ing to syncope, pulse fell to 120; in eight hours, an increase of pain, pulse 140; after a small bleeding, a blister, antimony and purgatives, the symptoms then yielded.

CASE XVI.—A rigor forty-eight hours after delivery, heat and pain as usual; in two hours more, pulse 138, hypogastrium tumid and tender; pain severe, in paroxysms; tongue white and dry; third day of disease, relief; and a good recovery after a bleeding to thirty ounces, and active purgatives on the first day, and leeches on the second.

CASE XX.—A natural labour, the first child; five days after delivery, pain in the uterus like labour pains, pulse 86; in four hours, pain very acute, pulse 134; in the next six hours, fluid stools, tenderness not abated, pulse 120; vomiting from medicine; in twenty two hours from the attack pulse 106, belly painful. 2nd day, exhausted by purging; belly tender; relief for three days, then a second relapse; pulse 130, but pain and heat not in proportion; then recovery.

Mr. Hey's cases in 1814.—A fifth child. Forty-eight hours from delivery, throbbing pain in the head and uterus, pulse 120. 3rd day, less pain after purging. 4th, more headache, belly tender and tumid, pulse 140, costiveness. 5th, worse after relief, pulse more rapid, free stools. 6th, pulse 150. The next three days better; the two following days, belly tumid, much prostration. 12th day of disease, pain in head, a low typhoid state: afterwards recovery! Mr. Hey bled, when the disease had continued forty-eight hours; the belly very tumid, and the pulse 160!

CASE —.—A sixth child, placenta forcibly extracted, and flooding, which required brandy; forty hours after delivery, on attempting to nurse the child, seized with acute pain in the hypogastrium and left groin, pulse 140; in forty-eight hours a sunken countenance; pulse 150; pain in head, giddiness, ringing in ears, (from flooding,) pain severe in the belly, which had been bound since the delivery; lochia continuing; breasts flaccid; vomiting; relief after bleeding to twenty-four ounces; blood serous and florid. 3rd day, pulse 120, uterus tender, good stools, in a few hours starting from sleep with alarm. 4th day, wine given, amendment. 5th day, abdomen tumid, throbbing in head recurred. 6th, pulse 140, belly natural after purging. 7th day, great relief; recovery.

CASE XXIX.—A third child; a protracted labour; after which the after-pains had subsided; eighteen hours after delivery pain in the head, and shortly afterwards, while putting the child to the breast, a sudden pain in the belly, with rigor and fever, which continued for the next twelve hours. Bleeding and purgatives used with little effect. Seen by Mr. Hey twenty-one hours from the first headache, fifteen from the first rigor and pain in the belly; now acute pain; a throbbing headache; white tongue; uterus enlarged and very tender; and a cough; lochia suppressed; pulse 132. In seven hours, tenderness more diffused, and belly tumid; headache continuing; pulse 140; well purged. In five hours more, little amendment; hectic flush on the cheek; purging going on. During the next nine hours severe purging from medicine; pain less, but in paroxysms; lochia returned; head relieved of pain, but giddy; pulse 120. In the next ten hours, forty-six from the attack, relief; many mucous stools; pulse 110. During the next sixteen hours, many

stools; pain of head and belly increased; uterus felt at the navel. Seventy hours from attack, relief; vomiting from medicine. In the next seventeen hours, on 4th day, better; pulse 112; good sleep; some light pudding allowed, and followed in three hours by more pain in head and belly; pulse 126; yet good stools. 5th day, copious stools and great relief; pulse less by 12. In the next seven hours, good purging, and more relief; uterus still enlarged. 6th day, better; but after getting out of bed in the evening, a violent rigor, with heat and sweating; headache and throbbing, which continued through the night. 7th day; pulse 140; much purged; tongue furred; head much pained. 8th day, relief; pulse fell to 110 after purging. 9th. Blood and pus in the stools; free of pain. 10th. Uterus much smaller; similar stools; in a few hours rigor, with heat and sweating, and severe throbbing pain in the head; pulse 150; foetid stools. 11th day, better; pulse 125; more healthy stools. 12th day, pulse 105; some lochia; a speedy convalescence. This very interesting case may foster hope under discouraging circumstances; the steady active anti-inflammatory treatment was very laudable. She was bled to fifty-three ounces in the first twenty-two hours of the disease; the substance of the uterus, as well as its peritoneum, was inflamed; suppuration arose in the sub-mucous cellular tissue of the bowels, from the strong purgatives; the irritable action of the vessels of the head was from sympathy with the state of the bowels.

These cases show well the synochal or more phlegmonous character assumed by puerperal fever, at a time when, probably, diseases in general were less asthenic and malignant than they have been since 1825: and they may serve to correct the very despondent tone of the distinguished writers on the subject, in the former numbers of the *Provincial Medical Journal*.

(To be continued.)

CASE OF DISEASE OF THE BRAIN: LESION OF THE LEFT ANTERIOR LOBE OF THE CEREBRUM; HÆMORRHAGIC EFFUSION BETWEEN THE MEMBRANES.

