system by it. Persons suffering from malaria, or predisposed to it, will not bear the loss of blood. I always avoid depletion as much as possible; indeed, I never have recourse to it except in extreme cases, and then only locally. I have had a young female under my care who suffered severely from malaria; for upwards of a fortnight she was quite insane; as soon as ever the malarious symptoms left her she became quite rational; she had not the slightest recollection of what passed during the time of her temporary insanity. Upon inquiry, I ascertained that none of her family had ever been insane. I have seen patients lie insensible for several days, and appear as though they were under the influence of opium, but as soon as ever the malaria is removed from their system they recover. There is one symptom which is always present, and it is of great importance that this should be remembered, especially if it is supposed that the party has taken opium—the *pupils* are always dilated, and contract upon the approach of a candle. In concluding this paper, it may be as well to remark that I have been at great pains to collect the above information respecting malaria, and that whatever novel conclusions I may have come to as regards its peculiar effects upon the system, it is after a long-continued actual observation of the disease in a number of cases. As it is undoubtedly the primary cause of typhus fever of a character peculiar to this fenny district, I purpose, in a future communication, to give the history of it, and the treatment which has been found most beneficial.

Spalding, Lincolnshire.

VILLITIS INTESTINALIS PUERPERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As I have lately met with two cases of severe inflammation of the mucous coat of the intestinal canal, which occurred in child-bed, and which I cannot find accurately laid down by writers on midwifery, I take the liberty of sending them to the Provincial Medical Journal, with some subsequent remarks on the subject.

I remain, Gentlemen,

Your very faithful servant,

W. S. OKE, M.D.

Southampton, September 1, 1843.

Mrs. —, aged forty, of stout make and relaxed habit, the mother of seven children, was delivered of her eighth child in January of the present year. The labor was more tedious than her former ones, from the presentation being that of the breech. The child was born asphyxiated, and its vitality was restored with great difficulty. The placenta was of large dimensions, and its expulsion was attended with a *profuse and alarming hæmorrhage*. The uterus was immediately grasped and kept contracted, which prevented any farther material loss of blood. She, however, continued to be so faint from the hæmorrhage, that it was necessary to administer constant supplies of the strongest stimuli in fluid nutriment for hours together, to sustain even a feeble action of the heart. At length she rallied, the pulse remaining feeble and

frequent, and the faintness recurring at intervals for a considerable time after her delivery.

On the morning of the third day she was seized with a rigor, which was followed by pain at the lower part of the abdomen, and soreness under deep pressure, and by diarrhœa. The heat of the surface was not much above the normal temperature, and the skin was moist, but the tongue was furred, and the pulse 130 in a minute. The urine was high-colored; the uterine discharges were interrupted; there was no lacteal development, and no fond solicitude about her child, although she had ever been one of the best of mothers.

After a gentle laxative, the treatment consisted of moderate doses of mercury with chalk, and opium, with a farinaceous and mucilaginous diet. By these means the pain was relieved, but they did not in any degree restrain the diarrhœa; the latter, indeed, was very harassing, and the fecal evacuations were charged with a slimy mucus, occasionally streaked with blood.

As she became extremely weak, and her mind began to wander, every effort was made to lessen the diarrhœa. The chalk mixture, combined with kino and laudanum, was given after every liquid stool; fomentations were laid over the belly; starch glysters, with full doses of the tincture of opium, were from time to time thrown up the rectum, and her strength was supported by stimulants and nutritious food. No improvement resulted; the diarrhœa continued with unabated frequency, and the stools were foul, sanious, and slimy. The pulse was at a fearful height; her snatches of sleep were disturbed and delirious, and her strength was prostrate; at the same time there was no abnormal heat of the skin, no vomiting, no meteorism, and no abdominal pain, nor even soreness, except under deep pressure.

On about the sixth day of the disease she complained of painful deglutition, and, on examining the throat, the internal fauces and soft palate were covered with aphthæ. These were soon removed by a gargle of the *mel rosæ*, and a dilute solution of the chloride of lime; but on the following day, after another severe rigor, a more numerous crop succeeded. This effectually put a stop to all nourishment, and precluded all hope of her recovery. She gradually sunk, and died on the eleventh day of the disease.

Mrs. —, aged twenty-seven, tall and well formed, was delivered of her first child at the full period of gestation, in July last. Her labor, both with regard to the child and placenta, was normal. On the second day after her delivery she complained of acute pain on the left side of the lower part of the abdomen, which was soon associated with a rapid pulse, foul tongue, hot skin, high-colored urine, and diarrhœa. The lochial discharge ceased, and the breasts were flaccid, and without milk. There was *soreness* of the affected part of the abdomen under pressure, but not that exquisite pain felt by the slightest pressure in puerperal peritonitis. There was no meteorism nor infiltration into the peritoneal cavity.

She was treated, in the first instance, with local bleeding, fomentations to the belly, and with calomel and opium; but, as the smallest dose of mercury seemed to aggravate the condition of the mucous coat of the bowels, and increase the diarrhœa, this medi-

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