary to confine him to his bed, but suffered him to walk about the ward. He considered that rest was not necessary; that there was no inflammation of the synovial membrane, or of the cartilages, but only of the ligaments; and that, therefore, it was not requisite to confine him to his bed; on the contrary, the patient said that the heat of the bed increased his pain, and Dr. Barnes thought he would have died had he been confined to it.

The patient left the infirmary at the end of four weeks; and from an impartial review of the evidence before us, it certainly does not appear that he was any better than when he entered it. It is true that on being presented to the committee on his departure he expressed himself grateful for the kindness he had