By ROBERT HUTCHINSON POWELL, M.B., Lond., Surgeon, &c., Tunbridge Wells.

The accompanying case, as it involves questions of some interest, physiological as well as pathological, may not prove unacceptable to those who would attempt to throw light upon many still extremely obscure points, connected with the functions of the brain, both in health and in disease.

An unmarried lady, aged 70, of robust constitution, who had previously enjoyed good health, with the exception of occasional attacks of slight cerebral plethora with obstructed liver; was suddenly seized, in August last, with a total loss of the faculty of articulation, attended with a rigid state of the muscles of mastication, the tongue, though not deviating to either side, being sluggish in its movements, accompanied by inability to perform the primary stages of digestion, those of prehension, mastication, &c. There was also present a partial loss of motion in the right upper, and, to a less extent, in the corresponding

lower extremity. The pupils were unaffected; the countenance indicating little deviation from its usual expression; the commissure of the lips was unchanged; the special senses remaining unaltered; the functions of digestion, respiration, circulation, &c., in their normal condition, or affected to a very inconsiderable extent.

The diagnosis was, lesion of the anterior lobes of the cerebrum, probably hæmorrhagic effusion in the left.

The treatment adopted embraced, cupping, counter-irritation, purgation, with perfect rest, &c. Few circumstances worthy of note having occurred from the original seizure to the time of partial restoration, with the exception of slight hæmorrhage from the rectum, from hæmorrhoids; but little if any inflammatory reaction having supervened. The system was gently influenced by mercurials, but the partial paralysis of the lips, tongue, upper and lower extremities still remaining, iodide of potassium, acetate of strychnia, in gradually increased doses, there being little apparent cerebral affection, with occasional aperients and counter-irritation to the nape of the neck, &c., were used, and with the effect of restoring all the voluntary powers, excepting that of utterance, or the allied medium of communication, that of writing. Recovery of speech so far ensued as to admit of a tolerably intelligible expression, the labial consonants appearing to require most effort to pronounce.

This lady continued so far well for several months, enjoying mental power sufficient for all ordinary purposes, though occasionally troubled with irritability of disposition.

In the commencement of last April she was again seized with a grave attack. She had for some days previously complained of occipital headache. To be brief, the symptoms were those of collapse, cerebral oppression, with its accompanying signs, and lastly, delirium, with general sinking of the vital powers; a remarkable interval of some forty-eight hours continuance, between the comatose and excited stage, having occurred, at which time some faint hopes of recovery were entertained; the reasoning powers seeming to lighten up once more their earthly tenement, previous to its final dissolution, returning with as much perfection as was enjoyed up to the last attack. Death took place in about three weeks, and as the symptoms and appropriate treatment differed but little, if at all, from ordinary cases of a similar nature, I shall not dwell further on the case, except to remark that brisk counter-irritation on the chylopoietic viscera, by mercurials, terebrinthinate enemata, &c., corresponded very closely with the above mentioned lucid interval.

A *post-mortem* examination of the head disclosed patches of effused blood between the dura mater and arachnoid membrane corresponding to the left parietal bone, with sero-sanguinolent effusion between the arachnoid and pia mater, and a turgid condition of the sinuses of the dura mater on this side; the arachnoid membrane and pia mater appearing little altered. The cerebrum appeared normal throughout, with the exception of the anterior lobe of the left hemisphere, on incising which perpendicularly, a cavity, irregular, of a crescentic form and about the size of a filbert, was discovered; its walls, formed apparently of cerebral structure slightly softened, of a fawn colour, approach-

ing nearly to each other, being without appreciable contents. The cavity was isolated in the centre of the lobe, and did not communicate with any others, normal or anormal, on any of its aspects. The cerebellum, though not so firm as, nor similar in colour to, healthy structure, did not present any decided aberration from its usual appearance.

Remarks.—It will be observed how closely the diagnosis in the first attack agreed with the change found to have taken place in the brain; and first, I would direct attention to the still questionable point as to the *seat* of the faculty of *articulation*. It will be observed that the cavity discovered after death was located in the anterior lobe of the left hemisphere, and its condition, together with its being devoid of contents, (denoting its pre-existence to the last attack,) and the sudden loss of speech at this time, simultaneously with the partial paralysis on the opposite side of the body, as previously detailed, evidently had a close connexion with the erring power of utterance, if it does not indeed, tend incontrovertibly to establish the assertion that this faculty has its primary source in the anterior cerebral lobes.

Although Dr. Cowan, in his graphic paper lately published in the "*Provincial Medical and Surgical Journal*," renders it very probable that the cerebellum plays an essential part, by its "*co-ordinating power*" in the functions of volition generally, yet in this instance, the disease in the anterior cerebral lobes was so well marked, and that presented by the cerebellum so indefinite, and supposing it to operate, so partial in its effects, that little doubt can arise as to which pathological state the erring faculty in question is to be attributed.

