CASES IN PRIVATE PRACTICE.

By JAS. KITSELL, Esq., DROITWICH.

Read at the Eighteenth Anniversary of the Provincial Medical and Surgical Association, held at Hull, August 7th and 8th, 1850.

CASE I.—FETAL MONSTROSITY.

I WAS hastily summoned to Mary Nash, the mother of several children, during her accouchement, in consequence of the severity of her labour-pains, which were of a peculiar lancinating character. The presentation being natural, the labour was rapidly terminated, but a most alarming scene immediately followed the expulsion of the child; a large quantity, "consisting of several feet of intestine," was expelled per vaginam, which I returned as speedily as possible through a laceration in the vagina sufficient to admit a small hand, which laceration was caused by the projecting spinous processes of the vertebral column of the fœtus, the whole of which column was furnished with long spinous processes throughout, which, instead of being covered by the integuments as usual, was merely covered by a fine tissue-like membrane, rendering them fully calculated to inflict the injury described. In addition to this peculiarity the fœtus presented other characters, of what is termed foetal monstrosity, the head being much sloped from the frontal to the occipital region, and being placed as it were between the shoulders, without any neck; the eyes remarkably large, and presenting altogether a most hideous appearance. It was of the male sex. The woman having gone her full period, the placenta was readily expelled, but was followed by the intestinal protrusion, which was, however, easily managed, and returned with the left hand, the placenta being gently drawn away with the right. I, of course, anticipated serious results, and a recurrence of the protrusion, especially when the patient would have to resume the sitting posture, which evils I endeavoured to prevent, by binding the thighs together, and keeping her in the recumbent posture for a week. The only mischief which resulted was slight peritoneal inflammation, which readily yielded to the application of twelve leeches, calomel and opium being administered until the gums became slightly affected. The patient is now enjoying her usual good health, and residing in this neighbourhood, not having had any child since, nor experienced any unfavourable symptom, or any tendency to a protrusion of the intestines. This fœtus was carefully packed in a small box, and sent for presentation to the museum, but the party to whom it was sent being absent from home for several days, it was laid aside, and unfortunately became so decomposed as to render its preparation for the museum impracticable.

CASE II.—OLD ADHESIONS OF THE VAGINA.

Ann Duggan, about seven months advanced in pregnancy, and who had long suffered from a former protracted labour under the hands of a midwife, and which was succeeded by urethro-vaginal fistula, from

which the incessant dribbling of urine proved a great source of annoyance, until the uterus, which had fallen down, (constituting what is termed *procidencia-uteri*,) contracted adhesion with the vagina, so that the fistulous aperture became closed, and the dribbling of urine ceased. Although great inconvenience was experienced from sexual intercourse, no complaint was made until this pregnancy of seven months rendered medical assistance needful, in consequence of long-continued and severe labour-pains, accompanied with a very foetid discharge from the uterus, which on examination was found to be at the orifice of the vagina, in fact the os uteri and vaginal entrance were as one; this orifice, consisting of a thick dense ring, almost cartilaginous to the touch, and admitting of the introduction of the index finger only, that of two fingers being utterly impracticable; the head, which was readily discovered to be the presenting part, and near to the orifice, baffled all attempts at extraction, owing to the very decomposed state of the fœtus. An aperture was made in the softened cranium, and several portions extracted by means of lithotomy forceps, polypus forceps, and various other contrivances, small enough to admit of their introduction.

Since it was found impossible by any of the means employed to remove the putrid fœtus, with its placenta, in other words, the contents of the uterus, a proposal was made to attempt enlargement of the aperture by division or incision, which, owing to the pubes in front, and the ischia on the sides, afforded no chance of increasing room, except such division were made in the direction of the rectum, and even then the thickened and unyielding state of parts, held out a poor prospect of success. The patient, however, obstinately refused to submit to any operation, owing, as she stated, to the unhappy life which had long existed between herself and husband. She expressed an earnest wish to die. Mr. Carden, who was passing through, hearing of the case through Mr. Ricketts, called on me, and we visited it together. After much persuasion he was permitted to make an examination, and declared that he could distinguish no os uteri, but a dense ring, with the head of the fœtus lying near, but I assured him that this ring, occupying the vaginal entrance, was in fact the os uteri, of which I satisfied myself, from a very evident degree of contractile power which was repeatedly communicated to my index finger during the strong pains. The poor woman, who was of very strong, robust constitution, expired, after having suffered all the bad symptoms of a retained putrid fœtus, and ultimately mortification, with its train of symptoms, hiccup, tympanitic abdomen, &c.

I regret to add that the husband, notwithstanding the earnest entreaties of various parties, obstinately refused to allow a *post-mortem* examination.

CASE III.—CRANIOTOMY.

