The os uteri was as yet very firm and unyielding. I next called at eleven o'clock A.M., but found very little change. By ten o'clock at night, and five next morning, matters were making progress, but very gradually. So she went on until two o'clock, P.M., of next day. The pains now began to tell, but I should have observed that the membranes had given way from my first seeing her. I saw her at four, five, and six o'clock, P.M., when I remained till the termination of the labour. The soft parts were very rigid, and yielded very slowly; the pains strong, with the head pressing upon the perineum. They continued strong, and to all expectation promised shortly to effect their purpose; but at eleven o'clock she was seized with an epileptic fit, of a fearful character; foaming at the mouth, with stertorous breathing; great restlessness; eyes alternately shutting and opening; pulse 160, at first full; the convulsions succeeding each other with awful rapidity, and increasing in force. I abstracted some blood from the arm, but with no relief. Conceiving the head of the foetus sufficiently advanced for the use of the forceps, I immediately sent for them, being only a mile from home. Mr. Leete's assistant very kindly, at my request, brought them to me. At the time he arrived the patient's life seemed fast ebbing; pulse thready and hardly to be felt. I considered the only chance left was to empty the uterus, which I effected by the forceps, and directly afterwards removed the placenta. During all this process I had some difficulty to encounter, from her restless state; no sooner, however, was the placenta removed, than she recovered some degree of consciousness, and the pulse returned; in fact, in less than half an hour she was restored from a moribund state to that of comparative safety, and by care and attention seemed likely to do well.

On the 25th of the month she was improving.

On the 26th the pulse was high; head not quite clear; bowels and bladder well relieved.

On the 27th milk secretion satisfactory; catamenia all night.

On the 28th and 29th the report was in every way satisfactory; had much and calm sleep on the latter night. Was roused from her sleep between eleven and twelve o'clock by the firing of a gun near the house. She awoke in violent hysterics, which terminated in puerperal mania of nine or ten days' duration, but no other untoward symptom interfered with her complete recovery.

I offer the above case of puerperal convulsions to my brethren, as an encouragement to them not to despair under the worst aspect of things; for no case could be apparently more hopeless at one stage of it than the one I have just detailed.

Thrapston, February 1850.

OBSERVATIONS

ON A CASE OF APOPLEXY,

IN WHICH

DEATH APPARENTLY COMMENCED AT THE HEART.

By EDMUND BOULT, Esq., F.R.C.S.,

SURGEON TO THE BATH EYE INFIRMARY.

ON the 2nd of August last I was suddenly called to see Mrs. H., a person in a respectable sphere of life, aged 38, of a spare habit of body, and pale anæmic appearance, suckling her fifth child, then about five months old.

It appeared that Mrs. H. had been seized, while conversing with a friend, with pain in her head, which caused her to cry out, and she immediately fell to the ground insensible. I found her unconscious, with loss of voluntary motion, vomiting frequently, face pale, extremities cold, pulse fluttering, respiration very feeble and hardly perceptible; in fact, in a state closely resembling syncope. There was no dilatation nor contraction of the pupils, nor were there any epileptic symptoms observable. On inquiry I found she had previously complained of slight headache, and had felt some exhaustion when suckling her child, particularly by night, but, generally speaking, her health had been good.

I directed the application of stimulus to the scrobiculus cordis, and warmth to the feet. At this time I was joined by Dr. Bowie and Mr. Skeate, the usual medical attendant of the family, to whom I am indebted for the subsequent history of the case. She was removed to bed, and, after a time, we observed slight dilatation of the pupils take place, with some facial paralysis and restlessness of the muscles of the extremities; these symptoms were, however, very transient, and soon passed off. After four hours, consciousness gradually returned, and she was able to swallow a little brandy-and-water. Subsequently there was sufficient re-action to justify the application of a very few leeches to the temples, and counter-irritation to the nape of the neck.

August 3rd.—She slept well through the night. Pulse 84, and feeble; tongue coated and clammy; pupils natural. The head was cool, but she complained of severe pain across the forehead, increased by noise or light.

4th.—Symptoms much the same as yesterday; had a good night; pulse 80; light disagreeable. To have two grains of calomel thrice a day.

5th.—Continues in the same quiet state.

6th.—Had a good night. Says she feels better; has still slight pain of the head, and intolerance of light. To continue the calomel.

7th.—Head better, pulse 76; skin cool, with gentle moisture; slight tenderness of the gums. Calomel to be taken twice a day only.

8th.—Still improving; feels stronger; can bear the light better; some appetite; pulse 76; tongue clean. Has been perfectly coherent since the first return of

consciousness after the seizure on the 2nd. Omit the calomel. To have infusion of rhubarb and hop twice or thrice a day.