The next point on which I would remark, is the accuracy with which the total amount of benefit to be derived from remedial measures could be traced to their extreme limits. The functions returned *pari passu* as it were, with the removal of adventitious matter from the brain *up to a certain point*; beyond which the humble follower of *Æsculapius* could effect no further improvement, denoting clearly that structural change was not *further* to be surmounted, and that a mightier power had placed an impassable barrier in the way to perfect restoration. And, lastly, in fully agreeing with the remarks from Dr. Cowan's able pen, in the paper alluded to, I would first observe, that in this instance likewise, as mentioned in the report of the case, the remarkable temporary restoration of the mental powers took place.

The presence of all the *symptoms* of apoplexy, without *any structural change* being discovered after death, as detailed by the illustrious Abercrombie, (in his work on the diseases of the brain, p. 217,) on the one hand, and the presence of pathological alteration, with temporary restoration of the intellectual faculties, as in those instances, on the other, give us a truly impressive admonition not to think too highly of our frail and limited powers, and strikingly declare the obscurity which still shrouds this compartment of general pathology.

Though I shall not attempt to solve the latter phenomena, yet in the foregoing case, I still think it probable that the active division of the circulating fluid to the lower extremities, and to the extensive intestinal mucous membrane, with a brisk action on the chylopoietic viscera generally, brought about the result

by unloading the cerebral venous system; and if we admit that pressure—*pressure on the brain*—has no effect, (because in fact not existing,) in the production of apoplectic phenomena, as some assert, then we may without difficulty conceive that any cause, admitting of a free access of arterial blood to the brain, will operate effectually in producing the temporary restoration of the functions so remarkably presented in those and similar cases.

Tunbridge Wells, May 5, 1845.

GALVANISM IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I have only within the last few days seen a correspondence on the management of some particular cases of placental presentation, between Professor Simpson, of Edinburgh, and Dr. Radford, which was published in your Journal during February and March last. In the letters written by Dr. Radford, as well as in several of those addressed to him by his friends, printed as a part of that correspondence, much is said about the application of galvanism, to arrest uterine hæmorrhage under labour; as advocated in a lecture delivered by Dr. Radford towards the close of last year.

I consider Dr. Radford entitled to much credit for having successfully employed this power for the relief of one of the most frequent and fearful causes of danger to the parturient women; but that he did not originally suggest the idea of resorting to galvanism for the purpose of exciting increased action in the uterine fibres, when they are deficient in energy, the following sentence taken from one of my lectures published in the *Medical Gazette* so far back as April 19th, 1834, and reprinted in both editions of my work on Obstetric Medicine and Surgery, (1841 and 1844,) clearly shows.

"I am inclined to think that electrical shocks—particularly derived from the galvanic battery—would excite the flagging powers of the uterus under labour, and perhaps even induce action *ab initio*. This is a means, however, of which I would not in the present state of our knowledge recommend a trial; and I only judge by analogy, in consideration of the influence the electrical fluid exerts over the nervous system generally, and through that system over muscular fibre."

I am, Sir,

Your obedient servant,

FRANCIS H. RAMSBOTHAM.

14, New Broad Street,

May 14, 1845.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 28, 1845.

In an account given in one of the newspapers of the duel recently fought in the neighbourhood of Gosport, among other circumstances connected with the transaction, we find the following particulars:—"Mr. Seton, (the gentleman who had received the wound,) was conveyed on a shutter on board a yacht in waiting, and brought about half-past nine o'clock last night to the Quebec Hotel, on the water's edge; surgical assistance was called in, and it was discovered that Mr. Seton had been wounded dangerously on the right side of the abdomen, the ball passing through and coming out on the left side. Whether the wound is mortal or not, the surgeons have not yet given an opinion, but the patient has had a night of agonizing pain accompanied by frequent vomitings." . . . "Mr. Hills, chemist, of Broad Street, Portsmouth, sat up with Mr. Seton, the whole of last night. The flow of blood was very great."

The account from which the preceding extract is taken, is dated Portsmouth, Wednesday, and purports to have been written the day after the event. The import of the symptoms,—agonising pain and frequent vomitings, with blood welling out of the wound—is evident to every medical practitioner; the absolute necessity for the assiduous and anxious attendance of a qualified surgeon throughout the night glaringly manifest; and yet we are gravely and circumstantially informed, as a matter in which the public is deeply interested, that a Mr. Hills, *chemist*, of Broad Street, Portsmouth, was the person to whom the duty of sitting up with the unfortunate sufferer was assigned, and to whose care he appears to have been entrusted throughout the whole of the night, immediately following the occurrence. We mention not the names of the surgeons stated to be in attendance; we have no wish unnecessarily to bring any individual forward, and especially on a charge, the circumstances of which may hereafter admit of some explanation; but we cannot conceive it possible, that in a town like Portsmouth, there could be any want of qualified surgeons, able and willing to watch the bedside of a sufferer under such circumstances, should other and more pressing engagements, (if such indeed there be,) have called away the gentlemen in charge of the case.

To look for one moment somewhat more closely into the nature of this transaction, we learn that a