Mrs. West, aged 42, in labour with her first child at the full period, and who had been many hours under the care of a midwife, hastily required my attendance. This patient was remarkably corpulent, and on exami-

nation great want of room was experienced, the pudendum being unusually large and fleshy, with a remarkably small vagina. The head presented, and from the state of the scalp, &c., it was evident that the foetus had for some time ceased to exist, being considerably decomposed. Finding delivery impracticable by the natural efforts, ergot, &c., the head being still high up, and no chance of relief from the use of forceps, I applied the perforator, but no retaining hold could be obtained by the usual means, and finding the edges of the perforation rough, and endangering the vagina under the utmost care, I detached the scalp for a considerable distance round with my fingers, and by drawing it over the perforation, I got it low enough to seize it with a portion of rough napkin; the perforation being now so well guarded, I succeeded in removing the foetus after very considerable traction, more than I could have safely used in the ordinary way with instruments.

I merely quote this case, feeling that such proceeding may be useful in a similar one. At the full period the scalp will bear considerable extending power, although somewhat decomposed. It is almost needless to add that the patient recovered.

CASE IV.—DISPLACEMENT OF THE EPIGLOTTIS.

John Chillinsworth, aged 72, now an inmate of the Droitwich Union House, has for the last six months laboured under painful difficulty of deglutition, being unable to swallow any solid food, which inconvenience occurred during violent and repeated attacks of retching and vomiting. On examination, the epiglottis may be readily seen projecting upwards at the base of the tongue, as though it was almost detached from its connection with the glottis. In consequence of the patient's advanced age, peculiar idiosyncrasy, and irritable temperament, no attempt has been made to replace the the epiglottis, especially as the spasmodic symptoms are much abated, although any attempt to swallow solid food produces spasmodic affection of the part, whereby it is forcibly rejected, but the parts have in a great measure adapted themselves to the inconvenience, and he can swallow liquids tolerably well. In the event of death I hope to avail myself of a *post-mortem* examination to ascertain the real cause of this displacement.

CASE V.—PEMPHIGUS.

A case of this disease occurred at Broughton, near Droitwich. The patient, a boy about ten years of age, was seized with the ordinary symptoms of fever for two or three days, succeeded by an eruption of vesicles, varying from the size of a pea, to that of a large almond, many of them presenting the exact shape of an almond. Nearly the whole of the body was covered, some being visible on the tongue and fauces, and probably extending throughout the whole of the alimentary canal. Some of the larger vesicles were punctured, others broke, whilst some on those parts free from pressure, formed incrustations. It is presumed some portion of the vesicular fluid, which appeared of a serous character, was absorbed,

from the secondary fever and other symptoms which ensued; the fever being for the most part of a synochal type, and although running high at first, was not accompanied with delirium.

The treatment consisted of salines, aperients, and antimonials, the body being kept well oiled and powdered to prevent adhesion to the bed linen, which was obliged to be changed very frequently. Considerable debility ensued, but was soon removed by bark, acids, a nutritive diet, &c.

CHLOROFORM.

I have employed the inhalation of chloroform in various convulsive affections. In a case of an epileptic character not relieved by bleeding and other means, the disease readily yielded to its effects; also a case of violent maniacal paroxysm. Several violent hysterical cases were speedily relieved after a fair trial of the usual remedies, and a case of hemiplegia followed by most violent convulsive struggles, which had been treated by bleeding, mustard plasters, blisters, &c. In this case the patient recovered the use of the paralyzed side. Previous to the use of chloroform it required several men to hold him, and a restraint was obliged to be used, but no trouble ensued after the inhalation.

THE CASE OF HYDROCEPHALUS.

I am happy to state that my child, on whom I operated for hydrocephalus, and who was seen by the members assembled at the anniversary meeting held at Worcester, is now in good health, and quite free from any symptom of his former malady, although he has been placed in a most precarious state from a severe and protracted attack of pertussis, from the violence of which he was repeatedly thrown into a state of asphyxia. He could not possibly have suffered from any complaint more likely to bring on a recurrence of the hydrocephalic symptoms. He is now becoming daily more intelligent, and his lower extremities, which were much emaciated, are now fully developed; he begins to walk, being two years old, and his head of the natural size. I have since had another case, purely congenital. According to the reports of Dr. Conquest, no congenital case was ever known to be cured or even benefitted; this case, accordingly, terminated fatally. The child, about eleven months old, presented a frightful aspect, the head being of enormous size, the forehead projecting so much that the eyes (the corneal portions of which were drawn beneath the inferior palpebræ) appeared to be almost obscured by the forehead, the whites or sclerotic portions only being visible. I operated three times in this case, with intervals of a fortnight. On the first occasion thirty-four ounces of fluid were removed, which induced an alarming state of syncope; the scalp became so loose that it was with difficulty the requisite compression could be effected, and owing to the weakened state of the scalp from over distension, even a moderate degree of compression from bandages or plaster could not be borne for a few hours without producing an irritable and inflamed state of the scalp. A pint of fluid was

removed at each succeeding operation, after which the child suffered from a severe attack of influenza, which evidently hastened the fatal termination.