9th.—Improving.

10th.—Still better and stronger.

11th.—At three a.m. (nine days from the original attack), Mr. Skeate was sent for. When he arrived at the house, he was told that she had been asleep, and not being able to awake her, her friends had become alarmed. But when Mr. Skeate went up stairs, he found her awake, and quite sensible, indeed, nearly as well as she was the previous day; pulse 82, weak. She complained of pain over the forehead, and said she wished for leeches. There was no preternatural heat of the head. Mr. Skeate directed a spirit lotion to be applied, and, seeing no cause for alarm, took his leave. In the course of another hour they sent to say that they could not get her to swallow anything, that she was faint, and they feared insensible. Before Mr. S. could arrive at the house again, she was dead. It appeared that she had had no heavy breathing nor spasm, and that a few minutes before dissolution she was sensible and coherent. She went off in a state resembling syncope, death apparently commencing at the heart.

A *post-mortem* examination was made about thirty hours after death. On removing the skull cap, a large extravasation of blood (apparently venous) was immediately perceived lying under the dura mater, and also, as it proved, beneath the arachnoid; a considerable quantity was also found in the ventricles of the brain. There was no apoplectic cell, and no appearance of disease of the brain; neither was there any arterial degeneration observed, but the coats of the sinuses were remarkably thin. Time did not permit of an examination of the heart, which seemed the less necessary as sufficient lesion was discovered in the head to account for death, and no heart symptoms had ever been referred to prior to this last illness.

In making one or two observations on this case, I would first observe, that the primary attack on the 2nd of August, resembled the less frequent form of apoplexy, described by Abercrombie as occurring "with a sudden attack of pain in the head; the patient becomes pale, sick, and faint, generally vomits, and frequently, though not always, falls down in a state resembling syncope; the face pale, the body cold, and pulse very feeble. This is sometimes accompanied by slight convulsion." After this attack has lasted some little time, the patient recovers sensibility and consciousness, is able to walk about, and complains of headache; but here the resemblance ceases, for, as Dr. Abercrombie continues:—"After a certain" (perhaps he might have rather have said an *uncertain*) "interval, which may vary from a few minutes to several hours, or even days, he becomes oppressed, forgetful, and incoherent, and sinks into coma, from which he never recovers."—*Diseases of the Brain*, p. 207.

The peculiarity of this case appears to me to be, that while the primary symptoms dependent on *concussion* or *shock* were well marked, the secondary ones, de-

pendent on *compression*, were never clearly marked at all. I allude to the absence of general palsy, slow labouring pulse, dilated and insensible pupil, retention of urine, involuntary passage of feces, stertor, and, I might I think add, that coma was also wanting, even when several ounces of blood were effused into or upon the brain, for though, doubtless, part of what we saw escaped after death, the quantity was still unusually large.

I have said that I think there was no coma. It is true, that on the morning of her death, they said she was in a state from which they could not rouse her for a time. The term "coma," in its original meaning, we all know, implies "deep sleep," but, as Dr. Holland remarks, "the state of coma is indeed a very ambiguous one, as respects our knowledge of its approximate cause. In the ordinary use of the term, the notion of pressure is associated with it by most practitioners, and this even in cases where it seems but as an excess of the condition of sleep. But it is familiar to us also as a concomitant and token of the last stage of debility, and is often expressly induced by depletion and other depressing causes, as well as those which are known to produce direct pressure on the brain. Even in children we have express instances of a state having all the characters of coma, but which is proved by the precursory causes, as well as by the effects of medical treatment, to depend on general feebleness of circulation, and deficiency of nervous power. There is reason, indeed, to believe, that the two states just alluded to, are really distinct, and that the former is much more akin to the condition of syncope than that of pressure."—*Medical Notes and Reflections*, 2nd Edition, p. 48.

Concurring in these observations, I think it more probable that the state of "coma" which this patient presented was in reality more associated with the former than the latter condition, that is, that her insensibility was connected more with the depressed action of the heart than with the pressure on the brain. It is true, that in cases of apoplexy one or more of the most usual symptoms may be frequently wanting, and even stertorous breathing, the symptom most associated in our mind with cerebral compression, was observed so long ago as the time of Morgagni, to be sometimes absent; but I do not find any case on record in which the cerebral symptoms were altogether so little marked as in the present instance.

I suppose that when the first attack took place, there was a rupture of some small vessel, from which blood was *very gradually* effused. From this the patient might very probably have recovered, had not the second attack supervened. I apprehend that even then the blood was effused very slowly, which may account for the equivocal character of the symptoms.