This case appeared materially benefitted for a time after each operation, the position of the eyes was much improved, and the little patient appeared more cheerful. Although the accumulation of fluid was so considerable the child never became convulsed; the imperfect ossification would probably account for this, which rendered the containing parts more yielding, and consequently produced less compression of the brain. On a *post-mortem* examination a vast quantity of fluid was found at the base of the brain and in the lateral sinuses, the brain being remarkably soft and flabby.

CASES OF NERVOUS DISORDERS TREATED BY MESMERISM.

By J. C. JENNINGS, Esq., LAYCOCK, WILTS.

Read before the Bath and Bristol Branch of the Association.

THE subject of mesmerism having been recently brought before the notice of this Association I have thought it right to make public the results of a few carefully-recorded observations solely as to its curative agency; for while I am of opinion that it is highly reprehensible to have recourse to it by way of experiment on healthy individuals, it surely is worth inquiry whether we are justified in resorting to it where grave disease exists, incurable by what have hitherto been considered more legitimate means.

CASE I.—H. B., aged 20 years, was attacked with typhus fever in 1842, being then 12 years of age. I attended her constantly for eight weeks, during the last two weeks of which period she was comatose, much emaciated, and taking no nourishment. From this state she slowly rallied, but then became almost idiotic, and the subject of severe and frequent epileptic attacks. From time to time I prescribed for her the usual remedies, and she was subjected to long courses of iron, zinc, and arsenic, but the fits recurred as frequently, and with more severity than at first; and in the summer of last year I determined to put mesmerism to the test, and accordingly mesmerized her once or twice a-week; and, finding that they recurred less frequently, I attended to her daily for a month; at the end of that time her appetite was much improved, the sallowness of her countenance had disappeared; she was, in fact, in robust health. She has been free from fits for nine months; and, although she has been suffering from dyspepsia, the result of a more sedentary life than was her wont, there has been no return of the distressing malady, and she is now quite well.

CASE II.—R. H., aged 12 years, was frightened by a rat in the dark, and immediately had epilepsy. She is intelligent, of active industrious habits, and was in service as a nurse girl. Her fits occurred as frequently as thirty times a day, according to her mother's state-

ment. I saw her frequently when convulsed. With her also I tried the usual remedies, and then commenced mesmerism, but as she lived some distance from my house I found it inconvenient to see her more than three or four times a week, and it was not until she was able to attend at my house daily that she derived much benefit, but after three weeks' tolerably regular attendance the fits ceased to recur. I immediately discontinued mesmerism, and she has ever since (eight months ago) been in good health.

CASE III.—John Humphreys, aged 40, a gardener, had been addicted to intemperate habits for many years, but from the influence of religious impressions had discontinued beer-drinking for a week. He was then attacked with delirium tremens. I gave him from 40 to 60 drops of Tinct. Opii. every four hours, without producing sleep or affording relief. I had attended him three days, when one morning his wife sent to say that he was worse. I was unable to see him till the evening, when I found that the Tinct. Opii. had produced no sleep the previous night; he had taken *none* during the day, having had none sent; and he was in a state of great anxiety and excitement. I requested him to sit down, and, after half-an-hour, succeeded in producing sleep. He was then assisted to bed, and slept soundly the whole of the night, and in the morning went to his work, apparently quite cured, but two days after the delirium returned, probably from his refusing to take his accustomed stimulus. Hearing that he was worse, I called upon him in the afternoon, and found him standing leaning on his elbow on the window-sill, and singing most loudly "Hallelujah," &c., which, after a time, he changed to the Evening Hymn. I waited till he came to the words—"Sleep, that may me more active make," and then stopped him to request him to act up to the spirit of his hymn, but he would persist in singing the verse out, and again repeating it, when I insisted upon his sitting down. After a few passes he attempted to shake off his drowsiness, and told me with great difficulty and inarticulately that he was just awaked from death to the life everlasting, and was afraid if he went to sleep he should awake in *hell*. I continued the passes a short time longer, and left him asleep. He continued to sleep till supper time, passed a good night, and awoke in the morning well. He has been in good health ever since. I should have said that previous to the attack of delirium tremens he was very subject to dyspepsia.

In conclusion, I have no theory to offer with respect to the *modus operandi* of the passes, I believe that diseases may occasionally be cured by the sleep which is produced! neither have I any remarks to offer as to what are usually termed the higher phenomena, having had no practical experience in that respect; neither have I time or inclination for the practice of mesmerism, excepting in extreme cases. In those I have resorted to it as a test of its truth, and I feel bound to say have been much gratified with it as a means of cure in suitable cases.

July, 1850.