I have said before that the blood effused appeared to be venous. I am aware that pathologists have been much divided as to the source of hæmorrhage in apoplexy. It is, I think, conceded that the disease is more frequently connected with a plethoric and diseased condition of the arteries, but I cannot agree with those who consider a state of venous congestion

unfrequent. I believe cerebral veins are very liable to asthenic congestion, and that while in plethoric subjects apoplexy may most frequently depend upon arterial lesion, I also think that in anæmic and spare habits the veins often become attenuated, and being unable to resist the "*vis a tergo*," they give way, and thus venous apoplexy ensues. As bearing upon this opinion, I would again observe, that the venous canals in the case now related were remarkably thin, and in another case, (that of a lady, who died of apoplexy under my care some time ago,) the patient had been for sometime previous suffering from purpura of the integuments of the leg, and a varicose condition of the vessels of the same extremity. It may also be a suitable question when we are seeking for the source of the effused blood, whether it may not be occasionally dependent on a condition of the cerebral venous system, analogous to what we find in other veins in cases of purpura hæmorrhagica?

Bath, January, 1850.

CASE OF WOUND OF THE ANTERIOR TIBIAL ARTERY.

By H. FEATHERSTONHAUGH, Esq., M.R.C.S.,
SURGEON TO THE GATESHEAD DISPENSARY.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The accompanying case of wound of the anterior tibial artery occurred in my practice recently, and I shall feel obliged by your inserting it in your *Journal*.

I am, Sir, your obedient Servant,

H. FEATHERSTONHAUGH.

Newcastle-on-Tyne, January 22, 1850.

Early on the morning of the 7th of November last, I was sent for in haste to attend J. H. L., a robust and healthy individual, aged 28, who had accidentally in the dark, with his legs bare, run against a broken pane of glass that was lying horizontally on a box in his fancy bazaar, in the fair, (where he had slept,) inflicting a punctured wound in his right leg. He was himself quite unconscious of the injury until told of it by another person, who, to use his own words, exclaimed—"Good God, man, you are bleeding to death!" It was then, he said, I first became sensible I had wounded myself, and the blood "was running out most frightfully without their being able to stop it."

On my arrival I found him nearly exhausted, from an immense loss of arterial blood, which I with great difficulty succeeded in arresting, but not until I had flexed the limb considerably. The situation of the wound was about half an inch below, and a little anterior to, the head of the fibula, and only three-quarters of an inch in length. In the course of the

day he was removed to his residence. From this time until the 12th he complained of some uneasiness and tightness of the limb. On the 12th the bandages and compress were removed; there was a slight bleeding, which was immediately checked. It bled again slightly on the 21st, but was easily stopped. The third bleeding, a more copious one, took place on the 29th, when I was present. I then requested the assistance of my friend Mr. George Heath, and determined, if on the removal of the bandages the vessel bled, to cut down and tie the bleeding ends. On examination, however, we were unable to make it bleed, so we decided to continue pressure by means of the Italian tourniquet over the wound. The leg remained easy, and but little swollen, until the 5th of December, when it became more painful and swelled. Cold water application, anodynes at night, with occasional laxatives, constituted the principal treatment up to this period. On the 7th he complained of shooting pains in the foot and knee, with a sensation of numbness. He continued tolerably well until the 10th. The leg ordered to be bathed with æther and water, which gave him great relief. On the 14th there was a recurrence of the bleeding, but it was readily arrested. Until the 18th he remained free from pain, the æther and water being constantly applied. His appetite continued good throughout. On this day Mr. Henry Heath visited him with me. We removed the bandages, and examined the limb, which appeared to be progressing satisfactorily, but before we had reapplied them hæmorrhage came on with such violence that an immediate operation was imperative. I instantly sent for Mr. George Heath, who, together with his brother, Mr. Henry, accorded me their valuable assistance. I then cut down upon the anterior tibial, which we found completely divided in the first part of its course, where it perforates the interosseous ligament, and applied a ligature to both ends of the vessel. In removing the coagulum a piece of glass was found, about an inch in length, and half an inch in breadth, the point of which was sticking in the tibia.

Five weeks have elapsed since the operation, during this time he has gone on most favourably; no return of hæmorrhage; has been quite free from pain; the wound almost healed; health and strength rapidly improving.

CASES OF CHOLERA AT TITCHMARSH.

By H. WILLIAMS, Esq., Surgeon, Thrapston.

To the Editors of the Provincial Medical and Surgical Journal.

GENTLEMEN,—I herewith send you a return of a few out of more than two hundred patients, at Titchmarsh, (a village in this vicinity, of 900 inhabitants,) who were seized with either cholera in its true form, or the premonitory diarrhœa, with rice-water dejections, sickness, and cramps, &c. Mr. Leete or myself visited all the cases. The first one was a private patient of Mr.